** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Form **990** Dopartment of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

B Check II epplicable: C Name of organization Clovernook Center For the Blind D Employer identification number	
Address and Visually Impaired	
Obing business as 31-0584310	
Latite)	
terminated City or town, state or province, country, and ZIP or foreign postal code G Goss receipts 17,314,	375.
Amondod Cincinnati, OH 45231 H(a) Is this a group return	
Applica- F Name and address of principal officer: Christopher Faust for subordinates?	X No
pending same as C above H(b) Are all subordinates included? Yes	
1 Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If *No, * attach a list. (see instructions)	
J Website: ▶ Www.clovernook.org H(c) Group exemption number ▶	,
K Form of organization: X Corporation Trust Association Other L Year of formation: 1903 M State of legal don	HO eliai
Part I Summary	10110. 0 44
1 Briefly describe the organization's mission or most significant activities: To empower people who are blin	
and visually impaired to be self-sufficient and full participants i	
2 Check this box 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)	17
3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4	$\frac{17}{17}$
g 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	$\frac{1}{110}$
5 Total number of individuals employed in calendar year 2019 (Fart V, line 2a) 6 Total number of volunteers (estimate if necessary)	75
) // // // // // // // // // // // // //	
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 39 7b	
8 Contributions and grants (Part VIII, line 1h) Prior Year Current Year 622, 193. 1, 257,	
8 Contributions and grants (Part VIII, line 1h) 622,193. 1,257, 9 Program service revenue (Part VIII, line 2g) 5,297,352. 5,038,	
9 Program service revenue (Part VIII, line 2g) 5,297,352. 5,038,	
	931.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) /1, 868 168,	<u>471.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,972,278. 7,023	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,849,229 4,439	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 24 6 , 230 . 3 573 456 . 3 406	0.
b Total fundraising expenses (Part IX, column (D), line 25) 246,230.	
11 Other expenses it are in, voluntial (7), times Trained, The 24e)	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8 , 422 , 685 . 7 , 846	
19 Revenue less expenses. Subtract line 18 from line 12 −1, 450, 407. −823	136.
Beginning of Current Year End of Ye	
20 Total assets (Part X, line 16) 33,789,130. 30,874, 21 Total liabilities (Part X, line 26) 1,003,929. 1,771	
22 Net assets or fund balances. Subtract line 21 from line 20 32,785,201. 29,102	<u>744.</u>
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be	ief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Christopher Faust 3-8-202	<u> </u>
Sign Signature of officer Date	
Here Christopher Faust, President/CEO	
Type or print name and title — bocusigned by:	
Print/Type preparer's name Preparer's s gnature Bale / 2021 Check PTIN	
Paid Paula Hume C10780361DA0493 Self-employed P00537!	
Preparer Firm's name ► Barnes, Dennig & Co., LTD Firm's EIN ► 31-111989	0
Use Only Firm's address ▶ 150 East Fourth Street	_
Cincinnati, OH 45202 Phone no. (513)241-83	13
May the IRS discuss this return with the preparer shown above? (see instructions)	No

Clovernook Center For the Blind and Visually Impaired

Form	n 990 (2019) and Visually Impaired	31-0584310	Page 2
Pa	rt 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:		
	To enrich the lives of people who are blind or visually	impaired by	
	developing the skills necessary to lead active, producti	ive and	
	independent lives.	ive and	
	Independent IIves.		
_			
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	e massurad by synanasa	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		ers, the total expenses, ar	na
	revenue, if any, for each program service reported.	0.045	
4a	/ / / / / / / / /		<u>578.</u>)
	Social Enterprises provides meaningful jobs to individua		
	blind or visually impaired. Our associates produce top-	-quality file	
	folders in a light-manufacturing environment and also of	ffer competit	ive
	assembly, packaging and shipping to meet unique company		
	2,058,177 file folders shipped	DOGETTOGGTO.	
	ATOTOTIC TOTALE BITTOTA		
	10 and area in 2010		
	18 employees in 2019		
	The Clovernook Braille Printing House is recognized as	one of the	
	largest volume producers of braille in North America, pr		
	than 20 million pages annually. Clovernook's BraillePri	inting House	
	produces a variety of braille materials that include boo		
	magazines for the National Library Service (NLS), a div		
4b			412.
411		anue \$ 404,	
	Clovernook Memphis Program Services - Provide training a		or
	communications, braille, assistive technology and orient		
	mobility. Provide vocational evaluation, job readiness.		nt,
	job retention, job coaching and follow along for one year	ar. Provide	
	intake and case management.		
	190 clients served in 2019.		
		·	
			
		<u>.</u>	
		<u> </u>	
4c	(Codo:) (Expenses \$ 675,205. including grents of \$) (Revo	onue \$ 93.	020.
	Clovernook Program Services - Operate an Adult Day program	ram for blind	
	and disabled individuals and offer daily transportation	to those	
	participants. Twice monthly we offer vision screening se		
	income and uninsured adults. Other programs for adults :	<u>include class</u>	es
	at our Art Studio and monthly support groups throughout	the city. In	
	partnership with a local Children's Hospital, Clovernool	k provides a	
	Pediatric Low Vision Clinic which is fast becoming a nat		for
	integrated services to children with permanent vision lo		
	host the Ohio regional Braille Challenge competition for	v v. 12 at3	+ 6
		L K-12 Studen	LS
	as well as summer camps.		
	1,055 clients served in 2019.		
4d	Other program services (Describe on Schedule O.)		
		,235,084.)	
40	Total program service expenses ► 6,410,499.		
- 10		E (990 (2019
	See Schedule O for Continuation(VOO (2019
anx00;	2 01-20-20 See Schedule U for Continuation (P/	

			v	NT.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•		1	х	
2	If "Yes," complete Schedule A		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_2	Λ	
3		_		v
4	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.	.	3.7
<u>_</u>	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	L.,
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	0.55 (A)	\$90 V	843
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D,	O AMELA.	atimix.	MANAGE STEEL
	Part VI	11a.	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	1.77		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	<u> </u>		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
ų	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	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	<u> </u>	Δ.
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		l ູ ∣	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u> X</u>	 -
1Za	·	١	7.7	
_	Schedule D, Parts XI and XII	12a	<u> X</u>	
а	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	5			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	_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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			}
	complete Schedule G, Part III	19		X
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		х
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Sign	Envelope ID: 9C455E38-884F-43BD-A027-51ACAAB79902			
	Clovernook Center For the Blind			
Form	990 (2019) and Visually Impaired 3:	<u>1-0584310</u>	Р	age 4
Pa	t IV. Checklist of Required Schedules (continued)			,
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cur	rent	 	ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat			
	any tax-exempt bonds?	240		├─
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\ \ \
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		 -	X
I.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ł
				x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		1
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			•
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	06		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ	26	\vdash	<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pa.			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	7 III <u>27</u>	(1) N (1)	53933
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #		MALAKA	
-	"Yes," complete Schedule L, Part IV	28a		X
d	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i	
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		l	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, an	d		
	Part V, line 1	34	}	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled eni			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		{
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	1

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part V			*		
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20) 🗼	李德 的	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b]學業		10 K
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			16	X	-A-7-1M:1

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Form 990 (2019) and Visually Impaired

Part V Statements Regarding Other IRS Filings and Tax Compliance

31-0584310

Page 5

L'ai	statements Regarding Other IAS Filings and Tax Compliance (continued)			
	1 1		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 110	2000 2000		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20.3	2 4 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	<u> </u>	X.
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ
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)?	4a	23,382	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├─
6a	5			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	1001100	
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?	7-	2011/04/201	X X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-10	\vdash	\vdash
Ū	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1 500 C	觀念	200
ę	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	DV - SA SA	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		A.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		32.00 do	WW.1
	sponsoring organization have excess business holdings at any time during the year? N/A	8		A STATE OF THE STA
9	Sponsoring organizations maintaining donor advised funds.	7 V 65		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	2001.43.23.7	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:		解析	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		100 de	
11	Section 501(c)(12) organizations. Enter:		11	
a	Gross income from members or shareholders N/A 11a			
þ	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?	12a		
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.			100
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	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	E (82.00)		
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	438 <u>0</u>	獨對	1888 M
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	ــــــ	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15	12 2	X
	If "Yes," see instructions and file Form 4720, Schedule N.		24	William William
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	357733 c	X
	If "Yes," complete Form 4720, Schedule O.	<u> 8878</u>	000	1.34554

and Visually Impaired Form 990 (2019)

31-0584310 Page 6

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.

						X							
Sec	tion 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	<u>1a</u>	17	144	SS	经流							
	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.				機能								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				32							
	officer, director, trustee, or key employee?	·		2	- 486 G GA	X							
3	Did the organization delegate control over management duties customarily performed by or under the												
				3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x							
5	Did the organization become aware during the year of a significant diversion of the organization's ass	-4-0		5		X							
	bid the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders?												
-	Did the organization have members, stockholders, or other persons who had the power to elect or ap		•••••	6		X							
				7a		x							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			1a									
		•		7		x							
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hu tha fallaudar		7b .≯≦⊚	White.								
_					v								
a	The governing body?	••••••••	••••	8a	X	 							
	Each committee with authority to act on behalf of the governing body?		•••••	.8b	X	 							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			١.		۱,,							
600	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		<u> X</u>							
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)											
	5 010				Yes	No							
	Did the organization have local chapters, branches, or affiliates?			10a		X							
Ú	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			İ								
				10b		<u> </u>							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the forr	n?	11a	X	10. St							
þ	Describe in 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			12a	X	Ļ							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe											
	in Schedule O how this was done			12c	X	<u> </u>							
13	Did the organization have a written whistleblower policy?			13	X	<u></u>							
14	Did the organization have a written document retention and destruction policy?		,	14	Х								
15	Did the process for determining compensation of the following persons include a review and approva	l by independent		ŽŒ.	10.0								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					X. 3							
a	The organization's CEO, Executive Director, or top management official	.,,		15a	X								
b	Other officers or key employees of the organization			15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				200								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent with a											
	taxable entity during the year?			16a		X							
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			32(4)	B	SAVE							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	, ,		-44									
	exempt status with respect to such arrangements?			16b	ipigii ingalagi,	*							
Sec	tion C. Disclosure				•								
17	List the states with which a copy of this Form 990 is required to be filed DH, TN												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 50	1(c)(3):	s onIv)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.		. (-)(-)	- v.m.,,									
		n on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		w and	finan	cial								
	statements available to the public during the tax year.	or of interest post	y, carc	. ALICHI	otell .								
20	State the name, address, and telephone number of the person who possesses the organization's boo	nke and recorde											
~~	Kenneth Lackman - 513-728-6233	and tending											
	7000 Hamilton Ave., Cincinnati, OH 45231												
932006	01-20-20			Earn	990	(2019)							
	The second secon			1 (11)	,	(EU 10)							

Form 990 (2019) and Visually Impaired 31-0584310 Page

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 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 and/or Box 7 of Form 1099-MiSC) 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 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	(do box,		(C Posi neck r ss por	ition	i than e s boti	S⊓ S Lan	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	ase or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Jennifer C. Alvis	2.00								_	
Board Member		X	_			_	<u> </u>	0.	0.	0.
(2) Susan E. Baillely	2.00	_								_
Board Member - Began 8/27/19		X				<u> </u>	<u> </u>	0.	0.	0.
(3) Melanie J Beck	2.00	٠,,		Ψ,						
Secretary (4) Farment Caula Ph D	2,00	X	\vdash	Х		_	}_	0.	0.	0.
(4) Earnest Cavin, Ph.D. Board Member - Began 8/27/19	4.00	x						0.	<u> </u>	^
(5) Gian Franco Cillario	2.00	Δ	-	-		┝	<u> </u>	U •	0.	0.
Board Member - Left 10/17/19	2.00	x						0.	٥.	^
(6) Michael J. Ehrensberger	2.00	_		-		⊢	 		<u> </u>	0.
Board Chair	2.00	x		х				0.	0.	0.
(7) Barbara S. Fant	2.00	Δ	-	-22	\vdash	┢	 -		<u> </u>	· ·
Board Member	2.00	x						0.	0.	0.
(8) Robert J. Findley, CPA	2.00		H		_				<u> </u>	- 0.
Treasurer		x		x				0.	0.	0.
(9) Regina M. Gehm	2,00				-					
Board Member		х						٥.	0.	0.
(10) Cassandra R. Jones	2.00					İ				
Board Member - Began 1/25/20		x						0.	ĺ 0.	0.
(11) James J. Joo	2.00									••••
Board Member		Х					L	0.	0.	0.
(12) Andrew R. Laskey	2.00									
Vice Chair		X		X		_		0.	0.	0.
(13) Sarah Lopper, O.D.	2.00									
Board Member		X				<u> </u>		0.	0.	0.
(14) Michael T. Mann	2.00	ļ				•	1			
Board Member - Left 4/18/20		X				_		0.	0.	0.
(15) Patrick L. O'Callaghan	2.00							1		
Board Member - Began 8/27/19		Х				_	<u> </u>	0.	0.	0.
(16) Nicola Pietoso	2.00							{		
Board Member		X		Ш	<u> </u>		<u></u>	0.	0.	0.
(17) Christopher Riemann, M.D.	2.00	_							_	_
Board Member		Х			<u> </u>	[0.	0.	0.

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Form 990 (2019)

Part VII Section A. Officers, Directors, 1	rustees, Key Em				ı Hi	ghes	st C	ompensated Employee		704.	DIO Fage C
(A) Name and title	(B) Average hours per week	(do	(C) Position (do not check more than one box, unless porson is both an officer and a director/fustee)					(D) Reportable compensation	(E) Reportable compensation from related	n	(F) Estimated amount of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	other compensation from the organization and related organizations
(18) Matthew E. Shad	2.00		Г				Π				
Board Member		X	ļ		<u> </u>	<u> </u>	Ļ	0.		0.	0.
(19) Mary Beth Yackey, O.D.	2.00						•				
Board Member	1222	X		<u> </u>	_			0.	•••	0.	0.
(20) Christopher Faust	40.00										
President/CEO		<u> </u>		X				137,655.		0.	21,535.
					_						
 		 	<u> </u>	_							
		1									
1b Subtotal	<u>, </u>		·		•		<u> </u>	137,655.		0.	21,535.
c Total from continuation sheets to Par								0.		0.	0.
d Total (add lines 1b and 1c)								137,655.		0.	21,535.
Total number of individuals (including b compensation from the organization		ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	,	1
3 Did the organization list any former offi			•		•		_	•	•		Yes No
line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is th and related organizations greater than \$	e sum of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3 X 4 X
5 Did any person listed on line 1a receive	or accrue comper	. co ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		4 X
rendered to the organization? # "Yes." . Section B. Independent Contractors	complete Schedul	e J fi	OF SL	ich i	pers	on.				,	5 X
Complete this table for your five highest	t compensated inc	lepe	nder	nt co	ontra	acto	rs ti	hat received more than \$	3100,000 of comp	pensat	tion from
the organization. Report compensation	for the calendar ye	ear e	endir	g w	ith c	or wi	thir	the organization's tax y	ear.		
(A) Name and busin	ess address	N	ONE	<u> </u>				(B) Description of s	services	C	(C) ompensation
									<u></u>		
											
2 Total number of independent contracto	rs (including but n	ot lin	nited	i to t	thos	se lis	ted	above) who received ma	ore than	SESS SES SESSESSES	
\$100,000 of compensation from the org	anization 🕨				()					
								-			Form 990 (2010)

Form 990 (2019) and Visually Impaired
Part VIII; Statement of Revenue

31-0584310

Page 9

			Check if Schedule O c					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 612 - 5
ន	1	a	Federated campaigns		1a			Part Service	STANTAKA SA	多数基础的	
퓕		b	Membership dues		1b				数 分别的基础		
ğ		c	Fundraising events		1c		47,697.				
ar		đ	Related organizations		1d						
		е	Government grants (contri	ibutic	ns) <u>1e</u>						
g		f	All other contributions, gifts,	grants	s, and						
Ħ H			similar amounts not included	abov	1f		1,210,054.		7.71531-1807		3418772374
and Other Similar Amounts		g	Noncash contributions included in I	inos 1e	-1/ 1g	\$					
E .		h	Total, Add lines 1a-11				>	1,257,751.		ALC: THE PARTY	
							Business Code	arous assisti	多大的人们对外	TEIST 对能能	22.4570/690%
	2	а	Industrial Operation	ıs			310000	3,245,578.	3,245,578.		
e e		-	Multi-State				900099	1,235,084.	1,235,084.		
Bevenue		_	Rehabilitation Servi	ces			624310	555,960.	555,960,		
S S		d	Memphis Operations			_	310000	1,472.	1,472,		
Revenue		e									
		f	All other program service i	reven	ue		<u> </u>				
ᆚ		g	Total, Add lines 2a-2f)	5,038,094.	造的多数指数的		省级现代的
	3		Investment income (includ	ing d	ividends,	ntere	st, and				
			other similar amounts)	· · · · · · · · ·				1,003,169.			1,003,16
Į	4		Income from investment o	f tax-	exempt be	and p	roceeds 🕨				
1	5		Royalties)				
					(i) Rea	<u> </u>	(ii) Personal	#544444X	23255 316K	13743-4572	47. J. J. P.
	6	a	Gross rents	6а	35,	535.					
		b	Less: rental expenses	6b		0.					
		c	Rental income or (loss)	6c	35,	535.	<u></u>				
		đ	Net rental income or (loss)				>	35,535.			35,53
	7	a	Gross amount from sales of	ļ	(i) Securi	ties_	(ii) Other				YW.
			assets other than inventory	7a	9,839,	825.		CARROLL SAME			
		þ	Less: cost or other basis								
2			and sales expenses	7b	10,284,	063.					
and the results		c	Gain or (loss)	7c	-444,	238.					370年757年
2		đ	Net gain or (loss)			<u></u>	, >	-444,238.			-444,23
	8	a	Gross income from fundraising	ig eve	nts (not	İ	Į		276 276 264		
3			including \$	47,	697. of						1/2/8/1
			contributions reported on	fine 1	c). See						
			Part IV, line 18			8a	7,590.				
1		b	Less: direct expenses			a8	7,065.	* 45 5 3 4 6		2000	
1		c	Net income or (loss) from t	fundr	aising eve	nt <u>s</u>	<u>></u>	525,			52
Ī	9	a	Gross income from gaming	_		•			E PROTESTA	STATE OF THE	12 11 12 1
Ì			Part IV, line 19	.		9a					
			Less: direct expenses			dę		ARTON, MALL		77 C. 13 T. 15	
[c	Net income or (loss) from (gamiı	ng activitie	s	<u>,</u>	0 100 P 100 P 2			
1	Ю	a	Gross sales of inventory, le				}			A THE SHIP	
			and allowances			10a					
		þ				10b		and the state of the state of		TANK THE	400
ļ		¢	Net income or (loss) from s	sales	of invento	ry	>				
							Business Code	400000000000000000000000000000000000000	#250 St. 150 St.	MARKATSHIN.	522.743
αl.	11	a	Consumer Benefits &	Miec	•	_	900099	76,618.			76,61
텵		b	Employment Rewards				900099	55,793.			55,75
Bevenu		¢									
9		đ	All other revenue								
- 1		e	Total. Add lines 11a-11d				_	132,411.	CONTRACTOR	KERIKATA	RESPONSE
	_										

Clovernook Center For the Blind
Form 990 (2019) and Visually Impaired
Part IX Statement of Functional Expenses

31-0584310 Page 10

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 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			A SAUVALANCE	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				GALLET BURNES
	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			Seat Control of the	
4	Benefits paid to or for members		··		
5	Compensation of current officers, directors,	450 400	4-0 400		
	trustees, and key employees	159,190.	159,190.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 072 505	0.544.600	605 004	404-004
7	Other salaries and wages	3,273,507.	2,544,192.	625,291.	104,024
8	Pension plan accruals and contributions (include	04 600	66 480	4= 55=	
	section 401(k) and 403(b) employer contributions)	84,688.	66,479.		2,814 10,083
9	Other employee benefits	657,086.	551,512.		10,083
0	Payroli taxes	265,413.	208,673.	48,602.	8,138
1	Fees for services (nonemployees):	5.00 4.84	0=0 000	400 000	
а	Management	560,471.	350,900.	139,022.	70,549
b	Legal	6,376.		6,376.	
¢	Accounting	29,550.		29,550.	<u></u>
đ	Lobbying		Form (CFAZ), Story and All Contraction	to the book is an opposite a consistency	
e	Professional fundraising services. See Part IV, line 17	80 000			
f	Investment management fees	73,305.	-	73,305.	-
g	Other, (If line 11g amount exceeds 10% of line 25,	06 025	04.200	* 485	
	column (A) amount, list line 11g expenses on Sch O.)	26,235.	24,300.		460
[2	Advertising and promotion	26,166.	1,099.	953.	24,114
13	Office expenses	54 440	26 222	4 - 004 -	. <u> </u>
[4	Information technology	51,113.	36,032.	15,081.	
5	Royalties	150 050	100 011	0= 010	
6	Occupancy	469,952.	437,044.	25,049.	7,859
17	Travel	38,496.	35,636.	2,829.	31
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 252		4 055	
20	Interest	8,253.	6,397.	1,856.	
21	Payments to affiliates	255 004	204 040	50 447	
22	Depreciation, depletion, and amortization	355,294.	301,849.	52,117.	1,328
23	Insurance	116,769.	101,565.	13,603.	1,601
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.)	1 114 570	1 104 040		A
	Materials & Supplies	1,114,572.	1,104,940.	7,511.	2,121
b	Repairs & Maintenance	434,559.	414,424.	10,595.	9,540
C	Other C Marinian	75,948.	53,125.	19,914.	2,909
d	Recognition & Training	19,440.	13,142.	5,639.	659
	All other expenses	7 046 000	C 410 400	4 400 657	
5_	Total functional expenses. Add lines 1 through 24e	7,846,383.	6,410,499.	1,189,654.	246,230
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

and Visually Impaired

31-0584310 Page 11 Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1,697,694. 2,208,254. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 99,563. 55,893. 3 Piedges and grants receivable, net 3 Accounts receivable, net 379,477. 374,962. 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 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 Notes and loans receivable, net 475,238. 504,573. Inventories for sale or use 8 2,112. 2,568. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 11,330,657 10a 9,278,075. 2,066,994. b Less: accumulated depreciation 10b 2,052,582. 20,575,336. Investments - publicly traded securities 23,189,346. 5,735,887. Investments - other securities. See Part IV, line 11 4,957,577. 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 142,819. 142,819. 15 15 33,789,130. 30,874,564. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 895,562. 847,220. 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 22 108,367. 924,600. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 1.003.929. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 32,153,637. Net assets without donor restrictions 28,482,321. 27 631,564. Net assets with donor restrictions 620,423. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds

Form 990 (2019)

29,102,744.

30,874,564.

31

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

32,785,201.

33,789,130.

31

32

33

Clovernook Center For the Blind and Visually Impaired

	1990 (2019) and Visually Impaired	31-0)584310	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		. <u></u>	🖂
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,023	3,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,846	5,383.
3	Revenue less expenses. Subtract line 2 from line 1	3	-823	3,136.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,785	,201.
5	Net unrealized gains (losses) on investments	5	-2,859	,321.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	Ì		
	column (B))	10	29,102	<u>2,744.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	2000	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis		2000	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin			
	Act and OMB Circular A-133?		За	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
			Form !	990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Doperiment of the Treasury Internal Revenue Service

Name of the organization

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.

Clovernook Center For the Blind

2019
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 31-0584310

		and	Visually I	npaire	đ			}	3	1-0584310
Par	τl	Reason for Public (Charity Status (All organizat	ions must co	omplete thi	is part.) Se	e instructions		
he c	organi	zation is not a private found	lation because it is: (or lines 1 to	hrough 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of church	es described	in sectio	n 170(b)(1	()(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Sche	edule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative						ii).		
4		A medical research organiz							(iii), Enter	the hospital's name.
		city, and state:			·				, ,	,
5		An organization operated for	or the benefit of a col	lege or univ	ersity owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (0		•	·	,	, ,			
6		A federal, state, or local go		nental unit d	escribed in	section 17	/0(Б)(1)(A)	(v).		
7		An organization that norma							e general i	oublic described in
		section 170(b)(1)(A)(vi). (C		.,		g			- 9-11-1-11	300000000000000000000000000000000000000
8		A community trust describe		1)(A)(vi), (C	omolete Par	t II.)				
9	$\overline{}$	An agricultural research org					ad in conit	nction with a	land-grant	college
		or university or a non-land-g								
		university:	y				, ai, , o, ,	, 4170 01410 01	one contegu	, 01
10		An organization that norma	illy receives: (1) more	than 33 1/3	% of its sup	oort from o	ontributio	ns mamharch	in fees on	id arnes receinte from
	—	activities related to its exen								
		income and unrelated busin								
		See section 509(a)(2), (Co		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rott any ne	an buoines	soo avqui	ied by the org	anzanon a	inter outle 30, 1973.
11		An organization organized		vely to test t	for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized							rv out the	numoses of one or
		more publicly supported or								
		lines 12a through 12d that								SHOOK WIE BOX (I)
а		Type I. A supporting orga							-	alvina
		the supported organization								
		organization. You must o				,	· · · · · · · · · · · · · · · · · · ·	nois of dagge	3 01 010 30	apporting
b		Type II. A supporting org				ion with its	s supporte	ed organization	ofs) by hav	ina
•		control or management o								=
		organization(s). You mus				arrio paroo.	iii iiide oo	o, orana	o ino cap	JONOG
С		Type III functionally inte				in connect	ion with a	and functional	v integrate	ed with
-		its supported organization							y macograte	id widi,
đ		Type III non-functionally							ted organi:	zation(s)
		that is not functionally int								
		requirement (see instructi							an accord	V611000
е		Check this box if the orga							i Tuna III	
-		functionally integrated, or						1360 1 1360 i	i, Type iii	
f	Ente	r the number of supported of	* *	willy altrogram	to a capport.	19 019411121	acion.			
		ide the following information		d organizati	on(s).	***************************************		•		
		Name of supported	(ii) EIN	(îii) Type of	organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization			on lines 1-10 nstructions))	Yes	No	support (see in	structions)	support (see instructions)
					(totraotion)					···
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Schedule A (Form 990 or 990-EZ) 2019 and Visually Impaired

31-0584310 Page 2

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.)

Sec	Section A. Public Support						
Cale	ndar year (or tiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						(7) (3 (iii)
	membership fees received. (Do not					{	
	include any "unusual grants,")	411,077.	397,744.	412,796.	522,193.	546,060.	2289870.
2	Tax revenues levied for the organ-			-		·	
	ization's benefit and either paid to						
	or expended on its behalf	Į					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	411,077.	397,744.	412,796.	522,193.	546,060.	2289870.
5	The portion of total contributions				X37076483		
	by each person (other than a						
	governmental unit or publicly		15/07/25/5				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	18 18 18 18 18 18 18 18 18 18 18 18 18 1				The result	73,000.
	Public support. Subtract line 5 from line 4.	行時期的發於		经验的数据	为约分别, 因此	はおは気がある	2216870.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	411,077.	397,744.	412,796.	522,193.	546,060.	2289870.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1001896.	1044179.	1299929.	1081695.	1038704.	5466403.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	ļ					
10	Other income. Do not include gain]					
	or loss from the sale of capital					,	_
	assets (Explain in Part VI.)	50,554.	38,002.			132,412.	
		图是数论的数据			為的影響的發		8033423.
	Gross receipts from related activities,						,405,710.
13	First five years. If the Form 990 is for				-		
Sec	organization, check this box and storection C. Computation of Publi	o here c Support Per	centage			·	<u></u>
	· · · · · · · · · · · · · · · · · · ·					1 1	27.60
	Public support percentage for 2019 (I				••••••	14	27.60 %
	Public support percentage from 2018					15	27.25 %
104	33 1/3% support test - 2019. If the c						
h	stop here. The organization qualifies 33 1/3% support test - 2018. If the o	as a publicly suppo	t obook o bev en l		Eng 45 in 00 4 (00)		
b							
170	and stop here. The organization qual 10% -facts-and-circumstances test	- 2010 If the ara	apported organiza apization did not a	back a hay an line	12 150 ov 16b o	and line 44 is 4000	
па							
	and if the organization meets the "fac meets the "facts-and-circumstances"	toet. The evention	ion audifiae as a :	re nov successes	ere. Explain in Pa	ic villow the organ	IIZation ▶ ▼
h	10% -facts-and-circumstances test						
Ω	more, and if the organization meets the						
	organization meets the "facts-and-circ						,
18	Private foundation. If the organization		- ,	•		***************************************	
<u> </u>	realisations is and organization	AIM HOV OHOUR R	207 017 1019 10, 100	, , , , , , , , , , , , , , , , , , ,		edule A (Form 990	
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31-0584310 Page 3

Schedule A (Form 990 or 990-EZ) 2019 and Visually Impaired

[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.)

<u> </u>	A Date O	CONT. PROGOG DONNE	7000 I MIS HIJ				
	ction A. Public Support	γ· · · · · · · · · · · · · · · · · · ·	1				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose	L				1	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			-			
•	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities					 	
Э		Į					
	furnished by a governmental unit to						
_	the organization without charge	<u> </u>					
	Total. Add lines 1 through 5		ļ	-		ļ <u>.</u>	
7 <i>a</i>	Amounts included on lines 1, 2, and	ļ					
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		2年8年3年3月2日	14 W 73 3 75 C		CANTO CONTRA	
Se	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from Interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties, and income from similar sources					}	
ŀ	Unrelated business taxable income		·			 	
•	(less section 511 taxes) from businesses						
					ļ	1	
			<u> </u>	<u> </u>	+		
	Add lines 10a and 10b Net income from unrelated business		ļ <u>.</u>	-			
• •	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on		ļ	ļ	 		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>			
14	First five years, if the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organiza	ation,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018		•			16	%
	ction D. Computation of Inves					1	
	Investment income percentage for 20			ine 13 column (6)		17	%
	Investment income percentage from :						
							<u>%</u>
132	33 1/3% support tests - 2019. If the	_		·		•	/ is not
	more than 33 1/3%, check this box ar						▶∟
f	33 1/3% support tests - 2018. If the	_				•	
	line 18 is not more than 33 1/3%, ohe						
20	Private foundation, If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u></u>
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Schedule A (Form 990 or 990-EZ) 2019 and Visually Impaired

31-0584310 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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(o)(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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

		Yes	No
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	dule A (Form 990 or 990 EZ) 2019 and VISUALLY Impaired	31-058431	U P	age 5
Ľa	rt IV Supporting Organizations (continued)			
11	Has the examination accented a gift or contribution from any of the following wavened	22.500,650	Yes	No Reserve
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	A A -	Mila	The same of the
h	A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	-	
Sec	tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	102.34E	10S	2.50m
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		100	10
	tax year? 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	######################################	and the	\$1325 p. (
2	Did the organization operate for the benefit of any supported organization other than the supported	3.94-28	場等か	Section 1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			100
	supervised, or controlled the supporting organization.	2	ace con	1002012
Sec	tion C. Type II Supporting Organizations		<u> </u>	<u> </u>
	- The state of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	THE ST	· Salak	100
	or trustees of each of the organization's supported organization(s)? 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).	1	C.HMG	\$44,7420
Sec	tion 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		323	10000
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1773
	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?	781#241322	SYSPECE	7412x
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	32.2	160 E	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	LEASTER CALL	districtive
3	By reason of the relationship described in (2), did the organization's supported organizations have a		Yang.	2
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	36,775		
	Supported organizations played in this regard.	3	Water Con	0000000
Sec	tion 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 in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below,			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	328.433	級為	
	the supported organization(s) to which the organization was responsive? 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.	2a	New Tribe	Same training to
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1989	15.00
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b	1.000000	140#765
3	Parent of Supported Organizations. Answer (a) and (b) below.	Value .	9345	332
а	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? Provide details in Part VI.	3a	1453.5,574.5	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		製廠	1000 P
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	- Marie Marie	postalizitad
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	Form 990 or 990-EZ) 2019 and Visually Impaired	201 Orac	nivetions 3	1-0584310 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
	Check here if the organization satisfied the Integral Part Test as a qualifying the Type III non-functionally integrated supporting organizations must c			art VI). See instructions. A
	Adjusted Net Income	ompiete s	(A) Prior Year	(B) Current Year (optional)
1 Net sho	ort-term capital gain	1		(1)
	eries of prior-year distributions	2		
	gross income (see instructions)	3		
	es 1 through 3.	4		
	lation and depletion	5		
	of operating expenses paid or incurred for production or	 		
	on of gross income or for management, conservation, or	1		
	nance of property held for production of income (see instructions)	6		
	expenses (see instructions)	7		
	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	ate fair market value of all non-exempt-use assets (see	1000		3498400000000000000000000000000000000000
	tions for short tax year or assets held for part of year):			
-	e monthly value of securities	1a		2 100 51 50 10 10 10 10 10 10 10 10 10 10 10 10 10
	e monthly cash balances	1b		- ,
	rket value of other non-exempt-use assets	1c		
	add lines 1a, 1b, and 1c)	1d		<u> </u>
	int claimed for blockage or other			
factors	(explain in detail in Part VI):			
	tion indebtedness applicable to non-exempt-use assets	2		A A A A A A SANS CALL NO LONG CO. TO ARRIVE
	et line 2 from line 1d.	3		·
4 Cash d	eemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	tructions).	4		
5 Net value	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	/ line 5 by .035.	6		
7 Recove	ries of prior-year distributions	7		<u> </u>
8 Minime	ım Asset Amount (add line 7 to line 6)	. 8		
Section C - I	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, Column A)	1	NAME OF THE PARTY OF THE PARTY.	
	5% of line 1.	2	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 Minimu	m asset amount for prior year (from Section B, line 8, Column A)	3	CONTROL SEATON	
4 Enter g	reater of line 2 or line 3.	4	PRODUCTION OF THE PROPERTY OF THE PARTY OF T	1
	tax imposed in prior year	5	2011 DEPT. 1815 1917	
	utable Amount. Subtract line 5 from line 4, unless subject to			·
	ncy temporary reduction (see instructions).	6		
	heck here if the current year is the organization's first as a non-functional		ated Type III supporting organ	nization (see
	netructions!	, 3.0	71	\

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 and Visually Impaired 31-0584310 Page 7 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 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (iii) Underdistributions Section E - Distribution Allocations (see instructions) Distributable **Excess Distributions** Pre-2019 Amount for 2019 至多的人的影響的為自由的影響 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions LOVERNOUS AND SHAPE Excess distributions carryover, if any, to 2019 a From 2014 (Pharman And) 2 70 mily 201421-075 n with the party of the con-FOR THE RESIDENCE OF THE PROPERTY OF THE PROPE b From 2015 c From 2016 d From 2017 e From 2018 2000年第76日本 1400年 Constant Constant f Total of lines 3a through e ki (1796) bilan kanas TEMPORE THE PROPERTY OF g Applied to underdistributions of prior years To the contract of the contrac h Applied to 2019 distributable amount **为对学习数学**如形式和新工作 i Carryover from 2014 not applied (see instructions) 29241XT \$3322 \$1000 Restrict Consideration Remainder. Subtract lines 3g, 3h, and 3i from 3f, Distributions for 2019 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount 的现在分词 \$100 miles (1915) c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: CALL TO THE PARTY OF THE PARTY OF THE PARTY. a Excess from 2015 44-73-574-641-57 Appleady and the Participation b Excess from 2016 c Excess from 2017 d Excess from 2018 BARRAGE WALLET LOAD OF THE CONTROL OF THE CONTROL OF THE CONTRACT OF THE CONTR e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 and Visually Impaired	31-0584310 Page 8
Part VI. Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See Instructions.)	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, line 1: Part V. Section B, line 1e: Part V
Part II, Section C, line 17a, Facts and Circumstances	Test:
Clovernook Center for the Blind and Visually Impaired	received its
exemption in 1903 and has had continual public support	t for its charitable
purpose.	
The taxpayer currently meets the 10% public support re	equirement in year
ended April 30, 2020.	
The taxpayer has a governing board that is representat	tive of the general
public.	<u></u>
The Clovernook Braille Printing House is recognized as	s one of the largest
volume producers of braille in North America, producis	ng more than 20
million pages annually.	
Taxpayer conducts a fundraising program seeking broad-	-based support. The
taxpayer is not meeting the support test due to its 1	arge investment
income in comparison to its contribution revenue, not	due to its general
solicitation program.	
•	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number Clovernook Center For the Blind and Visually Impaired 31-0584310 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(a)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
	rganization	En	ployer identification number
	rnook Center For the Blind isually Impaired		31-0584310
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$711,691	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$35,000 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

:			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6			Person X

923452 11-06-19

5

Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for

75,000.

44,420.

	B (Form 990, 990-E2, or 990-PF) (2019)	· · · · · · · · · · · · · · · · · · ·	Page 2
Cloves	rganization rnook Center For the Blind isually Impaired		ployer identification number $31-0584310$
Part I	•	· · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$\$\$18,216	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution
11_		\$\\$\\$\	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (F	orm 990, 990-EZ, or 990-PF) (2019)

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
Name of or	-		Employer identification number
	rnook Center For the Blind isually Impaired		31-0584310
Part [Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
14_		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
15		s10,0	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
16		*\$10,(Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
<u>17</u>		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ions Type of contribution
18		\$\$	Person X Payroll Noncash (Complete Part If for noncash contributions.)
923452 11-06-	-19	Schedul	le B (Form 990, 990-EZ, or 990-PF) (2019)

	3 (Form 990, 990-EZ, or 990-PF) (2019)			Page 2
	rganization rnook Center For the Blind		Emplo	yer identification number
	isually Impaired		31	-0584310
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
19_	-	\$15,0	000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z!P + 4	(c) Total contribution	ons	(d) Type of contribution
20_		\$9, <u>\$</u>	500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
		\$		Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
				Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	(d) Type of contribution
		*	-	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	(d) Type of contribution
		\$		Person Payroll Oncash Complete Part It for noncash contributions.)
923452 11-06	-19	Schedul	e B (Farm	990, 990-EZ, or 990-PF) (2019)

Schedule	R (Form	990	990.FZ	or 990-PFI (2019)	

Name of organization Clovernook Center For the Blind Employer identification number

and Vi	sually Impaired	31	<u>-0584310</u>
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part 1	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· · ·			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
i .		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4			
	rganization		Employer identification number			
	rnook Center For the Bli	ind				
and V	isually Impaired		31-0584310			
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info, ance.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	·	,				
·						
]						
Ì		(e) Transfer of gif				
		. ,				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
1 441						
ļ						
Į		(e) Transfer of gif	t			
-						
}	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
‡			·			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part 1	(a) t aspose of gate	fol dae of Aut	(d) Description of now girt is need			
}						
Ì		(e) Transfer of gif	<u> </u>			
		,,				
ļ	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee			
						
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ļ.		•				
		(e) Transfer of gif	L			
	T					
}	Transferee's name, address, ar	IU ZIP + 4	Relationship of transferor to transferee			

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.

Inspection

OMB No. 1545-0047

Clovernook Center For the Blind Name of the organization and Visually Impaired

Employer identification number 31-0584310

Pa	Crganizations Maintaining Donor Advised	Funds or Other Similar F	unds or A	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		[
3	Aggregate value of grants from (during year)			<u> </u>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in dono	r advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pai	tile Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a hist	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	e form of a co	inservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
d				2b
c	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated	by the organ	
	year >	and an annual and an annual and		zadon daning the tex
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		ling of	
	violations, and enforcement of the conservation easements it	·	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	***************************************		
-	>	and and an area and an area and an area and an area and a	.g 00.100114ti	on occomonica defining the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing co	nservation ea	sements during the year
	> \$	and or marketing and ornoroung oc	11001144107100	sometro daming and your
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170/h\/4\/R	A/A
•	and section 170(h)(4)(B)(ii)?		1	···
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	oto to the organization a imanoiat t	state (mente a)	at describes the
Pai	till Organizations Maintaining Collections of	Art. Historical Treasures.	or Other S	Similar Assets
F 1.18	Complete if the organization answered "Yes" on Form	*		
12	If the organization elected, as permitted under FASB ASC 95		mont and hal	anno about waster
100	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			nce of public
h	If the organization elected, as permitted under FASB ASC 95			a about works of
'n	art, historical treasures, or other similar assets held for public	•		
		exhibition, education, or research	in iurmeranc	e of public service,
	provide the following amounts relating to these items:			. .
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea		mancial gain,	provide
	the following amounts required to be reported under FASB AS	•		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Earm 990		Schadula D (Earm 900) 2010

932051 10-02-19

CL	overnook	Center	For	the	Blind
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		ually Impa						31-05	<u>84310</u>) Pa	age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, o	r Othe	r Simila	r Asset:	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the t	following that	t make s	ignificant	use of its	,		
	collection items (check all that apply):			,			-				
a	Public exhibition		d \square	Loan or exc	hange progra	am					
b	Scholarly research				twork		Antia	uitie	g		
c	Preservation for future generations										
4	Provide a description of the organization's co	alloctions and avaisi	in how th	our fronthau th	a araaniwati	an'n aya	ant arrea	ada in Dari	VIII		
5	During the year, did the organization solicit o							JSBIIIFAIL	Allı.		
3									٦.,	T-07*	٦
Dai	to be sold to raise funds rather than to be ma	amante o	the organ	ilzation's co	Rection7				Yes		No
{	rt IV Escrow and Custodial Arrangement of the reported an amount on Form 990, Par	gernents. Comp	lete ir tne	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
_											
1a	Is the organization an agent, trustee, custodi							_		_	_
	on Form 990, Part X?							∟	_ Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	sllowing t	able;				·			
								ļ	Amount		
¢	Beginning balance						. tc				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							<u> </u>	Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						, ,,,,,				j ''
Pai	rt V g Endowment Funds. Complete i	f the organization as	ngwarad	"Yes" on Ec	rm 990 Part	IV line	in			L.,	
1.	Complete							waara baale	(-) Faire		<u></u>
4.	Paringing of the below	(a) Current year	(D) F	rior year	(c) Two yea	rs back	(a) Imee	years pack	(e) Four	years	Dack
	Beginning of year balance		 -	·							
									-		
	Net investment earnings, gains, and losses		 		ļ						
ď	Grants or scholarships		<u> </u>		ļ						
0	Other expenditures for facilities										
	and programs		<u>.</u>								
f	Administrative expenses]						ĺ		
g	End of year balance		1								
2	Provide the estimated percentage of the curr		e (line 1	a, column (a	i) held as:						
а	Board designated or quasi-endowment		%		,,						
	Permanent endowment	%	—'"								
		<u></u> /°									
•	The percentages on lines 2a, 2b, and 2c shot	· -									
2-			_ 47 44	6 (c1-1		. 4 6 - 0					
Ja	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are neid at	na aaministei	rea for ti	ne organi	zation	Г		
	by:								f	Yes	No
	(i) Unrelated organizations						• • • • • • • • • • • • • • • • • • • •	• · · · · · · · · · · · · · · · · · · ·	3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		<u> </u>
d	If "Yes" on line 3a(ii), are the related organiza								<u>3b</u> ∫		<u>L</u>
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	rt Vi Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	, Part X,	Jine 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	\ocumula	ted	(d) Bool	k valu	
	, , ,	basis (invest	ment)		(other)	ı `'	preciatio		(-7		_
	Land		•	1	9,025.		.39/W/S		200	9,0	25
					4,089.	· · · · · · · · · · · · · · · · · · ·	429,8		1,134	1 1	<u> </u>
	Buildings			1 0,50	±,003.	,	- 42,0) J JL +	1,134	± , .l	90+
	Leasehold improvements			2 05	E EAO		402 0	- 1		1 6	
	Equipment				5,592.		<u>483,9</u>			1,6	
	Other				1,951.		364,2	100.		7,69	
Tota:	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. colun	on (B) line 1	Oc.1			. ▶	2,052	4.5	82.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 and Visually	y Impaired	31	-0584310 Page 3
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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Beneficial Interest in			
(B) Perpetual Trusts	413,985.	End of Von Mankot	77-1
		End-of-Year Market	
	4,543,592.	End-of-Year Market	<u>value</u>
(D)			
(E)			
(F)			
(G)			
(H)		***************************************	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,957,577.	在33.据多数 \$2.600 TEXTS \$2.000	
Part VIII Investments - Program Related.		Land of the control o	A SECURITOR OF STREET OF SECURITION OF SECUR
	on Form 000 Part IV line	11a Cas Farm 200 Dark V Sus to	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		d of see as we at at a bar
	(D) DOOK VAIU	(c) Method of valuation: Cost or en	o-or-year market value
(1)			
(2)	-· · · · · · · · · · · · · · · · · · ·		<u> </u>
(3)			
(4)			
(5)			<u> </u>
(6)			
(7)			
(8)			
			·
[9]	•	THE REPORT OF THE PROPERTY OF	7 168#7-00 : 1360 X1380 - A Novincia Const
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		多色型的古著作品的影響的自然的	
- A K 5 5 4 4 5			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15,	
(a) !	Description	.=	(b) Book value
<u>{1}</u>			
(2)			
(3)			
(4)			
(5)	··-		
_(6)	·		
(7)		••	
			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u>15.)</u>	>	·
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
•			
(4)			
(5)			
(6)	·	<u></u>	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line	25.1		
Liability for uncertain tax positions. In Part XIII, provide:			that reports the
organization's liability for uncertain tax positions under			
organization a nability for discertain tax positions under	TAGE AGO 140. UNECK NE		
		Sc	hedule D (Form 990) 2019

Clovernook Center For the Blind and Visually Impaired

	t XI. Reconciliation of Revenue per Audited Financial Stateme	anda Mi	h Dauanua nas Da)584310 Pag	e 4
T al			in nevenue per ne	turn.		
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:				4,097,686	<u>~</u>
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 998, Part VIII, line 12:	•••••		1 (4.55)	4,097,000	<u> </u>
		2a	-2,859,321.			
	Donated services and use of facilities		2,000,021.			
	Recoveries of prior year grants					
	Other (Describe in Part XIII.)		7,065.			
	Add lines 2a through 2d			2e	-2,852,250	۶.
3	Subtract line 2e from line 1			3	6,949,94	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************	938	0,010,010	<u></u>
	Investment expenses not included on Form 990, Part VIII, tine 7b	4a	73,305.			
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c	73,30	5.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,023,24	
Par	t XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expenses per F			_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	7,780,14	3 •
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			000		_
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
c	Other losses	20				
	Other (Describe in Part XIII.)		7,065.			
e	Add lines 2a through 2d		***************************************	2e	7,06	5.
3	Subtract line 2e from line 1			3	7,773,07	8.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			0.00 mg		-
	Investment expenses not included on Form 990, Part VIII, line 7b		73,305.			
d	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c	73,30	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	7,846,38	<u>3.</u>
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			; Part	(, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional in	formation.			
	<u> </u>					
Day	rt III, line 4:					
1 41	111, 1110 ±.					—
Tnc	cluded in property and equipment are capit	aliza	d collection	a o	f works of	
	read in property and equipment are eapre	<u>uiii</u>	d COLLECCION		F WOTER OF	—
art	, historical treasures and similar assets	. Ite	ms added to	the		
					<u> </u>	_
col	lections are capitalized at cost if purch	ased	or at estima	teđ	fair	
						
val	ue on the acquisition date if donated. Co	llect	ion items so	old o	or removed	
						_
are	reported as unrestricted or temporarily	restr	ricted gains	or :	losses	
			· · · · · · · · · · · · · · · · · · ·			_
der	pending on donor stipulations, if any, pla	.ced c	n the items	at ·	the time	
						_
of	acquisition.				_	
						_
Par	ct X, Line 2:					
FT17-				_	a =	
The	<u> Organization is a not-for-profit organiz</u>	ation	<u>exempt from</u>	i fe	derai	—
<u> </u>	some takes under Internal Persons Gade G-	+4	E01/~\/2\	ـ تـى	an fi = a ± 7 =	
	come taxes under Internal Revenue Code Sec	PLOI	501(6)(3) and			
932054	\$ 10-02-19 2 1			Sche	dule D (Form 990) 2	:019

Clovernook Center For the Blind				
Schedule D (Form 990) 2019 and Visually Impaired 31-0584310 Page 5 [Part XIII] Supplemental Information (applicated)				
edule D (Form 990) 2019 and Visually Impaired 31-0584310 Page 5 and VIII Supplemental Information (continued) ovision of state law. The Organization is not considered a private undation. e Organization's IRS Form 990 is subject to review and examination by deral and state authorities. The Organization believes it has propriate support for any tax positions taken, and therefore, does not ve any uncertain income tax positions that are material to the financial atements.				
provision of state law. The Organization is not considered a private				
and Visually Impaired 31-0584310 Page 5 TXIII Supplemental Information Continued Division of state law. The Organization is not considered a private and attention. The Organization's IRS Form 990 is subject to review and examination by deral and state authorities. The Organization believes it has propriate support for any tax positions taken, and therefore, does not be any uncertain income tax positions that are material to the financial attements. The XII, Line 2d - Other Adjustments: The XII, Line 2d - Other Adjustments:				
The Organization's IRS Form 990 is subject to review and examination by				
federal and state authorities. The Organization believes it has				
appropriate support for any tax positions taken, and therefore, does not				
have any uncertain income tax positions that are material to the financial				
statements.				
Part XI, Line 2d - Other Adjustments:				
Fundraising Expense 7,065.				
Part XII. Line 2d - Other Adjustments:				
Fundraising Expense 7,065.				

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

➤ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Inspection
Name of the organization		ook Center For the					ntification number
		ually Impaired				31-0584	
Part le Fundrais		Complete if the organization answer	ered "Y	es" or	Form 990, Part IV. I		
1 11 11	complete this part	t.					moro aro rige
		ed funds through any of the following	ng activ	ities. (Check all that apply,		
a Mail solicitati					overnment grants		
b Internet and	email solicitations				nment grants		
c Phone solicit	ations	g 🔲 Specia		_	-		
d In-person soi	icitations	5 1		- 3			
		or oral agreement with any individual	finelud	ina of	ficers, directors, trus	tees, or	
		art VII) or entity in connection with p				Yes	No No
		riduals or entities (fundraisers) pursu			_		
compensated at lea						·	
<u> </u>			1		Т	,	
(i) Name and address	of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	have of	ustody txol of	from activity	fundraiser	to (or retained by)
, (,		contrib	itions?		listed in col. (i)	organization
			Yes	No			
					Ì		
			1				
				•			·
			i	-			
							1
						· "	
			ļ				
							"
							Ĺ
Total				>			
3 List all states in which	ch the organization	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
or licensing.						·	

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

Schedule G (Form 990 or 990-EZ) 2019

Sch	edu	<u>le G (Form 990 or 990-EZ) 2019</u> and Vis	nook Center Fo	ed	31	0584310 Page 2
Pa	irt	Fundraising Events. Complete if to of fundraising event contributions and gr	he organization answered ross income on Form 990-	"Yes" on Form 990, Par EZ, lines 1 and 6b. List e	IV, line 18, or reported	more than \$15,000
			(a) Event#1 Nicola's Five Courses	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	55,287.			55,287.
	2	Less: Contributions	47,697.	<u></u>		47,697.
	3	Gross income (fine 1 minus line 2)	7,590.			7,590.
	4	Cash prizes			<u>.</u>	
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages	5,040.		_	5,040.
_	8	Entertainment				
	9	Other direct expenses				2,025.
		Direct expense summary. Add lines 4 through				7,065.
Pa	ırt I	Net income summary. Subtract line 10 from II Gaming. Complete if the organization		990 Part IV line 19 or		525.
<u> </u>	7.7	\$15,000 on Form 990-EZ, line 6a.	anowered res unit offin	550, Falt IV, line 19, Or i	abougo moia man	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
Ω	2	Cash prizes				
Expenses	3	Noncash prizes			<u>.</u>	
Direct [4	Rent/facility costs				<u> </u>
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	7	Direct expense summary. Add lines 2 through				
9	8 Ent	Net gaming income summary, Subtract line 7	7 from line 1 , column (d)		<u> </u>	
а	8 Ent	Net gaming income summary, Subtract line 7 ser the state(s) in which the organization conducted to conduct gaming and the organization licensed to conduct gaming and the organization conducts and the organization conducts and the organization conducts are organization conducts and the organization conducts are organization conducts and the organization conducts are organization conducts and the organization conducts are organization conducts.	7 from line 1 , column (d)		<u> </u>	Yes No
а	8 Ent	Net gaming income summary, Subtract line 7	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s		<u> </u>	Yes No
а	8 Ent	Net gaming income summary, Subtract line 7 ser the state(s) in which the organization conducted organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s		<u> </u>	Yes No

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

		-05843	<u> 31</u> 0	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲 Ұ	es/	No.
	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?	🗀 ነ	es.	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	The first and and address of the person time property of the against about a garming special another property of			
	Name >			
	Team P			
	Address >			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[\(\)	/es	□No
		•		
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
~	of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
•	in res, enter hame and address of the unit party.			
	Name >			
	Name >			
	Address ▶			
	Address >			
	Denotes an analysis and the second se			
16	Gaming manager information:			
	.			
	Name >			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	<u></u>			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	<u> </u>	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 > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	·	•	.,
				
		-		
	·			····
93208	Schedule G (F	orm 990 o	r 990	-EZ) 2019

Schedule G (Form 990 or 990-EZ) and Visually Impaired	31-0584310 Page 4
Schedule G (Form 990 or 990-EZ) and Visually Impaired Part IV Supplemental Information (continued)	
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Questions Regarding Compensation

SCHEDULE J (Form 990)

Compensation Information

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

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.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Clovernook Center For the Blind and Visually Impaired

31-0584310

Employer identification number

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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 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. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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? 6b 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 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VIII, 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

and Visually Impaired

Schedule J (Form 990) 2019

31-0584310

Page 2

Partile 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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	cilcilci	(a) (Ma)	in Continu (U) reported as deferred on prior Form 990
(1) Christopher Faust	(3)	137,655.	0	0.	0	21,535.	159,190.	0.
President/CEO	(ii)	0.0	• 0	0.	0	0.	0.	0
	(9)							
	(ii)							
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							Schedu	Schedule J (Form 990) 2019

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Clovernook Center For the Blind and Visually Impaired

31-0584310

Page 3 Schedule J (Form 990) 2019 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 III Supplemental Information Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information. Clovernook Center For the Blind

Name of the organization Employer identification number and Visually Impaired 31-0584310 Form 990, Part I, Line 1, Description of Organization Mission: their communities. Form 990, Part III, Line 4a, Program Service Accomplishments: Library of Congress, textbook materials, tactile graphics, religious periodicals, menus, business cards, instruction manuals and more. 14,000 Braille readers, 31 employees in 2019 Form 990, Part III, Line 4d, Other Program Services: Multistate Center East, under contract with the Library of Congress, <u>di</u>stributes books in adaptive format, including audio, and related materials for the National Library Service for the Blind and Print Disabled. Expenses \$ 1,169,983. including grants of \$ 0. Revenue \$ 1,235,084. Form 990, Part VI, Section B, line 11b: The Controller and members of the finance committee reviewed the 990 before the return was given to the Board of Directors, prior to filing. Form 990, Part VI, Section B, Line 12c: In order to monitor adherence to our Conflict of Interest Policy, all Board members, Committee members (non-Board), the CEO, and Vice LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-05-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Clovernook Center For the Blind and Visually Impaired	Employer identification number 31-0584310
Presidents/Officers of the agency are required to review a	nd sign off on
the policy on an annual basis.	·
Form 990, Part VI, Section B, Line 15:	
Compensation is based on the results of the review of the	performance of
the individual for the period under review. The CEO's rev	riew is done by
the Chairman of the Board of Trustees. The review of seni	or management is
performed by the CEO.	
Form 990, Part VI, Section C, Line 19:	
Governing documents and conflict of interest policy are av	ailable upon
request. Financial statement information is available onl	ine from both the
annual report and the Form 990 at www.clovernook.org. Ann	ual reports are
also mailed to donors and are available for pickup at both	Clovernook
locations.	
Form 990, Part XII, Line 2c	
The Finance Committee is responsible for audit oversight.	This process
has not changed in the current year.	