

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

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.		D Employer identification number 22-1539721	
	Doing business as		E Telephone number 973 539 - 4425	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 66,749,385.	
	PO BOX 375		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	City or town, state or province, country, and ZIP or foreign postal code MORRISTOWN, NJ 07963-0375		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
F Name and address of principal officer: JAMES HANDS PO BOX 375, MORRISTOWN, NJ 07963-0375		H(c) Group exemption number		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) 4947(a)(1) or 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

Activities & Governance	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.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 24
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 249
	6 Total number of volunteers (estimate if necessary)	6 700
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -21,260.
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: 19,528,552. Current Year: 25,016,443.
	9 Program service revenue (Part VIII, line 2g)	124,091. 111,454.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,983,375. 13,600,694.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	180,681. 196,796.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,816,699. 38,925,387.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)		17,665,048. 18,205,369.
16a Professional fundraising fees (Part IX, column (A), line 11e)		129,955. 137,005.
b Total fundraising expenses (Part IX, column (D), line 25)		4,493,891.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,789,935. 13,696,326.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,584,938. 32,038,700.	
19 Revenue less expenses. Subtract line 18 from line 12	1,231,761. 6,886,687.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 407,430,153. End of Year: 470,702,231.
	21 Total liabilities (Part X, line 26)	44,123,927. 55,463,948.
	22 Net assets or fund balances. Subtract line 21 from line 20	363,306,226. 415,238,283.

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"/>	PTIN P00200641
	Firm's name EISNER ADVISORY GROUP LLC	Firm's EIN 87-1353108		Firm's address 111 WOOD AVENUE SOUTH ISELIN, NJ 08830-2700	
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 \$ 24,278,928. including grants of \$) (Revenue \$ 111,454.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,315,391. 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 25,594,319.

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)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 249		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	26	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	24	
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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
b	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?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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				404,326.	0.	46,620.
(2) DEBORAH MORRONE-COLELLA DIR DONOR PUB RELATIONS (THRU 12/23)	50.00 0.00				X			228,590.	0.	82,611.
(3) JAMES HANDS ASST. TREAS & CFOO	50.00 0.00			X				194,442.	0.	69,072.
(4) DAVID JOHNSON DIR OF ADVOCACY & GOVT. RELATIONS	50.00 0.00			X				152,043.	0.	69,618.
(5) C. KYLE QUIGLEY DIR OF VETERINARY MED & GENETICS	50.00 0.00				X			160,783.	0.	60,261.
(6) GLENN CIANCI DIRECTOR, FACILITIES	50.00 0.00				X			148,941.	0.	69,256.
(7) MARGARET GIBBON DIRECTOR, CANINE DEVELOPMENT	50.00 0.00				X			145,755.	0.	70,640.
(8) JOSEPH SHIARAPPA DIRECTOR OF HUMAN RESOURCES	50.00 0.00				X			138,870.	0.	55,449.
(9) DENISE ZANGOGLIA ASST. SEC/EXEC ASST	40.00 0.00			X				67,420.	0.	28,877.
(10) HUGH A D'ANDRADE, ESQ. TRUSTEE EMERITUS	0.00 0.00	X						0.	0.	0.
(11) THOMAS DUFFY TRUSTEE EMERITUS	0.00 0.00	X						0.	0.	0.
(12) VIVEK SAWHNEY BOARD OF TRUSTEES	0.40 0.00	X						0.	0.	0.
(13) KARON C BALES, C.S., T.E.P BOARD OF TRUSTEES	0.60 0.00	X						0.	0.	0.
(14) THE HONORABLE THOMAS H KEAN BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(15) MICHAEL B MCKITISH BOARD OF TRUSTEES	0.60 0.00	X						0.	0.	0.
(16) ARI BENACERRAF BOARD OF TRUSTEES	0.80 0.00	X						0.	0.	0.
(17) JOSH WESTON BOARD OF TRUSTEES (THRU 5/24)	0.20 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) CYNTHIA R. BRYANT, LLM CHAIR	1.10 0.00	X		X				0.	0.	0.
(19) OHSANG KWON TREASURER	0.80 0.00	X		X				0.	0.	0.
(20) CATHERINE A. KIERNAN ESQ VICE CHAIRMAN	0.50 0.00	X		X				0.	0.	0.
(21) VIKRAM AGARWAL, ESQ. BOARD OF TRUSTEES (THRU 11/23)	0.00 0.00	X						0.	0.	0.
(22) RICHARD V. BOULGER BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(23) IRA H. FUCHS BOARD OF TRUSTEES	0.60 0.00	X						0.	0.	0.
(24) SUSAN GNALL BOARD OF TRUSTEES	0.60 0.00	X						0.	0.	0.
(25) JOHN W. GOGARTY BOARD OF TRUSTEES (THRU 02/24)	0.20 0.00	X						0.	0.	0.
(26) DAVID HERTZ VICE CHAIRMAN	0.80 0.00	X		X				0.	0.	0.
1b Subtotal								1,641,170.	0.	552,404.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,641,170.	0.	552,404.

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 25

	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	3	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	4	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	5	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	1,177,948.
EDGEMARK PARTNER INC, 450 COX RD, SUITE 305, GLENN ALLEN, VA 23060	DIRECT MAIL	413,834.
CONCORD DIRECT 92 OLD TURNPIKE RD, CONCORD, NH 03301	DIRECT MAIL	338,138.
AMPLIFI 600 RYERSON ROAD, LINCOLN PARK, NJ 07035	DIRECT MAIL	337,358.
SECURITAS SECURITY SERVICES, 206 CEDAR KNOLLS ROAD, CEDAR KNOLLS, NJ 07927	SECURITY	320,061.

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 18

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) KAREN KENINGER BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(28) MICHAEL MITTELMAN, OD, MPH, MBA SECRETARY	0.70 0.00	X		X				0.	0.	0.
(29) SUSAN POMERANTZ, PH.D. BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(30) MICHAEL RANGER TRUSTEE EMERITUS	0.00 0.00	X						0.	0.	0.
(31) MICHAEL J. AMORUSO, ESQ BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(32) REBECCA GREEN DVM, DAVVIM BOARD OF TRUSTEES	0.40 0.00	X						0.	0.	0.
(33) MARGARET GROW BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(34) THOMAS MACKENZIE BOARD OF TRUSTEES	0.60 0.00	X						0.	0.	0.
(35) GORDON MELVILLE, MD, FACR BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(36) CHARLES VITE, VMD, PHD BOARD OF TRUSTEES	0.40 0.00	X						0.	0.	0.
(37) CLIFF AARON BOARD OF TRUSTEES	0.50 0.00	X						0.	0.	0.
(38) SUSAN SEPE BOARD OF TRUSTEES	0.40 0.00	X						0.	0.	0.
(39) PAT MCKENNA BOARD OF TRUSTEES (EFF 03/24)	0.50 0.00	X						0.	0.	0.
(40) DEB HUGHES BOARD OF TRUSTEES (EFF 12/23)	0.50 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					
	b Membership dues					
	c Fundraising events	73,742.				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	24,942,701.				
	g Noncash contributions included in lines 1a-1f	\$ 554,729.				
	h Total. Add lines 1a-1f	25,016,443.				
	Program Service Revenue	Business Code				
2 a DOG ADOPTION FEES		611600	85,851.	85,851.		
b STUDENT PAYMENTS		611600	16,050.	16,050.		
c DOG SUPPLY INCOME		611600	8,240.	8,240.		
d ALL OTHER PROGRAM SERVICE REVENUE		611600	1,313.	1,313.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		111,454.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,585,181.		5585181.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	29,619.			
		(ii) Personal				
		6a	29,619.			
	b Less: rental expenses	6b	6,726.			
	c Rental income or (loss)	6c	22,893.			
	d Net rental income or (loss)		22,893.	22,893.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	35,620,000.	525.		
		(ii) Other				
		7a	35,620,000.	525.		
	b Less: cost or other basis and sales expenses	7b	27,605,012.	0.		
	c Gain or (loss)	7c	8,014,988.	525.		
	d Net gain or (loss)		8,015,513.		8015513.	
8 a Gross income from fundraising events (not including \$ 73,742. of contributions reported on line 1c). See Part IV, line 18						
	8a	293,449.				
	b Less: direct expenses	8b	124,255.			
c Net income or (loss) from fundraising events		169,194.		169,194.		
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		66,745.				
	10a	66,745.				
	b Less: cost of goods sold	10b	88,005.			
c Net income or (loss) from sales of inventory		-21,260.		-21,260.		
Miscellaneous Revenue	Business Code					
	11 a OTHER MISCELLANEOUS INCOME	611600	25,969.	25,969.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		25,969.				
12 Total revenue. See instructions		38,925,387.	160,316.	-21,260.	13769888.	

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	1,104,753.	436,150.	476,693.	191,910.
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	11,573,158.	10,135,717.	403,919.	1,033,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,218,705.	1,081,966.	38,410.	98,329.
9 Other employee benefits	3,453,476.	3,103,676.	103,172.	246,628.
10 Payroll taxes	855,277.	753,415.	27,345.	74,517.
11 Fees for services (nonemployees):				
a Management				
b Legal	58,828.	8,836.	45,641.	4,351.
c Accounting	85,313.		85,313.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	137,005.			137,005.
f Investment management fees	189,567.		189,567.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,319,005.	1,067,889.	222,520.	28,596.
12 Advertising and promotion				
13 Office expenses	413,866.	138,931.	84,919.	190,016.
14 Information technology	410,400.	296,316.	23,290.	90,794.
15 Royalties				
16 Occupancy	1,374,900.	1,291,446.	68,137.	15,317.
17 Travel	630,606.	562,697.	28,883.	39,026.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,650.	16,282.	3,368.	
20 Interest	1,337,756.	1,337,756.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,490,635.	2,341,572.	110,664.	38,399.
23 Insurance	306,901.	269,783.	15,466.	21,652.
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	2,145,649.			2,145,649.
b CANINE SUPPORT	2,014,064.	2,014,064.		
c PUBLIC & GRAD COMMUNICA	355,743.	355,743.		
d STUDENT SUPPORT SERVICE	220,823.	220,823.		
e All other expenses	322,620.	161,257.	23,183.	138,180.
25 Total functional expenses. Add lines 1 through 24e	32,038,700.	25,594,319.	1,950,490.	4,493,891.
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	3,162,630.	1	3,916,907.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,000.	3	
	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	482,958.	9	298,919.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 95,973,326.		
	b	Less: accumulated depreciation	10b 53,269,328.	10c	42,703,998.
	11	Investments - publicly traded securities	223,126,311.	11	280,269,553.
	12	Investments - other securities. See Part IV, line 11	103,492,630.	12	97,799,391.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	35,201,367.	15	45,713,463.
16	Total assets. Add lines 1 through 15 (must equal line 33)	407,430,153.	16	470,702,231.	
Liabilities	17	Accounts payable and accrued expenses	2,534,939.	17	2,666,067.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	34,536,373.	20	34,169,745.
	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	2,161,541.	24	2,091,113.
	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	4,891,074.	25	16,537,023.
	26	Total liabilities. Add lines 17 through 25	44,123,927.	26	55,463,948.
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	320,248,058.	27	371,728,807.
	28	Net assets with donor restrictions	43,058,168.	28	43,509,476.
	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	363,306,226.	32	415,238,283.	
33	Total liabilities and net assets/fund balances	407,430,153.	33	470,702,231.	

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	38,925,387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,038,700.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,886,687.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	363,306,226.
5	Net unrealized gains (losses) on investments	5	46,839,734.
6	Donated services and use of facilities	6	31,782.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,826,146.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	415,238,283.

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		

Form 990 (2023)

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

2023

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, 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); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10% -facts-and-circumstances test - 2023; b 10% -facts-and-circumstances test - 2022; 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.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	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>		

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>		

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>		

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>		

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>		

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	<input type="checkbox"/> 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

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

2023

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

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

Schedule D (Form 990) 2023

332051 09-28-23

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 in 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	326,619,000.	299,826,000.	339,718,000.	277,317,000.	275,671,000.
b Contributions	112,000.	1,000.	866,000.	282,000.	33,000.
c Net investment earnings, gains, and losses	60,165,000.	35,645,000.	-33,442,000.	71,005,000.	13,186,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,827,000.	8,853,000.	7,316,000.	8,886,000.	11,573,000.
f Administrative expenses					
g End of year balance	378,069,000.	326,619,000.	299,826,000.	339,718,000.	277,317,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.8200 %
 - b Permanent endowment 2.0900 %
 - c Term endowment .0900 %
- 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		74,480,970.	42,094,315.	32,386,655.
c Leasehold improvements		2,874,445.	1,508,258.	1,366,187.
d Equipment		8,387,952.	6,166,873.	2,221,079.
e Other		6,544,964.	3,499,882.	3,045,082.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				42,703,998.

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	97,799,391.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	97,799,391.	

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, line 13, col. (B))		

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	34,759,434.
(2) PENSION ASSETS	10,954,029.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	45,713,463.

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	729,261.
(3) ACCRUED POSTRETIREMENT BENEFITS	15,807,762.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	16,537,023.

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	41,532,490.
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	31,782.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	16,091,227.	
e	Add lines 2a through 2d	2e		16,123,009.
3	Subtract line 2e from line 1	3		25,409,481.
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	189,568.	
b	Other (Describe in Part XIII.)	4b	13,326,338.	
c	Add lines 4a and 4b	4c		13,515,906.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		38,925,387.

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	32,032,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	31,782.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	151,229.	
e	Add lines 2a through 2d	2e		183,011.
3	Subtract line 2e from line 1	3		31,849,132.
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	189,568.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		189,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		32,038,700.

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))	6,725.
DIRECT EXPENSES OF FUNDRAISING EVENTS (PART VIII, LINE 8B)	124,255.
COST OF GOODS SOLD	20,247.
INVESTMENT ASSETS RETURN APPROPRIATED FOR OPERATIONS	15,940,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	16,091,227.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALIZED GAINS OF SALES OF INVESTMENTS, NET	8,002,558.
INVESTMENT INCOME, NET	5,323,255.
NET GAIN ON SALE OF FIXED ASSETS	525.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B	13,326,338.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES (FORM 990, PART VIII, LINE 6B)	6,725.
------------------------------------------------	--------

DIRECT EXPENSES OF FUNDRAISING EVENTS (PART VIII, LINE 8B)	124,255.
------------------------------------------------------------	----------

COST OF GOODS SOLD (PART VIII, LINE 10B)	20,247.
------------------------------------------	---------

ROUNDING	2.
----------	----

TOTAL TO SCHEDULE D, PART XII, LINE 2D	151,229.
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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, 2024, THE ASSETS OF THIS FUND WERE INVESTED IN STOCK AND STOCK MUTUAL FUNDS AND COLLECTIVE INVESTMENT TRUSTS (61%), FIXED INCOME AND SHORT-TERM INVESTMENTS (12%), COMMODITY EXCHANGE TRADED FUNDS (1%) AND LIMITED PARTNERSHIPS (26%).

PART X, LINE 2:

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, 2024, AND 2023.

**SCHEDULE E
(Form 990)**

Schools

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its 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	
<u>WE PUBLICIZE OUR RACIALLY NONDISCRIMINATORY POLICY VIA OUR WEBSITE, OUR QUARTERLY GUIDE MAGAZINE, AND IN OUR ANNUAL REPORT.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	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	

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

Schedule E (Form 990) 2023

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.

Lined area for supplemental information.

**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

2023

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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	NONE	11,127,821.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS	NONE	11,055,563.
3 a Subtotal	0	0			22,183,384.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			22,183,384.

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

Schedule F (Form 990) 2023

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 III: Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2023

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.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FUSE FUNDRAISING - 12355 SUNSET VALLEY DR, RESTON, VA	DIRECT MAIL		X	0.	137,005.	-137,005.
Total					137,005.	-137,005.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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	367,191.		367,191.
	2	Less: Contributions	73,742.		73,742.
	3	Gross income (line 1 minus line 2)	293,449.		293,449.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	12,500.		12,500.
	6	Rent/facility costs	78,112.		78,112.
	7	Food and beverages			
	8	Entertainment	4,000.		4,000.
	9	Other direct expenses	29,643.		29,643.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			124,255.
	11	Net income summary. Subtract line 10 from line 3, column (d)			169,194.

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

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**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

2023

Open to Public
Inspection

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

Table with columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (i) Base, (ii) Bonus & incentive, (iii) Other reportable, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Rows include Margaret E. Howard, Deborah Morrone-Colella, James Hands, David Johnson, C. Kyle Quigley, Glenn Cianci, Margaret Gibbon, and Joseph Shlarappa.

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.

Multiple horizontal lines for data entry.

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

2023
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) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
NJ ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	64577HTH6	03/04/15	17222997.	CURR REFUNDING BONDS ISSUED 2005		X		X		X
NJ ECONOMIC DEVELOPMENT 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								
6 Proceeds in refunding escrows		16,878,537.		21,545,147.				
7 Issuance costs from proceeds		344,460.		439,697.				
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							
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		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2023

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								
a	X		X					
b		X		X				
c		X		X				
3		X		X				

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a quaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X				
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

--

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

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

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

Part III Grants or Assistance Benefiting Interested Persons

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN E. GNALL	SEE BELOW	165,000.	SEE BELOW		X
(2) MICHELE HAERTEL	SEE BELOW	176,201.	SEE BELOW		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART IV- BUS TRANSACTION INVOLVING INTERESTED PERSONS, LINE (1)

(A) NAME OF PERSON: SUSAN E. GNALL (EXECUTIVE DIRECTOR WITH MORGAN STANLEY)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE

(C) AMOUNT OF TRANSACTION: \$165,000

(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 L, PART IV- BUS TRANSACTION INVOLVING INTERESTED PERSONS, LINE (2)

(A) NAME OF PERSON: MICHELE HAERTEL FROM SPENCERSTUART

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SISTER OF TRUSTEE SUSAN GNALL

(C) AMOUNT OF TRANSACTION: \$176,201

(D) DESCRIPTION OF TRANSACTION: CEO SEARCH FIRM FEES

(E) SHARING OF ORGANIZATION REVENUES?: NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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					
2					
3					
4					
5					
6	X	1	7,007.	SELLING PRICE	
7					
8					
9	X	36	547,722.	SELLING PRICE	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

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.		

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

Schedule M (Form 990) 2023

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

2023
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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

SEEING EYE DOG; AND AFTER CARE SUPPORT FOR THE LIFE OF THE STUDENT/SEEING EYE DOG PARTNERSHIP.

THE SEEING EYE HAS MATCHED 18,377 PEOPLE WITH LIFE CHANGING SEEING EYE DOGS SINCE 1929, AND WE HAVE SERVED MORE STUDENTS SEEKING GUIDE DOGS THAN ANY OTHER PROGRAM IN NORTH AMERICA SINCE THE BEGINNING OF THE PANDEMIC. IN FISCAL YEAR 2024, THE SEEING EYE SERVED 222 INDIVIDUALS WHO WERE BLIND OR HAVE LOW VISION, AND AS OF SEPTEMBER 30, 2024, THERE WERE 1,482 ACTIVE SEEING EYE GRADUATES, MAINLY IN THE UNITED STATES AND CANADA.

THE SEEING EYE MAINTAINS COLLABORATIVE RELATIONSHIPS WITH OTHERS IN THE FIELD OF VETERINARY MEDICINE AND RESEARCH. FOR ONGOING RESEARCH COLLABORATIONS, THE SEEING EYE IS SHARING SAMPLES FROM OUR EXTENSIVE LIBRARY OF CANINE DNA. THESE COLLABORATIONS ENABLE US TO HELP ADVANCE VETERINARY MEDICINE AND GENETICS FOR THE BENEFIT OF ALL DOGS, INCLUDING ALL OTHER SERVICE DOGS.

THE SEEING EYE ADVOCACY & GOVERNMENT RELATIONS DEPARTMENT CONTINUED TO RAISE AWARENESS ABOUT ACCESS BARRIERS FACED BY GUIDE DOG HANDLERS IN VARIOUS WAYS, INCLUDING THROUGH ENGAGEMENT WITH INDUSTRY PARTNERS AND ALLIES.

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.

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

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 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.

Name of the organization THE SEEING EYE, INC.	Employer identification number 22-1539721
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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 AND MARGARET HOWARD ARE NOT INDEPENDENT VOTING MEMBERS OF
THE BOARD.

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

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

PERIODIC COSTS	-1,987,567.
INCREASE IN VALUE OF SPLIT-INTEREST AGREEMENT	283,351.
DONATED SERVICES	-31,782.
CHANGE IN VALUE OF PERPETUAL TRUSTS	-567,900.
NET PERIODIC PENSION & POSTRETIREMENT CHANGE OTHER THAN	
SERVICE COST	477,752.
TOTAL TO FORM 990, PART XI, LINE 9	-1,826,146.

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.