

Return of Organization Exempt From Income Tax

2021

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 10/01/2021 and ending 09/30/2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: THE SEEING EYE, INC.
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
PO BOX 375
 City or town, state or province, country, and ZIP or foreign postal code: MORRISTOWN, NJ 07963-0375

D Employer identification number: 22-1539721
E Telephone number: (973) 539-4425

F Name and address of principal officer: JAMES HANDS
PO BOX 375, MORRISTOWN, NJ 07963-0375

G Gross receipts \$ 69,209,617.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SEEINGEYE.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1929 **M** State of legal domicile: NJ

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HELP BLIND PEOPLE ACHIEVE GREATER INDEPENDENCE THROUGH SEEING EYE DOGS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>24</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>22</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>229</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>700</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>-29,489.</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>18,162,988.</u>	<u>22,547,317.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>95,053.</u>	<u>130,881.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>27,450,824.</u>	<u>10,797,555.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>51,402.</u>	<u>144,799.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>45,760,267.</u>	<u>33,620,552.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>NONE</u>	<u>NONE</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>16,834,323.</u>	<u>16,875,156.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>141,000.</u>	<u>152,750.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,719,679.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>10,956,015.</u>	<u>11,863,383.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>27,931,338.</u>	<u>28,891,289.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>17,828,929.</u>	<u>4,729,263.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>422,421,242.</u>	<u>385,225,116.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>57,090,070.</u>	<u>48,875,643.</u>
		<u>365,331,172.</u>	<u>336,349,473.</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer: JAMES HANDS Date: _____
 ▶ Type or print name and title: ASST TREASURER

Paid Preparer Use Only

Print/Type preparer's name: DOUGLAS TAPP Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00200641

Firm's name ▶ EISNER ADVISORY GROUP LLC Firm's EIN ▶ 87-1353108
 Firm's address ▶ 111 WOOD AVE SO STE 600 ISELIN, NJ 08830-2700 Phone no. 732-243-7000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 22,310,390. including grants of \$) (Revenue \$ 130,881.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 929,235. including grants of \$) (Revenue \$)

PUBLIC AND INFORMATION SERVICES: THROUGH THIS PROGRAM WE DISSEMINATE INFORMATION TO PROMOTE GREATER PUBLIC UNDERSTANDING AND WIDER ACCEPTANCE IN SOCIETY FOR BLIND INDIVIDUALS ACCOMPANIED BY TRAINED GUIDE DOGS, THROUGH THE USE OF SOCIAL MEDIA, TELEVISION, RADIO, FILMS, EXHIBITS, BOOKS, MAGAZINES, SEMINARS AND NEWSPAPERS. THESE PROGRAM SERVICES ALSO INCLUDE DISTRIBUTION OF INFORMATION HELPFUL TO PEOPLE WHO ARE BLIND AND VISUALLY IMPAIRED.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 23,239,625.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 229		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note:</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
<i>Note:</i> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		X
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Sub-ID, Value, Yes, No. Rows include 1a (24), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Sub-ID, Value, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

JAMES HANDS P.O. BOX 375 MORRISTOWN, NJ 07963-0375 973-539-4425

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN HOAGLAND PRESIDENT AND CEO (THRU 12/21)	50.00 NONE			X				283,748.	NONE	27,966.
(2) ROBERT A PUDLAK ASST TREAS/CFO (THRU 10/21)	50.00 NONE			X				203,557.	NONE	56,944.
(3) DEBORAH MORRONE-COLELLA DIR DONOR PUBLIC RELATIONS	50.00 NONE					X		190,372.	NONE	69,814.
(4) DOLORES M HOLLE VMD DIR, CANINE MEDICINE (THRU 3/22)	50.00 NONE					X		187,771.	NONE	55,645.
(5) RANDALL E IVENS DIRECTOR HUMAN RESOURCES	50.00 NONE					X		158,940.	NONE	70,920.
(6) MARGARET GIBBON DIRECTOR CANINE DEVELOPMENT	50.00 NONE					X		138,983.	NONE	65,096.
(7) GLENN CIANCI DIRECTOR, FACILITIES	50.00 NONE					X		141,427.	NONE	62,470.
(8) DAVID JOHNSON ASST SEC/DIR INSTRUCTION	50.00 NONE			X				148,388.	NONE	45,764.
(9) JENNIFER LIEBERMAN ASST SEC/EXEC ASST (THRU 10/21)	40.00 NONE			X				65,468.	NONE	38,695.
(10) DENISE ZANGOLGLIA ASST. SEC/EXEC ASST (EFF 12/21)	40.00 NONE			X				59,512.	NONE	25,075.
(11) JAMES HANDS ASST. TREAS/CFO (EFF 10/21)	50.00 NONE			X				43,716.	NONE	7,243.
(12) HUGH A D'ANDRADE, ESQ. TRUSTEE EMERITUS	NONE NONE	X						NONE	NONE	NONE
(13) THOMAS J. DUFFY CHAIRMAN	2.50 NONE	X	X					NONE	NONE	NONE
(14) STUART H. FINE, D.H.A BOARD OF TRUSTEES (THRU 12/21)	0.10 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARGARET E. HOWARD, D. LITT PRESIDENT & CEO (EFF 1/22)	50.00 NONE	X		X				NONE	NONE	NONE
(16) VICKI N MEYERS-WALLEN VMD PHD BOARD OF TRUSTEES (THRU 12/21)	0.10 NONE	X						NONE	NONE	NONE
(17) KARON C BALES, C.S, T.E.P BOARD OF TRUSTEES	0.50 NONE	X						NONE	NONE	NONE
(18) THE HONORABLE THOMAS H KEAN BOARD OF TRUSTEES	0.60 NONE	X						NONE	NONE	NONE
(19) MICHAEL B MCKITISH BOARD OF TRUSTEES	0.60 NONE	X						NONE	NONE	NONE
(20) ARI BENACERRAF BOARD OF TRUSTEES	0.80 NONE	X		X				NONE	NONE	NONE
(21) ANTHONY J. DECARLO, VMD BOARD OF TRUSTEES (THRU 12/21)	0.10 NONE	X						NONE	NONE	NONE
(22) CYNTHIA R. BRYANT, LLM VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(23) OHSANG KWON TREASURER	2.20 NONE	X		X				NONE	NONE	NONE
(24) CATHERINE A. KIERNAN ESQ SECRETARY	2.10 NONE	X		X				NONE	NONE	NONE
(25) VIKRAM AGARWAL, ESQ. BOARD OF TRUSTEES	0.70 NONE	X						NONE	NONE	NONE
1b Sub-total								1,621,882.	NONE	525,632.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,621,882.	NONE	525,632.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like RICHARD V. BOULGER, IRA H. FUCHS, SUSAN GNALL, JOHN W. GOGARTY, DAVID HERTZ, KAREN A. KENINGER, MICHAEL H. MITTELMAN, OD, MPH, SUSAN POMERANTZ, PH.D., MICHAEL W. RANGER, MICHAEL J. AMORUSO, ESQ, and REBECCA GREEN DVM, DAVVIM.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question number, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 67,633.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 22,479,684.				
	g Noncash contributions included in lines 1a-1f	1g \$ 1,109,295.				
	h Total. Add lines 1a-1f		22,547,317.			
	Program Service Revenue			Business Code		
2a DOG ADOPTION FEES		611600	13,215.	13,215.		
b STUDENT PAYMENTS		611600	100,480.	100,480.		
c DOG SUPPLY INCOME		611600	6,588.	6,588.		
d ALL OTHER PROGRAM SERVICE REVENUE		611600	10,598.	10,598.		
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		130,881.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,024,876.		5,024,876.	
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
	6a Gross rents		(i) Real			
		6a	29,371.			
		b Less: rental expenses	6b 3,242.			
	c Rental income or (loss)	6c 26,129.	NONE			
	d Net rental income or (loss)			26,129.	26,129.	
	7a Gross amount from sales of assets other than inventory		(i) Securities			
		7a	41,214,166.	(ii) Other		
		b Less: cost or other basis and sales expenses	7b 35,441,487.			
	c Gain or (loss)	7c 5,772,679.				
	d Net gain or (loss)			5,772,679.	5,772,679.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		8a	197,502.			
b Less: direct expenses		8b 56,544.				
c Net income or (loss) from fundraising events			140,958.	140,958.		
9a Gross income from gaming activities. See Part IV, line 19			NONE			
	9a		NONE			
	b Less: direct expenses	9b		NONE		
c Net income or (loss) from gaming activities			NONE			
10a Gross sales of inventory, less returns and allowances			58,303.			
	10a	87,792.				
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory			-29,489.	-29,489.		
Miscellaneous Revenue			Business Code			
	11a OTHER MISCELLANEOUS INCOME	611600	7,201.	7,201.		
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d			7,201.			
12 Total revenue. See instructions			33,620,552.	164,211.	-29,489.	
					10,938,513.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,066,048.	328,728.	614,757.	122,563.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	10,534,047.	9,324,565.	328,749.	880,733.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,740,640.	1,495,163.	91,782.	153,695.
9 Other employee benefits	2,735,076.	2,463,183.	93,072.	178,821.
10 Payroll taxes	799,345.	711,660.	22,841.	64,844.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	66,551.	12,713.	53,500.	338.
c Accounting	81,180.		81,180.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	152,750.			152,750.
f Investment management fees	121,787.		121,787.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,193,716.	987,164.	179,493.	27,059.
12 Advertising and promotion	NONE			
13 Office expenses	399,183.	141,321.	85,135.	172,727.
14 Information technology.	357,168.	273,750.	23,027.	60,391.
15 Royalties.	NONE			
16 Occupancy	1,266,567.	1,179,364.	71,097.	16,106.
17 Travel	518,897.	482,140.	23,739.	13,018.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	2,085.	2,085.		
20 Interest	1,370,177.	1,370,177.		
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	2,326,912.	2,193,242.	102,620.	31,050.
23 Insurance	333,307.	294,301.	17,531.	21,475.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>CANINE SUPPORT</u>	1,435,891.	1,435,891.		
b <u>PUBLIC & GRAD COMMUNICATION</u>	259,723.	259,723.		
c <u>STUDENT SUPPORT SERVICES</u>	208,002.	208,002.		
d <u>DIRECT MAIL FUNDRAISING</u>	1,729,774.			1,729,774.
e All other expenses	192,463.	76,453.	21,675.	94,335.
25 Total functional expenses. Add lines 1 through 24e	28,891,289.	23,239,625.	1,931,985.	3,719,679.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3,224,664.	1	5,012,068.
	2	Savings and temporary cash investments.	NONE	2	NONE
	3	Pledges and grants receivable, net	35,833.	3	13,500.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sale or use	NONE	8	NONE
	9	Prepaid expenses and deferred charges SEE SCHEDULE O	243,543.	9	202,236.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 91,896,924.		
	b	Less: accumulated depreciation.	10b 48,600,442.		
			44,814,128.	10c	43,296,482.
	11	Investments - publicly traded securities. SEE SCHEDULE O	238,498,145.	11	197,499,050.
	12	Investments - other securities. See Part IV, line 11	101,219,970.	12	102,326,888.
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
15	Other assets. See Part IV, line 11	34,384,959.	15	36,874,892.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	422,421,242.	16	385,225,116.	
Liabilities	17	Accounts payable and accrued expenses.	2,350,934.	17	2,489,011.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	35,237,428.	20	34,892,158.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties.	2,262,816.	24	2,217,962.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,238,892.	25	9,276,512.
	26	Total liabilities. Add lines 17 through 25.	57,090,070.	26	48,875,643.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	323,669,716.	27	291,873,903.
	28	Net assets with donor restrictions.	41,661,456.	28	44,475,570.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	365,331,172.	32	336,349,473.	
33	Total liabilities and net assets/fund balances.	422,421,242.	33	385,225,116.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,620,552
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,891,289
3	Revenue less expenses. Subtract line 2 from line 1	3	4,729,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	365,331,172
5	Net unrealized gains (losses) on investments	5	-44,106,106
6	Donated services and use of facilities	6	51,733
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	10,343,411
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	336,349,473

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization THE SEEING EYE, INC.	Employer identification number 22-1539721
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2021

JSA
1E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Percentage, and % symbol. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 columns: Description and Current Year. Rows include Section D - Distributions (lines 1-10) such as 'Amounts paid to supported organizations to accomplish exempt purposes' and 'Total annual distributions'.

Table with 4 columns: Description, (i) Excess Distributions, (ii) Underdistributions Pre-2021, and (iii) Distributable Amount for 2021. Rows include Section E - Distribution Allocations (lines 1-25) such as 'Distributable amount for 2021 from Section C, line 6' and 'Excess distributions carryover to 2022'.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE SEEING EYE, INC.

22-1539721

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	339,718,000.	277,317,000.	275,671,000.	278,828,000.	264,466,000.
b Contributions	866,000.	282,000.	33,000.	34,000.	12,000.
c Net investment earnings, gains, and losses	-33,442,000.	71,005,000.	13,186,000.	11,286,000.	24,209,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,316,000.	8,886,000.	11,573,000.	14,477,000.	9,859,000.
f Administrative expenses					
g End of year balance	299,826,000.	339,718,000.	277,317,000.	275,671,000.	278,828,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 97.5600 %
 - b Permanent endowment ▶ 2.4200 %
 - c Term endowment ▶ 0.0200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,684,995.		3,684,995.
b Buildings		73,770,274.	38,509,126.	35,261,148.
c Leasehold improvements		2,874,445.	1,316,548.	1,557,897.
d Equipment		6,756,770.	5,541,031.	1,215,739.
e Other		4,810,440.	3,233,737.	1,576,703.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43,296,482.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	102,326,888.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	102,326,888.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	36,874,892.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	36,874,892.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY RESERVE	758,264.
(3) RESERVE - PENSION AND POST	8,518,248.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,276,512.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII Supplemental Information (continued)

PART II, LINE 9:

THE CONSERVATION EASEMENTS THAT LIMIT AND RESTRICT CERTAIN LAND MANAGEMENT PRACTICES ON PORTIONS OF THE PROPERTY OWNED BY THE SEEING EYE HAVE BEEN GRANTED TO THE STATE OF NEW JERSEY IN CONNECTION WITH PUBLIC PROGRAMS TO ENSURE PROPER MANAGEMENT OF NATURAL AND OPEN LANDS. THE SEEING EYE IS A GRANTOR OF THESE RESTRICTIONS TO THE STATE OF NEW JERSEY, AND PERFORMS LAND MANAGEMENT MONITORING AND PROTECTION ACTIVITIES IN COMPLIANCE WITH THE GUIDELINES IMPOSED BY THE STATE OF NEW JERSEY AS GRANTEE AND HOLDER OF THE RESTRICTIONS. THE SEEING EYE DOES NOT HAVE A REGULAR PROGRAM OF ACQUIRING CONSERVATION EASEMENTS AND LAND CONSERVATION IS NOT A PRIMARY PURPOSE OF THE ORGANIZATION. AS SUCH THE CONSERVATION EASEMENTS THAT BURDEN A PORTION OF THE SEEING EYE'S PROPERTY ARE NEGATIVE LESS-THAN-FEE RESTRICTIONS THAT COMPLY WITH PUBLIC PROGRAMS OF LAND CONSERVATION, AND ARE NOT CARRIED AS ASSETS ON THE SEEING EYE'S BALANCE SHEET.

PART V, LINE 4:

THE ORGANIZATION'S RETURN OBJECTIVES, RISK PARAMETERS AND STRATEGIES EMPLOYED FOR ACHIEVING THE OBJECTIVES OF ITS VARIOUS ENDOWMENTS ARE: CERTAIN DONOR-RESTRICTED ENDOWMENTS ARE INVESTED IN U.S. GOVERNMENT SECURITIES PURSUANT TO STIPULATIONS OF THE DONOR. THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING PRACTICES THAT SEEKS TO PROVIDE FOR ITS REMAINING DONOR-RESTRICTED ENDOWMENT ASSETS A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT, WHILE SEEKING TO PRESERVE THE ORIGINAL VALUE OF THE GIFT.

Part XIII Supplemental Information (continued)

BOARD-DESIGNATED FUNDS: THE BOARD-DESIGNATED FUNDS CONSIST OF (A) INVESTMENTS THAT HAVE BEEN BOARD-DESIGNATED FOR LONG-TERM INVESTMENT PURPOSES AND (B) INVESTMENTS SEGREGATED FOR USE IN MEETING THE ORGANIZATION'S OBLIGATIONS UNDER CHARITABLE GIFT ANNUITY CONTRACTS. THE BOARD OF TRUSTEES HAS ADOPTED INVESTMENT OBJECTIVES AND POLICIES FOR THE BOARD-DESIGNATED LONG-TERM ENDOWMENT FUND AND HAS DELEGATED OVERSIGHT AUTHORITY OVER THIS FUND TO THE TRUSTEE'S FINANCE AND INVESTMENT COMMITTEE (THE "COMMITTEE"). THE OVERALL OBJECTIVE OF THIS FUND IS TO PROVIDE A RELIABLE, RECURRING LEVEL OF FINANCIAL SUPPORT OF THE ORGANIZATION'S PROGRAMS, CONSISTENT WITH MAINTAINING THE FUND'S PURCHASING POWER OVER TIME AND SUFFICIENT TO ENSURE THE ORGANIZATION'S PRUDENT ABILITY TO PLAN STRATEGICALLY FOR THE LONG-TERM CONTINUED SUCCESS OF ITS MISSION. THE PRIMARY OBJECTIVE OF THE COMMITTEE IS TO SEEK STABLE TOTAL REAL RETURNS OVER THE LONG-TERM, WHILE ENSURING ADEQUATE CURRENT LIQUIDITY AND CASH FLOW TO MEET OPERATING NEEDS AND WITH AN EMPHASIS ON PRESERVATION OF THE FUND'S PRINCIPAL. THE COMMITTEE HAS THE DISCRETION TO DETERMINE THE PORTFOLIO COMPOSITION AND ASSET ALLOCATIONS OF THE FUND, BOTH BY ASSET CLASS AND WITHIN EACH CLASS. AS OF SEPTEMBER 30, 2022, THE ASSETS OF THIS FUND WERE INVESTED IN STOCK AND STOCK MUTUAL FUNDS AND COLLECTIVE INVESTMENT TRUSTS (55%), FIXED INCOME AND SHORT-TERM INVESTMENTS (8%), COMMODITY EXCHANGE TRADED FUNDS (3%) AND LIMITED PARTNERSHIPS (34%).

Part XIII Supplemental Information (continued)

PART X, LINE 2:

WE HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (THE "IRS") AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. WE ARE ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, WE ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO OUR EXEMPT PURPOSE, AND WE ANNUALLY FILE AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM-990-T) WITH THE IRS TO REPORT OUR UNRELATED BUSINESS INCOME.

U.S. GAAP REQUIRES AN ENTITY TO RECORD A TAX BENEFIT OR LIABILITY ASSOCIATED WITH A TAX POSITION TAKEN ON A TAX RETURN WHEN IT IS MORE LIKELY THAN NOT THE POSITION WOULD BE SUSTAINED UPON AUDIT BY A TAXING AUTHORITY. WE DO NOT BELIEVE WE HAVE TAKEN, OR EXPECT TO TAKE, ANY MATERIAL UNCERTAIN TAX POSITIONS ON OUR TAX RETURNS THAT WOULD REQUIRE US TO RECORD A TAX LIABILITY, INTEREST OR PENALTIES OR A TAX BENEFIT AS OF SEPTEMBER 30, 2022, AND 2021.

PART XI, LINE 2D, OTHER ADJUSTMENT:

RENTAL EXPENSES (FORM 990, PART VIII, LINE 6(B))	3,342
DIRECT EXPENSES OF FUNDRAISING EVENTS (PART VIII, LINE 8B)	56,544
COST OF GOODS SOLD	17,315
INVESTMENT RETURN APPROPRIATED FOR OPERATIONS	14,146,000
TOTAL TO SCHEDULE D, PART XI, LINE 4B	14,223,101

Part XIII Supplemental Information (continued)

PART XI, LINE 4B, OTHER ADJUSTMENTS:

REALIZED GAINS OF SALES OF INVESTMENTS, NET	5,772,679
INVESTMENT INCOME, NET	4,891,259
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,663,938

PART XII, LINE 2D, OTHER ADJUSTMENTS:

RENTAL EXPENSES (FORM 990, PART VIII, LINE 6B)	3,242
DIRECT EXPENSES OF FUNDRAISING EVENTS (PART VIII, LINE 8B)	56,544
COST OF GOODS SOLD (PART VIII, LINE 10B)	17,315
TOTAL TO SCHEDULE D, PART XII, LINE 4B	77,101

Schools

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
THE SEEING EYE, INC.

Employer identification number
22-1539721

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

PART I, LINE 3:

WE PUBLICIZE OUR RACIALLY NONDISCRIMINATORY POLICY VIA OUR WEBSITE, OUR
QUARTERLY GUIDE MAGAZINE, AND IN OUR ANNUAL REPORT.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS	NONE	14,552,000.
(2) EUROPE	NONE	NONE	INVESTMENTS	NONE	14,783,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			29,335,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			29,335,000.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

JSA
1E1274 1.000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶▶

3 Enter total number of other organizations or entities ▶▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

SCHEDULE G
(Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE SEEING EYE, INC.

22-1539721

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					152,750.	-152,750.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DINNER/AUCTION</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	265,135.		265,135.
	2	Less: Contributions	67,633.		67,633.
	3	Gross income (line 1 minus line 2)	197,502.		197,502.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	25,713.		25,713.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	30,831.		30,831.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d). ▶				140,958.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES
=====

NAME:

FUSE FUNDRAISING

ADDRESS:

12355 SUNRISE VALLEY DRIVE
RESTON, VA 20191

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 152,750.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -152,750.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT A PUDLAK	(i)	191,271.	12,286.	35,538.	21,406.	260,501.	
1 ASST TREAS/CFO (THRU 1	(ii)						
DAVID JOHNSON	(i)	146,388.	2,000.	23,866.	21,898.	194,152.	
2 ASST SEC/DIR INSTRUCT	(ii)						
DOLORES M HOLLE VMD	(i)	183,171.	4,600.	33,184.	22,461.	243,416.	
3 DIR, CANINE MEDICINE (T	(ii)						
RANDALL E IVENS	(i)	154,940.	4,000.	28,887.	42,033.	229,860.	
4 DIRECTOR HUMAN RESOUR	(ii)						
DEBORAH MORRONE-COLELL	(i)	185,622.	4,750.	34,208.	35,606.	260,186.	
5 DIR DONOR PUBLIC RELA	(ii)						
GLENN CIANCI	(i)	137,777.	3,650.	26,284.	36,186.	203,897.	
6 DIRECTOR, FACILITIES	(ii)						
MARGARET GIBBON	(i)	135,483.	3,500.	25,034.	40,062.	204,079.	
7 DIRECTOR CANINE DEVEL	(ii)						
GLENN HOAGLAND	(i)	276,848.	6,900.	12,374.	15,592.	311,714.	
8 PRESIDENT AND CEO (THR	(ii)						
	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART II, COLUMN D

NON-TAXABLE BENEFITS FOR INDIVIDUALS INCLUDE MEDICAL, DENTAL AND VISION PAID FOR BY THE ORGANIZATION AND POSTRETIRMENT MEDICAL BENEFITS EARNED DURING THE YEAR.

PART I, LINE 4A

IN DECEMBER 2021, WE ENTERED INTO A SEPARATION AGREEMENT WITH GLENN HOAGLAND (PRESIDENT AND CHIEF EXECUTIVE OFFICER); ALL AMOUNTS PAID UNDER SUCH AGREEMENT WERE PAID IN 2022 AND WILL BE REPORTED AS OTHER REPORTABLE COMPENSATION IN OUR FORM 990 FOR 2022.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SEEING EYE, INC.

Employer identification number
22-1539721

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	NY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	64577HSC6	12/05/2017	21,984,844.	CURR REFUNDING BONDS ISSUED 2012		X		X		X
B	NY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	64577HTH6	03/04/2015	17,222,997.	CURR REFUNDING BONDS ISSUED 2005		X		X		X
C												
D												

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
3		21,984,844.		17,222,997.				
4								
5								
6		21,545,147.		16,878,537.				
7		439,697.		344,460.				
8								
9								
10								
11								
12								
13								
14								
15	X		X					
16	X		X					
17	X		X					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2021

Part III Private Business Use

NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X				
b Exception to rebate?				X				
c No rebate due?			X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

PART IV LINE 2C: REBATE CALCULATION WAS PERFORMED IN JUNE 2022

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶ \$													

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN E. GNALL	SEE BELOW	98,000.	SEE BELOW		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV- BUSINESS TRANSACTION INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: SUSAN E. GNALL (SENIOR VICE PRESIDENT WITH MORGAN STANLEY)
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE
- (C) AMOUNT OF TRANSACTION: \$98,000
- (D) DESCRIPTION OF TRANSACTION: MANAGEMENT FEES PAID TO MORGAN STANLEY FOR INVESTMENTS BY THE ORGANIZATION IN LIMITED PARTNERSHIPS MANAGED BY MORGAN STANLEY
- (E) SHARING OF ORGANIZATION REVENUES?: NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30	1,109,295.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SEEING EYE, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

22-1539721

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION HAS ENGAGED THE SERVICES OF ITS INDEPENDENT ACCOUNTING FIRM TO ASSIST MANAGEMENT IN THE PREPARATION AND REVIEW OF A DRAFT OF THE FORM 990. THE BOARD OF TRUSTEES HAS DELEGATED ITS AUDIT COMMITTEE THE RESPONSIBILITY TO REVIEW AND APPROVE THE FORM 990 PRIOR TO FILING. SUBSEQUENT TO THE APPROVAL OF THE AUDIT COMMITTEE, AND PRIOR TO FILING, A COPY OF THE FORM 990 IS FORWARDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, KEY EMPLOYEES AND MEMBERS OF THE BOARD OF TRUSTEES HAVE BEEN FORWARDED A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. ON AN ANNUAL BASIS, ALL OFFICERS, KEY EMPLOYEES AND MEMBERS OF THE BOARD OF TRUSTEES ARE PROVIDED A COPY OF SUCH POLICY, AND ARE REQUIRED TO COMPLETE A DISCLOSURE FORM TO CONFIRM THEY HAVE REVIEWED AND AGREED TO ABIDE BY SUCH POLICY, AND ARE TO REPORT ANY CONFLICTS OF INTEREST TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

PRESIDENT: THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (WHICH IS COMPRISED OF TRUSTEES WHO ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES) IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE ORGANIZATION'S PRESIDENT/CEO AT LEAST ANNUALLY. THIS REVIEW IS DONE IN ACCORDANCE WITH THE ORGANIZATION'S EXECUTIVE COMPENSATION POLICY, WHICH REQUIRES THE REVIEW OF BENCHMARK COMPENSATION DATA AND DOCUMENTED SUBSTANTIATION OF COMPENSATION RECOMMENDATIONS. COMPENSATION RECOMMENDATIONS FROM THE COMPENSATION COMMITTEE ARE REVIEWED AND APPROVED

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

BY THE BOARD OF TRUSTEES.

OFFICERS OR KEY EMPLOYEES: PURSUANT TO THE ORGANIZATION'S EXECUTIVE
COMPENSATION POLICY, THE PRESIDENT/CEO IS RESPONSIBLE TO CONDUCT
PERFORMANCE REVIEWS, COMPARE SALARY BENCHMARKS AND MAKE COMPENSATION
RECOMMENDATIONS TO THE COMPENSATION COMMITTEE. ALL SUCH COMPENSATION
RECOMMENDATIONS REQUIRE THE APPROVAL OF THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE
ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO
AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION & POSTRETIREMENT BENEFITS -
CHANGES OTHER THAN NET PERIODIC COSTS - 7,351,697
DECREASE IN VALUE OF SPLIT-INTEREST AGREEMENT - (847,974)
DONATED SERVICES - (51,733)
CHANGE IN VALUE OF PERPETUAL TRUSTS - 3,348,083
NET PERIODIC PENSION & POSTRETIREMENT CHANGE OTHER THAN SERVICE COST -
543,338
TOTAL TO FORM 990, PART XI, LINE 9 - 10,343,411

FORM 990, PART XII, LINE 2C, OVERSIGHT OF AUDIT CHANGES IN PROCEDURES:

THE ORGANIZATION HAS NOT CHANGED ITS PROCEDURES REGARDING THE OVERSIGHT
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT SINCE THE PRIOR YEAR.

FORM 990, PART III, LINE 1

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO ENHANCE THE INDEPENDENCE,
DIGNITY AND SELF-CONFIDENCE OF PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED
THROUGH THE USE OF SEEING EYE (R) DOGS. IN PURSUIT OF THIS MISSION, THE
ORGANIZATION BREEDS AND RAISES PUPPIES TO BECOME SEEING EYE DOGS (OR
OBTAINS THEM OCCASIONALLY BY PURCHASE OR EXCHANGE): TEACHES INSTRUCTORS
THE SCIENCE AND TECHNIQUE OF TRAINING SEEING EYE DOGS AS GUIDES FOR BLIND
AND VISUALLY IMPAIRED PEOPLE, INSTRUCTS BLIND AND VISUALLY IMPAIRED
PEOPLE IN THE PROPER USE AND HANDLING OF THE DOGS: CONDUCTS AND SUPPORTS
RESEARCH ON CANINE HEALTH AND DEVELOPMENT: AND INFORMS THE PUBLIC ABOUT
THE ROLE OF GUIDE DOGS AND THE CAPABILITIES OF BLIND AND VISUALLY
IMPAIRED PEOPLE TO LIVE INDEPENDENTLY.

FORM 990, PART VI LINE 1B

SUSAN GNALL, GLENN HOAGLAND, AND MARGARET HOWARD ARE NOT INDEPENDENT
VOTING MEMBERS OF THE BOARD.

FORM 990, PART V, LINE 3B

THE ORGANIZATION HAS FILED AN EXTENSION FOR FORM 990-T AND WILL FILE THE
RETURN BEFORE THE EXTENSION DUE DATE.

FORM 990, PART VIII, SECTION A

HUGH D'ANDRADE, ESQ. AND MICHAEL W RANGER ARE NON-VOTING MEMBERS OF THE
BOARD.

Name of the organization THE SEEING EYE, INC.	Employer identification number 22-1539721
--	--

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

 PROVIDING SEEING EYE ® DOGS TO BLIND AND VISUALLY IMPAIRED: THIS PROGRAM INCLUDES: BREEDING AND WHELPING OF APPROPRIATE SIZED AND TYPE OF DOG AT OUR BREEDING FACILITY; APPROXIMATELY FOURTEEN MONTHS SOCIALIZATION OF THE PUPPIES AT HOMES OF VOLUNTEER PUPPY RAISERS; MAINTENANCE OF A VETERINARY HOSPITAL AND KENNELS; SUPPORT OF RESEARCH, TRAINING AND DEVELOPMENT PROJECTS RELATED TO PROLONGING AND IMPROVING THE WORKING LIFE OF GUIDE DOGS; FOUR MONTH TRAINING OF DOGS BY PROFESSIONAL INSTRUCTORS; SCREENING, SELECTION OF APPLICANTS; ARRANGING FOR THE ROUND TRIP TRAVEL OF OUR STUDENTS TO AND FROM OUR TRAINING FACILITY; PROVISION OF LODGING, FOOD AND COUNSELING SERVICES TO OUR STUDENTS DURING THEIR 18 TO 25 DAYS OF TRAINING IN THE PROPER USE OF THEIR SEEING EYE DOG; AND AFTER CARE SUPPORT FOR THE LIFE OF THE STUDENT/SEEING EYE DOG PARTNERSHIP.

Name of the organization THE SEEING EYE, INC.	Employer identification number 22-1539721
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FORM 990, PART VI, LINE 17 - STATES

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AL, AK, AR, CA, CO, CT,
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization THE SEEING EYE, INC.	Employer identification number 22-1539721
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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FUSE FUNDRAISING 12355 SUNRISE VALLEY DR RESTON, VA 20191	DIRECT MAIL	761,378.
PRINT MAIL COMMUNICATIONS 4333 DAVENPORT ROAD FREDICKBURG, VA 22408	PRINTING	343,941.
SECURITAS SECURITY SERVICES 206 CEDAR KNOLS ROAD CEDAR KNOLLS, NJ 07927	SECURITY	267,821.
CONCORD DIRECT 92 OLD TURNPIKE RD CONCORD, NH 03301	DIRECT MAIL	261,789.
AMPLIFI 600 RYERSON ROAD LINCOLN PARK, NJ 07035	DIRECT MAIL	270,495.

Name of the organization

Employer identification number

THE SEEING EYE, INC.

22-1539721

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
PREPAID EXPENSES	243,543.	202,236.
TOTALS	----- 243,543. =====	----- 202,236. =====

Name of the organization

Employer identification number

THE SEEING EYE, INC.

22-1539721

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
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PUBLICILY TRADED SECURITY	238,498,145.	197,499,050.	FMV
TOTALS	----- 238,498,145. =====	----- 197,499,050. =====	

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

GROSS RENTS	29,371.

	29,371.
	=====

OTHER DEDUCTIONS

GENERAL RENTAL EXPENSE	3,242.

	3,242.
	=====

RENT AND ROYALTY SUMMARY

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PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
REAL PROPERTY IN MOR	29,371.	-----	3,242.	26,129.
TOTALS	29,371.	=====	3,242.	26,129.