

Return of Organization Exempt From Income Tax

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.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **OCT 1, 2022** **and ending** **SEP 30, 2023**

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 F Name and address of principal officer: JAMES HANDS PO BOX 375, MORRISTOWN, NJ 07963-0375	D Employer identification number 22-1539721 E Telephone number 973 539 - 4425 G Gross receipts \$ 53,862,700. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.SEEINGEYE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1929 M State of legal domicile: NJ

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: HELP BLIND PEOPLE ACHIEVE GREATER INDEPENDENCE THROUGH SEEING EYE DOGS.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	27	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	260	
	6	Total number of volunteers (estimate if necessary)	6	700	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,387.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	22,547,317.	19,528,552.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,881.	124,091.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,797,555.	11,983,375.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,799.	180,681.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,620,552.	31,816,699.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expenses		16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,875,156.	17,665,048.
		b	Total fundraising expenses (Part IX, column (D), line 25)	152,750.	129,955.
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,266,565.	
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,863,383.	12,789,935.
	19	Revenue less expenses. Subtract line 18 from line 12	28,891,289.	30,584,938.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,729,263.	1,231,761.	
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year	
	22	Net assets or fund balances. Subtract line 21 from line 20	385,225,116.	407,430,153.	
			48,875,643.	44,123,927.	
			336,349,473.	363,306,226.	

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, ASST TREASURER	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS TAPP	Preparer's signature
	Date	Check if self-employed <input type="checkbox"/>
	Firm's name EISNER ADVISORY GROUP LLC	PTIN P00200641
	Firm's address 111 WOOD AVENUE SOUTH ISELIN, NJ 08830-2700	Firm's EIN 87-1353108
	Phone no. 732-243-7000	

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 23,517,098. including grants of \$) (Revenue \$ 124,091.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,116,064. 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 24,633,162.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included on line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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 - 973-539-4425
P.O. BOX 375, MORRISTOWN, NJ 07963-0375

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, box 6 of 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 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) MARGARET E. HOWARD, D. LITT PRESIDENT & CEO	50.00 0.00	X		X				268,076.	0.	35,015.
(2) DEBORAH MORRONE-COLELLA DIR DONOR PUBLIC RELATIONS	50.00 0.00					X		192,120.	0.	72,632.
(3) JAMES HANDS ASST. TREAS & CFOO	50.00 0.00			X				178,635.	0.	57,448.
(4) GLENN HOAGLAND FORMER PRESIDENT & CEO	50.00 0.00						X	230,622.	0.	0.
(5) DAVID JOHNSON ASST. TREAS., DIR OF TRAINING & INST	50.00 0.00			X				146,697.	0.	63,941.
(6) GLENN CIANCI DIRECTOR, FACILITIES	50.00 0.00					X		142,380.	0.	65,009.
(7) MARGARET GIBBON DIRECTOR, CANINE DEVELOPMENT	50.00 0.00					X		139,818.	0.	65,790.
(8) C. KYLE QUIGLEY DIR. CANINE MEDICINE & SURGERY	50.00 0.00					X		143,802.	0.	54,652.
(9) RANDALL E IVENS DIR. HUMAN RESOURCES (THRU 10/22)	50.00 0.00						X	137,325.	0.	60,159.
(10) STEPHAN GROSS SR. MANAGER, INFORMATION TECH	50.00 0.00					X		123,804.	0.	64,492.
(11) DENISE ZANGOGLIA ASST. SEC/EXEC ASST	40.00 0.00			X				72,744.	0.	28,441.
(12) DOLORES M HOLLE VMD DIR, CANINE MEDICINE (THRU 03/22)	50.00 0.00						X	59,247.	0.	18,167.
(13) HUGH A D'ANDRADE, ESQ. TRUSTEE EMERITUS	0.00 0.00	X						0.	0.	0.
(14) THOMAS DUFFY TRUSTEE EMERITUS	0.00 0.00	X						0.	0.	0.
(15) VIVEK SAWHNEY BOARD OF TRUSTEES (EFF 01/23)	0.30 0.00	X						0.	0.	0.
(16) KARON C BALES, C.S, T.E.P BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(17) THE HONORABLE THOMAS H KEAN BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.

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 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			
(18) MICHAEL B MCKITISH BOARD OF TRUSTEES	0.60 0.00	X						0.	0.	0.
(19) ARI BENACERRAF BOARD OF TRUSTEES	0.70 0.00	X						0.	0.	0.
(20) JOSH WESTON BOARD OF TRUSTEES (EFF 01/23)	0.30 0.00	X						0.	0.	0.
(21) CYNTHIA R. BRYANT, LLM CHAIR	1.10 0.00	X		X				0.	0.	0.
(22) OHSANG KWON TREASURER	0.80 0.00	X		X				0.	0.	0.
(23) CATHERINE A. KIERNAN ESQ VICE CHAIRMAN	0.50 0.00	X		X				0.	0.	0.
(24) VIKRAM AGARWAL, ESQ. BOARD OF TRUSTEES	0.60 0.00	X						0.	0.	0.
(25) RICHARD V. BOULGER BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(26) IRA H. FUCHS BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
1b Subtotal								1,835,270.	0.	585,746.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,835,270.	0.	585,746.

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 23

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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	X	
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		X

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
FUSE FUNDRAISING 12355 SUNRISE VALLEY DR, RESTON, VA 20191	DIRECT MAIL	711,707.
EDGEMARK PARTNER INC, 450 COX RD, SUITE 305, GLENN ALLEN, VA 23060	DIRECT MAIL	368,394.
CONCORD DIRECT 92 OLD TURNPIKE RD, CONCORD, NH 03301	DIRECT MAIL	327,282.
SECURITAS SECURITY SERVICES, 206 CEDAR KNOLLS ROAD, CEDAR KNOLLS, NJ 07927	SECURITY	289,116.
AMPLIFI 600 RYERSON ROAD, LINCOLN PARK, NJ 07035	DIRECT MAIL	271,064.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) SUSAN GNALL BOARD OF TRUSTEES	0.60 0.00			X				0.	0.	0.
(28) JOHN W. GOGARTY BOARD OF TRUSTEES	0.50 0.00			X				0.	0.	0.
(29) DAVID HERTZ VICE CHAIRMAN	0.80 0.00	X		X				0.	0.	0.
(30) KAREN KENINGER BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(31) MICHAEL MITTELMAN, OD, MPH, MBA SECRETARY	0.70 0.00	X		X				0.	0.	0.
(32) SUSAN POMERANTZ, PH.D. BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(33) MICHAEL RANGER TRUSTEE EMERITUS	0.00 0.00	X						0.	0.	0.
(34) MICHAEL J. AMORUSO, ESQ BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(35) REBECCA GREEN DVM, DAVVIM BOARD OF TRUSTEES	0.40 0.00	X						0.	0.	0.
(36) MARGARET GROW BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(37) THOMAS MACKENZIE BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(38) GORDON MELVILLE, MD, FACR BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(39) CHARLES VITE, VMD, PHD BOARD OF TRUSTEES	0.40 0.00	X						0.	0.	0.
(40) CLIFF AARON BOARD OF TRUSTEES (EFF 01/23)	0.30 0.00	X						0.	0.	0.
(41) SUSAN SEPE BOARD OF TRUSTEES (EFF 01/23)	0.30 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

		(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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 105,654.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,422,898.				
	g Noncash contributions included in lines 1a-1f	1g \$ 114,967.				
	h Total. Add lines 1a-1f		19,528,552.			
	Program Service Revenue	Business Code				
2 a DOG ADOPTION FEES		611600	87,260.	87,260.		
b STUDENT PAYMENTS		611600	15,102.	15,102.		
c ALL OTHER PROGRAM SERVICE REVENUE		611600	13,943.	13,943.		
d DOG SUPPLY INCOME		611600	7,786.	7,786.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		124,091.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,718,900.		4718900.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real 30,552.			
		b Less: rental expenses	6b 5,504.			
		c Rental income or (loss)	6c 25,048.			
	d Net rental income or (loss)		25,048.	25,048.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 29,156,450.	(ii) Other 501.		
		b Less: cost or other basis and sales expenses	7b 21,892,476.	0.		
		c Gain or (loss)	7c 7,263,974.	501.		
	d Net gain or (loss)		7,264,475.		7264475.	
	8 a Gross income from fundraising events (not including \$ 105,654. of contributions reported on line 1c). See Part IV, line 18	8a		200,537.		
		b Less: direct expenses	8b	62,200.		
		c Net income or (loss) from fundraising events		138,337.		138,337.
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a	80,434.				
	b Less: cost of goods sold	10b	85,821.			
	c Net income or (loss) from sales of inventory		-5,387.		-5,387.	
Miscellaneous Revenue	Business Code					
	11 a OTHER MISCELLANEOUS INCOME	611600	22,683.	22,683.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		22,683.				
12 Total revenue. See instructions		31,816,699.	171,822.	-5,387.	12121712.	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,034,955.	409,714.	450,278.	174,963.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,254,815.	9,910,917.	360,087.	983,811.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,173,940.	1,035,254.	34,030.	104,656.
9 Other employee benefits	3,363,671.	3,032,415.	104,396.	226,860.
10 Payroll taxes	837,667.	740,390.	25,726.	71,551.
11 Fees for services (nonemployees):				
a Management				
b Legal	74,216.	28,429.	37,196.	8,591.
c Accounting	83,212.		83,212.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	129,955.			129,955.
f Investment management fees	122,591.		122,591.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,247,666.	1,098,219.	121,403.	28,044.
12 Advertising and promotion				
13 Office expenses	421,149.	159,089.	82,353.	179,707.
14 Information technology	370,123.	275,060.	26,079.	68,984.
15 Royalties				
16 Occupancy	1,173,524.	1,097,172.	62,556.	13,796.
17 Travel	611,710.	554,276.	31,330.	26,104.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,499.	7,499.		
20 Interest	1,348,095.	1,348,095.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,393,235.	2,258,253.	104,442.	30,540.
23 Insurance	354,056.	312,152.	18,369.	23,535.
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 DIRECT MAIL FUNDRAISING	2,106,149.			2,106,149.
b CANINE SUPPORT	1,674,232.	1,674,232.		
c PUBLIC & GRAD COMMUNICA	293,836.	293,836.		
d STUDENT SUPPORT SERVICE	229,214.	229,214.		
e All other expenses	279,428.	168,946.	21,163.	89,319.
25 Total functional expenses. Add lines 1 through 24e	30,584,938.	24,633,162.	1,685,211.	4,266,565.
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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,012,068.	1	3,162,630.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	13,500.	3	5,000.
	4	Accounts receivable, net		4	
	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		5	
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	202,236.	9	482,958.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	92,836,574.		
	10b	Less: accumulated depreciation	50,877,317.		
	10c		43,296,482.	10c	41,959,257.
	11	Investments - publicly traded securities	197,499,050.	11	223,126,311.
	12	Investments - other securities. See Part IV, line 11	102,326,888.	12	103,492,630.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	36,874,892.	15	35,201,367.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	385,225,116.	16	407,430,153.	
Liabilities	17	Accounts payable and accrued expenses	2,489,011.	17	2,534,939.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	34,892,158.	20	34,536,373.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	2,217,962.	24	2,161,541.
	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	9,276,512.	25	4,891,074.
	26	Total liabilities. Add lines 17 through 25	48,875,643.	26	44,123,927.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	291,873,903.	27	320,248,058.
	28	Net assets with donor restrictions	44,475,570.	28	43,058,168.
	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	336,349,473.	32	363,306,226.	
33	Total liabilities and net assets/fund balances	385,225,116.	33	407,430,153.	

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	31,816,699.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,584,938.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,231,761.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	336,349,473.
5	Net unrealized gains (losses) on investments	5	23,818,762.
6	Donated services and use of facilities	6	40,780.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,865,450.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	363,306,226.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

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

2022
Open to Public Inspection

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

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		
Total						

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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b 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?		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE SEEING EYE, INC.

Employer identification number

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 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.

Table with 2 columns: Question, Answer. Rows include: 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, 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.

Table with 2 columns: Question, Answer. Rows include: 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: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

232051 09-01-22

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	299,826,000.	339,718,000.	277,317,000.	275,671,000.	278,828,000.
b Contributions	1,000.	866,000.	282,000.	33,000.	34,000.
c Net investment earnings, gains, and losses	35,645,000.	-33,442,000.	71,005,000.	13,186,000.	11,286,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,853,000.	7,316,000.	8,886,000.	11,573,000.	14,477,000.
f Administrative expenses					
g End of year balance	326,619,000.	299,826,000.	339,718,000.	277,317,000.	275,671,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.7800 %
 - b Permanent endowment 2.2100 %
 - c Term endowment .0100 %
- 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 | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		74,085,681.	40,311,829.	33,773,852.
c Leasehold improvements		2,874,445.	1,412,402.	1,462,043.
d Equipment		7,304,179.	5,790,645.	1,513,534.
e Other		4,887,274.	3,362,441.	1,524,833.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,959,257.

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	103,492,630.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	103,492,630.	

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. (Col. (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	35,201,367.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	35,201,367.

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	660,231.
(3) RESERVE - PENSION AND POST	4,230,843.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,891,074.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	35,218,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	40,780.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	15,310,318.	
e	Add lines 2a through 2d	2e		15,351,098.
3	Subtract line 2e from line 1	3		19,867,067.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	122,591.	
b	Other (Describe in Part XIII.)	4b	11,827,041.	
c	Add lines 4a and 4b	4c		11,949,632.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		31,816,699.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	30,589,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	40,780.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	86,312.	
e	Add lines 2a through 2d	2e		127,092.
3	Subtract line 2e from line 1	3		30,462,347.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	122,591.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		122,591.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		30,584,938.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES (FORM 990, PART VIII, LINE 6(B))	5,504.
DIRECT EXPENSES OF FUNDRAISING EVENTS (PART VIII, LINE 8B)	62,200.
COST OF GOODS SOLD	18,614.
INVESTMENT RETURN APPROPRIATED FOR OPERATIONS	15,224,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	15,310,318.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALIZED GAINS OF SALES OF INVESTMENTS, NET	7,263,974.
INVESTMENT INCOME, NET	4,562,566.
NET GAIN ON SALE OF FIXED ASSETS	501.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B 11,827,041.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES(FORM 990, PART VIII, LINE 6B) 5,504.

DIRECT EXPENSES OF FUNDRAISING EVENTS(PART VIII, LINE 8B) 62,200.

COST OF GOODS SOLD(PART VIII, LINE 10B) 18,614.

ROUNDING -6.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 86,312.

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

Part XIII Supplemental Information *(continued)*

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.

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, 2023, THE ASSETS OF THIS FUND WERE INVESTED IN STOCK AND STOCK MUTUAL FUNDS AND COLLECTIVE INVESTMENT TRUSTS (58%), FIXED INCOME AND SHORT-TERM INVESTMENTS (8%), COMMODITY EXCHANGE TRADED FUNDS (2%) AND LIMITED PARTNERSHIPS (32%).

PART X, LINE 2:

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

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, 2023, AND 2022.

SCHEDULE E
(Form 990)

Department of the Treasury
Internal Revenue Service

Schools

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 primary publicly accessible Internet homepage at all times during its tax 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	
WE PUBLICIZE OUR RACIALLY NONDISCRIMINATORY POLICY VIA OUR WEBSITE, OUR QUARTERLY GUIDE MAGAZINE, AND IN OUR ANNUAL REPORT.		
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?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
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?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
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?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990) 2022

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Employer identification number

THE SEEING EYE, INC.

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	NONE	14,699,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	NONE	13,717,000.
3 a Subtotal	0	0			28,416,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			28,416,000.

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

Schedule F (Form 990) 2022

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 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 F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

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 (add col. (a) through col. (c))
		DINNER PARTY/AUCTIO (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	306,191.		306,191.
	2	Less: Contributions	105,654.		105,654.
	3	Gross income (line 1 minus line 2)	200,537.		200,537.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	38,000.		38,000.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	24,200.		24,200.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			62,200.
	11	Net income summary. Subtract line 10 from line 3, column (d)			138,337.

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))
Revenue	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 explanations 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FUSE FUNDRAISING

(I) ADDRESS OF FUNDRAISER: 12355 SUNSET VALLEY DR, RESTON, VA 20191

**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

2022

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		

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

Schedule J (Form 990) 2022

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 POSTRETIREMENT 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)**
Department of the Treasury
Internal Revenue Service

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

2022
Open to Public Inspection

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
NJ ECONOMIC DEVELOPMENT A AUTHORITY	22-2045817	64577HTH6	03/04/15	17222997.	CURR REFUNDING BONDS ISSUED 2005		X		X		X
NJ ECONOMIC DEVELOPMENT B AUTHORITY	22-2045817	64577HSC6	12/05/17	21984844.	CURR REFUNDING BONDS ISSUED 2012		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue			17,222,997.	21,984,844.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds			16,878,537.	21,545,147.				
6 Proceeds in refunding escrows			344,460.	439,697.				
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1		X		X				
2		X		X				
3a		X		X				
b								
c		X		X				
d								
4								
5								
6								
7		X		X				
8a		X		X				
b								
c								
9		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1		X		X				
2		X		X				
a		X		X				
b		X		X				
c	X							
3		X		X				

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
SUSAN E. GNALL	SEE BELOW	93,000.	SEE BELOW		X

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: \$93,000

(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)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	X	1	6,129.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	108,838.	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** **1**

	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 3 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.		

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

Schedule M (Form 990) 2022

Part II

Supplemental information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

FORM 990, PART III, LINE 1

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 III, LINE 4A

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization THE SEEING EYE, INC.	Employer identification number 22-1539721
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SEEING EYE DOG; AND AFTER CARE SUPPORT FOR THE LIFE OF THE STUDENT/SEEING EYE DOG PARTNERSHIP.

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 VI, SECTION B, LINE 11B:

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

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

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 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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 VI LINE 1B

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

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FORM 990, PART VII, SECTION A

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

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

PENSION & POSTRETIREMENT BENEFITS - CHANGES OTHER THAN NET

PERIODIC COSTS	3,506,612.
INCREASE IN VALUE OF SPLIT-INTEREST AGREEMENT	13,213.
DONATED SERVICES	-40,780.
CHANGE IN VALUE OF PERPETUAL TRUSTS	-1,720,045.
NET PERIODIC PENSION & POSTRETIREMENT CHANGE OTHER THAN	
SERVICE COST	106,450.
TOTAL TO FORM 990, PART XI, LINE 9	1,865,450.

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.

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
<p>EXPORTED ON 02/09/2024 12:29:55</p> <p>FORM 990</p>	