			** PUBLIC DISCLOSURE COPY				
	Ω	nn	Return of Organization Exempt Fro	om lı	ncome Tax	OMB No. 1545-004	7
For	_	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			ns) 2010	
•		uary 2020) of the Treasury	Do not enter social security numbers on this form as it	it may b	e made public.	Open to Public	c
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the	e latest	information.	Inspection	
<u>A</u>	For th	e 2019 calend	ar year, or tax year beginning and end	ding			
	Check if applicab	C Name of	organization		D Employer identif	cation number	
	Addre						
Ľ	ohang	B AMER	ICAN COUNCIL OF THE BLIND INC				
	chang	Doing but	usiness as		58-09144		
	return Final	Number		om/suite	E Telephone numbe		
	⊥return termin	n-	N BEAUREGARD STREET 42	0	612-332-		
	ated ∏Amen	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,781,35	5.
	_ return _ Applid		ANDRIA, VA 22311		H(a) Is this a group r		
	_]tion pendi		nd address of principal officer: ERIC BRIDGES		for subordinates		
1.1		empt status:			H(b) Are all subordinates in		No
		te: NWW .		527		list. (see instructions)	
		f organization:			H(c) Group exemption	n number 💌 A State of legal domicile:]	
	art I	Summary		L TEALC		A State of legal conticite.	
4040000	1		e the organization's mission or most significant activities: THE ORG	GANT	ZATTON STRT	TES TO	—
ce	.		THE WELL-BEING OF ALL BLIND AND VIS				
Governance	2		if the organization discontinued its operations or disposed of the organization discontinued its operations.				—
ver			ing members of the governing body (Part VI, line 1a)		1		16
පී			ependent voting members of the governing body (Part VI, line 1b)		4		16
Activities &	5	Total number o	of individuals employed in calendar year 2019 (Part V, line 2a)	•••••	5		10
/itie	6	Total number o	of volunteers (estimate if necessary)		6		31
cti	7a	Total unrelated	business revenue from Part VIII, column (C), line 12		14,236		
	ь	Net unrelated I	ousiness taxable income from Form 990-T, line 39	· · · · · · · · · · · · · · · · · · ·			0.
					Prior Year	Current Year	
¢	8	Contributions a	and grants (Part VIII, line 1h)		834,348.	694,453	3.
nue			e revenue (Part VIII, line 2g)		623,576.	518,430).
Revenue			ome (Part VIII, column (A), lines 3, 4, and 7d)		157,850.	173,114	
щ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		244,993.	366,236	
·····			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,860,767.	1,752,233	
			ilar amounts paid (Part IX, column (A), lines 1-3)		63,846.	61,000	
:			o or for members (Part IX, column (A), line 4)		0.		<u>).</u>
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)		566,313.	646,210	
ens	16a		ndraising fees (Part IX, column (A), line 11e)		0.	0).
Expen	0		ng expenses (Part IX, column (D), line 25) b 87,990.		072 102	072 024	4
		Total expense	s (Part IX, column (A), lines 11a-11d, 11f-24e) 5. Add lines 13-17 (must equal Part IX, column (A), line 25)		973,103. 1,603,262.	973,934	
			xpenses. Subtract line 18 from line 12		257,505.	<u>1,681,144</u> 71,089	
Sr	15	Trevende leas e			inning of Current Year		· ·
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)		5,394,032.	<u>End of Year</u> 5,512,885	
Ass	21	Total liabilities		··	1,087,526.	821,860	$\frac{j}{1}$
Net und	22		und balances. Subtract line 21 from line 20		4,306,506.	4,691,025	
	rt II	Signature		•• 1	2/200/2001	170517025	
Unde	er pena	lties of perjury, I	declare that I have examined this return, including accompanying schedules and	statemen	ts, and to the best of my	knowledge and belief, it is	 S
			Declaration of pregarer (other than officer) is based on all information of which pr				
		1 1 an	un Marto-Blithin			2020	
Sign Signature of officer Date							
Here	e		Z MARKS-BECKER, CFO				
		Type or pr	int name and title				
		Print/Type prepa		Da	16	PTIN	
Paid			PRIMUS, CPA MARIE A. PRIMUS, C	20 A 92	5/05/20 self-employe		
Prep			BERGANKDV, LTD.		Firm's EIN 🕨	41-1431613	
Use	Only	Firm's address					-
			ST. CLOUD, MN 56301		Phone no. 320) - 251 - 7010	
May	the IF	RS discuss this	return with the preparer shown above? (see instructions)			. X Yes N	lo

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2019) AMERICAN COUNCIL OF THE BLIND INC 5	8-0914436	Page 2
	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ORGANIZATION OF BLIND PEOPLE: ELEVATING THE SOCIAL, ECONOM	IIC AND	
	CULTURAL LEVELS OF BLIND PEOPLE; IMPROVING EDUCATIONAL AND)	
	REHABILITATION FACILITIES AND OPPORTUNITIES; COOPERATING W	ITH THE	
	PUBLIC AND PRIVATE INSTITUTIONS AND ORGANIZATIONS CONCERNE	D WITH BLI	ND
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	XNo
	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	XNo
	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 mea		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	he total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$344,571. including grants of \$) (Revenue \$	439,	575.)
	CONVENTION:		
	ACB HAS HELD 57 CONSECUTIVE ANNUAL CONVENTIONS WHERE GOVER		RS.
	OUR MEMBERSHIP ELECTS OFFICERS AND DIRECTORS; MAKES DECISI		
	CONCERNING BYLAWS AND RESOLUTIONS RELATING TO POLICIES, PR		
	SERVICES AFFECTING THE BLINDNESS COMMUNITY. MANY AFFILIATE		NTT:
	BUSINESS AT THIS TIME ALSO. THERE ARE WORKSHOPS AND SPEAKE CAN GATHER INFORMATION ABOUT HEALTH AND REHABILITATION, NE		
	AND EMPLOYMENT ISSUES.	W TECHNOLO	GI
	AND EMPLOIMENT ISSUES.		
4b	(Code:) (Expenses \$263,734. including grants of \$) (Revenue \$	54,	485.)
	PUBLICATIONS AND PUBLIC AWARENESS:		,
	ACB HAS AN INTEGRATED MARKETING AND COMMUNICATIONS APPROAC	H WITH OVE	R
	20 COMMUNICATION CHANNELS. THROUGH MANY DIFFERENT FORMS OF	MEDIA, SU	СН
	AS OUR WEBSITE, FACEBOOK, BRAILLE MAGAZINE AND TWITTER, AC	B PRESENTS	
	VALUABLE ACCESSIBILITY INFORMATION FOR AND ABOUT THE BLIND		
	COMMUNITY. ACB PROVIDES INFORMATIVE NEWS MEDIA INTERVIEWS		NG
	ENGAGEMENTS AND ASSISTS AFFILIATES WITH THEIR EDUCATIONAL	PROGRAMS.	
	010 460	<u></u>	COE
4c	(Code:) (Expenses \$ 213,460. including grants of \$) (Revenue \$ ADVOCACY AND GOVERNMENTAL AFFAIRS:	<u>4</u> 3,	000.)
	ACB ADVOCATES ON A WIDE VARIETY OF ISSUES FOR PEOPLE WHO A	RE BLIND A	
	VISUALLY IMPAIRED. AT THE GOVERNMENT LEVEL, ACB WORKS ON D		
	PROPOSALS, ANALYZING CURRENT LEGISLATIVE DEVELOPMENTS A WO		
	REGULATORY AGENCIES TO SUPPORT PROGRAMS THAT HELP BLIND AN		
	IMPAIRED INDIVIDUALS TO SUSTAIN THEIR INDEPENDENCE, SECURI		
	OPPORTUNITY AND QUALITY OF LIFE. IN 2019, ACB ADVOCATED FC		
	ABSENTEE VOTING, WEBSITE ACCESSIBILITY, COMPELLING CLARITY		
	ENFORCEMENT OF SERVICE ANIMALS DURING AIRLINE TRAVEL, PEDE		ETY
	AND ACCESSIBLE PUBLIC TRANSPORTATION, AND HEALTHCARE, INCL		
	ACCESSIBLE DURABLE MEDICAL EQUIPMENT, MEDICARE COVERAGE OF		N
	DEVICES, AND ACCESSIBLE PATIENT PORTALS AND ELECTRONIC HEA		
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ 578,524 · including grants of \$ 61,000 ·) (Revenue \$)	
4e	Total program service expenses 1,400,289.		
		Form	990 (2019)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		<u> </u>
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a				
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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 approximation of the second secon			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		17

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			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	22	Х						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete								
	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 the								
	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	24a		x					
b	 b 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 defease	24b							
-	any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200							
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
		25b		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	200		- 23					
20									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x					
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions, for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x					
	"Yes," complete Schedule L, Part IV								
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	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	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	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 301.7701-3? 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, and								
	Part V, line 1	34	Х						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	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								
	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?	<u> </u>							
		38	х						
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	1 00		L					
	Chack if Schedule O contains a response or note to any line in this Bart V								
			Yes	No					
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a21Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b3								
U U									

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2019)	AMERICAN					
Part V Stater	ments Regarding Othe	er IRS Filings	anc	l Tax C	Complian	ce (continued

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a	10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	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		Х				
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	l).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b			5b		х				
С	, , ,		5c						
6a		solicit			77				
	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?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_		v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to		7a		<u> </u>				
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С									
Ч	to file Form 8282?		7c		X				
			7e		х				
e f									
'n	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
9 h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
-	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organization have excess blainess holdings at any time during the year in the second seco								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		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								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand		14a		x				
	a Did the organization receive any payments for indoor tanning services during the tax year?								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?		15		X				
16	If "Yes," see instructions and file Form 4720, Schedule N.		16		х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		- 23				

Form **990** (2019)

Form 990	(2019)
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AMERICAN COUNCIL OF THE BLIND INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 1a16			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	77-	T T	TZ C
17	List the states with which a copy of this Form 990 is required to be filed AL , AK , AR , AZ , CA , CO , CT , FL , GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
<u></u>	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright			
	NANCY MARKS-BECKER - 612-332-3242 6300 SHINGLE CREEK PARKWAY #195 BROOKLYN CENTER MN 55430			

SEE SCHEDULE O FOR FULL LIST OF STATES

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.

Name and title Average hours per veck weak born and a director using born the organization and related organization (W-2/1089-MISC) Estimated consensation (W-2/1089-MISC) Estimated consensation (W-2/1089-MISC) Estimated born and related organization and related organization and related organization (1) ERIC BRIDGES 40.00 x x 115,638. 18,710. (2) NANCY MARKS BECKER 36.00 x x 0. 0. 0. (3) DAN SPOONE 20.00 x x 0. 0. 0. (4) MARK RICHERT 10.00 x x 0. 0. 0. (5) NAV CMREPELL 10.000 x x 0. 0. 0. (6) JOIN MCCANN 10.000 x x 0. 0. 0. (7) DENIE COLLEY 10.000 x x 0.	(A)	(B)	(C)		(D)	(E)	(F)				
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? // *Yes, * complete Schedule J for such individual 1 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? // *Yes, * complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // *Yes, * complete Schedule J for such person 5 X Section B. Independent Contractors 1 (B) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete this table for your five highest address NONE Description of services Compensation (A) (B) (C) Compensation Compensation Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than Compensation Compensation </td <td></td>													
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Name and business address NONE Description of services Compensation Image: Comparison of the service of th		ne calendar ye	ear e	enair	ig wi	ith c	or wi	<u>nin</u>		ear.		(0)	
Total number of independent contractors (including but not limited to those listed above) who received more than		address	NC	ONE	C					services	Cor		on
								_					
		•	ot lin	nitec	to t			ted	above) who received me	ore than			

		Check if Schedule O	conta	ains a respor	nse (or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ţs	1 a	Federated campaigns		1a		131.				
and Other Similar Amounts	b	Membership dues				59,360.				
ŭ	с	Fundraising events		1c		102,418.				
ar /	d	Related organizations		1d						
E	е	Government grants (contr	ibuti	ons) 1e						
S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	l abov	re 1f		532,544.				
p	g	Noncash contributions included in	lines 1	a-1f 1g \$						
an	h	Total. Add lines 1a-1f				····· ►	694,453.			
			-			Business Code	400 555	420 555		
		ANNUAL CONVEN				900099	439,575.	439,575.		
e		OTHER PROGRAM	(F)	EES		900099	55,170.	54,485.	685.	
ent.	С	ADVOCACY				900099	23,685.	23,685.		
Revenue	d									
	е									
		All other program service					518,430.			
		Total. Add lines 2a-2f					510,450.			
	3	Investment income (inclue					103,016.			103,01
		other similar amounts) Income from investment of					105,010.			105,01
	4 5	Royalties								
	3	noyalles		(i) Real		(ii) Personal				
	6 9	Gross rents	6a	(.)		(1) 1 01001101				
		Gross rents Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	/ <u> </u>	(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	70,82	3.					
	b	Less: cost or other basis								
2		and sales expenses	7b		0.	725.				
5	с	Gain or (loss)	7c	70,82	3.	-725.				
	d	Net gain or (loss)				►	70,098.			70,09
		Gross income from fundraisi	ng ev	ents (not						
3		including \$ 102	2,4	18. of						
		contributions reported on								
		Part IV, line 18			8a	7,821.				
	b	Less: direct expenses			8b	3,560.				
		Net income or (loss) from		-	ts	····· ►	4,261.			4,26
	9 a	Gross income from gamir				1				
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b	6,630.	0 700			0 77
		Net income or (loss) from			<u></u>	▶	9,720.			9,72
	10 a	Gross sales of inventory,				21 750				
		and allowances				31,758.				
		Less: cost of goods sold			10b	18,207.	13,551.		13 551	
+	С	Net income or (loss) from	sales	s of inventor	у	Business Code	13,351.		13,551.	
	44 -		ъc			900009	338,704.			338,70
ne		EQUITY IN ACE				300003	550,704.			550,70
Revenue	b									
Be	C d									
		All other revenue				L	338,704.			
	•	Total. Add lines 11a-11d				🕨	550,/04.			

Form 990 (2019)

AMERICAN COUNCIL OF THE BLIND INC Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respon				
De	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	схреносо
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	61,000.	61,000.		
3	Grants and other assistance to foreign	01/0001	01/0001		
U	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	209,401.	128,823.	64,716.	15,862.
6	Compensation not included above to disqualified	20571011		01,7200	
Ŭ	persons (as defined under section 4958(f)(1)) and				
	(0 = 0)				
7	Other salaries and wages	319,313.	285,318.	27,636.	6,359.
8	Pension plan accruals and contributions (include	,			
5	section 401(k) and 403(b) employer contributions)	10,130.	7,912.	1,859.	359.
9	Other employee benefits	64,305.	50,276.	11,616.	2.413.
10	Payroll taxes	43,061.	33,868.	7,060.	359. 2,413. 2,133.
11	Fees for services (nonemployees):	10,0010		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Management				
	Legal	14,337.	11,216.	2,552.	569.
	Accounting	54,318.	33,060.	20,429.	569. 829.
	Lobbying	01/0101		20,1251	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,869.	29,326.	1,543.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	153,101.	122,604.	398.	30,099.
12	Advertising and promotion	6,164.	4,940.	1,001.	30,099. 223.
13	Office expenses	112,991.	97,880.	4,777.	10,334.
14	Information technology	86,967.	75,651.	7,795.	3,521.
15	Royalties			,	
16	Occupancy	120,054.	94,161.	20,961.	4,932.
17	Travel	101,674.	91,720.	7,726.	2,228.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	183,510.	179,888.	1,815.	1,807.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,724.	24,414.	3,123.	1,187.
23	Insurance	13,088.	10,244.	2,315.	529.
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 0.)				
а	SUPPLIES AND EQUIPMENT	25,852.	23,715.	1,216.	921.
b	MISCELLANEOUS	20,352.	16,397.	1,009.	2,946.
с	MEMBERSHIP AND DUES	18,644.	14,587.	3,318.	739.
d	GRANT EXPENSE	3,289.	3,289.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,681,144.	1,400,289.	192,865.	87,990.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 (

AMERICAN C	COUNCIL	OF	THE	BLIND	INC
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		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	330,550.	1	141,370		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		902,475.	3	133,818	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	on 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
61000L	8	Inventories for sale or use			26,677.	8	27,595
2	9	B			20,788.	9	25,140
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	280,795.			
	b	Less: accumulated depreciation	10b	192,532.	71,112.	10c	88,263
	11			3,113,278.	11	4,473,649	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	929,152.	15	623,050		
	16	Total assets. Add lines 1 through 15 (must equ	5,394,032.	16	5,512,885		
	17	Accounts payable and accrued expenses	166,829.	17	177,802		
	18	Grants payable		18	-		
	19	Deferred revenue	1,615.	19	63,680		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		Г		21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
1	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on line					
		of Schedule D			919,082.	25	580,378
	26	Total liabilities. Add lines 17 through 25			1,087,526.	26	821,860
		Organizations that follow FASB ASC 958, che			· · ·		
ß		and complete lines 27, 28, 32, and 33.					
	27				2,136,169.	27	3,173,453
	28	.			2,170,337.	28	1,517,572
2		Organizations that do not follow FASB ASC 9					
3		and complete lines 29 through 33.	,				
5	29	Capital stock or trust principal, or current funds				29	
3	30	Paid-in or capital surplus, or land, building, or ea				30	
	31	Retained earnings, endowment, accumulated in		Г		31	
5	32	Total net assets or fund balances			4,306,506.	32	4,691,025
2	3Z						

Form **990** (2019)

Form 990 (2019) AME Part X Balance Sheet

	1990 (2019) AMERICAN COUNCIL OF THE BLIND INC	<u>58-091</u>	.4436	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,752		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,681		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,08	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,306		
5	Net unrealized gains (losses) on investments	5	422	1,79	94.
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	-109	,36	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	4,691	.,02	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		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.			
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?		. 2 b	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		. <u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				37
	Act and OMB Circular A-133?		3a		X
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		. 3b		
			Earm	771 I (^	(0 + 0)

Form **990** (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nar	ne of	the organization						Employer	r identification number
				IL OF THE BL				5	8-0914436
Pa	art I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction:	s.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general i	public described in
		section 170(b)(1)(A)(vi). (C	-		Ũ			0	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	unction with a	land-grant	college
		or university or a non-land-	•			-		-	-
		university:		, , , , , , , , , , , , , , , , , , ,			,	0	
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, members	hip fees, ar	nd gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
k	, 🗌	Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
c	ı 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi:	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
e	, 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
1	Ente	er the number of supported o	organizations						
ç	Pro	vide the following informatior							
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
			1	1	1	1	1		1

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

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	ction A. Public Support						
Cale	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.")	618,769.	721,487.	2284215.	834,348.	694,453.	5153272.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	618,769.	721,487.	2284215.	834,348.	694,453.	5153272.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						299,352.
6	Public support. Subtract line 5 from line 4.						4853920.
	tion 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 4	618,769.	721,487.	2284215.	834,348.	694,453.	5153272.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	57,348.	43,514.	50,494.	61,472.	103,016.	315,844.
a	Net income from unrelated business		10,0110		01/1/20		010,0110
5	activities, whether or not the						
	business is regularly carried on	55,910.	114 287.	239,846.	231,197.	366,236.	1007476.
10	Other income. Do not include gain			200,0100	23272370	500,2501	100/1/00
10	-						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						6476592.
	Total support. Add lines 7 through 10					40 2	,693,823.
	Gross receipts from related activities,	``	,				,095,025.
13	First five years. If the Form 990 is for	°					
<u>So</u>	organization, check this box and stor ction C. Computation of Publi	o here	contago			<u></u>	·····
	•		•				74 05
	Public support percentage for 2019 (I		•			14	74.95 %
	Public support percentage from 2018					15	53.11 %
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	9
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC 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.)

Sec	ction A. Public Support						
Cale	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						
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	. <u></u>	1	T		1	
	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 securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L		I		<u> </u>	
14	First five years. If the Form 990 is for	•					
800	check this box and stop here						····· •
	ction C. Computation of Publi		-				
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	1 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ine 17 is not
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						▶□ 3%. and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
		u		,,			······ ··· ··· ··· ··· ··· ··· ··· ···

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC

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(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes

No

10b

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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	1		
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	- 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		r	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1 -		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
'a	The organization satisfied the Activities Test. Complete line 2 below.	<i>,</i> •		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructional	`	
2	Activities Test. Answer (a) and (b) below.	tructions	Yes	No
			165	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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	0		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE			58-0914436 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC

1 ui	Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	I	I	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	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.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019	AMERICAN	COUNCIL C	F THE BLIN	ID INC	58-0914436 _{Pag}	je 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2	ation. Provide t 2, 3b, 3c, 4b, 4c, 5 nes 2 and 3; Part IV	he explanations ro a, 6, 9a, 9b, 9c, 1 /, Section E, lines	equired by Part II, lir 1a, 11b, and 11c; P 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a d art IV, Section B, lines 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,	

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY

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

Employer identification number

4436

	AMERICAN COUNCIL OF THE BLIND INC	58-091
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

📙 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

X 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(c)(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 religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Employer identification number

58-0914436

AMERICAN COUNCIL OF THE BLIND INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$40,000.	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
2		\$75,000.	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
3		\$ <u>22,500.</u>	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
4		\$27,153.	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
5		\$34,573.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$59,302.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

58-0914436

AMERICAN COUNCIL OF THE BLIND INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$25,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

58-0914436

AMERICAN COUNCIL OF THE BLIND INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part	i i i 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 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 I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
			1

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4				
Name of o	rganization		Employer identification number				
AMERT	CAN COUNCIL OF THE BLIN	DINC	58-0914436				
Part III		tions to organizations described in set a) through (e) and the following line enti- charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·		(e) Transfer of gif					
	Transferee's name, address, a	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				
	(e) Transfer of gift						
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(-) N-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif					
·	Transferee's name, address, a		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				
		(e) Transfer of gif					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047						
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section		20 ⁻	19				
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form Go to www.irs.gov/Form990 for instructions and the latest information. 	990-EZ.	Open to Public Inspection					
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Cam	paign Activ	ities), then					
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not complete Part I-C.							
 Section 501(c) (other 	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Pa	ırt I-B.						
 Section 527 organiza 	ations: Complete Part I-A only.							
If the organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Ac	tivities), the	n					
 Section 501(c)(3) org 	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not complet	e Part II-B.					
 Section 501(c)(3) org 	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	3. Do not co	mplete Part II	-A.				
If the organization answ	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or For	n 990-EZ, P	art V, line 35	ic (Proxy				
Tax) (see separate instr	uctions), then							
	, or (6) organizations: Complete Part III.	<u> </u>						
Name of organization			identificatio					
	AMERICAN COUNCIL OF THE BLIND INC		8-09144	136				
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section 5	27 organ	ization.					
2 Political campaign	on of the organization's direct and indirect political campaign activities in Part IV. activity expenditures political campaign activities							
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).							
1 Enter the amount of	f any excise tax incurred by the organization under section 4955	▶\$						
2 Enter the amount o	f any excise tax incurred by organization managers under section 4955							
	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No				
4a Was a correction m			Yes	No No				
b If "Yes," describe ir	Part IV.							
Part I-C Comple	ete if the organization is exempt under section 501(c), except section	501(c)(3).						
1 Enter the amount d	rectly expended by the filing organization for section 527 exempt function activities	► \$						
2 Enter the amount o	f the filing organization's funds contributed to other organizations for section 527							
exempt function ac	tivities	►\$						
	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,							
line 17b		► \$						
	zation file Form 1120-POL for this year?		Yes	🗌 No				
	dresses and employer identification number (EIN) of all section 527 political organizations t		filing organiza	ation				
made payments. Fo	r each organization listed, enter the amount paid from the filing organization's funds. Also e	nter the am	ount of politic	al				
contributions receiv	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segreg							

political action committee (PAC). If	additional space is needed, provide	e information in Part IV		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

1

Schedule C (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC 58-0914436 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
A Check Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
Limit	Check Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						
1a Total lobbying expenditures to influe	ence public opinion (g	rassroots lobbying)		8,031.			
b Total lobbying expenditures to influe	ence a legislative bod	y (direct lobbying)		74,711.			
c Total lobbying expenditures (add lin	es 1a and 1b)			82,742.			
d Other exempt purpose expenditures	3			1,317,547.			
e Total exempt purpose expenditures	(add lines 1c and 1d)			1,400,289.			
f Lobbying nontaxable amount. Enter	the amount from the	following table in both	i columns.	215,029.			
If the amount on line 1e, column (a) or	(b) is: The lob!	bying nontaxable amo	ount is:				
Not over \$500,000	20% of t	he amount on line 1e.					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.							
Over \$1,000,000 but not over \$1,50	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.							
Over \$17,000,000							
g Grassroots nontaxable amount (ent	er 25% of line 1f)			53,757.			
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.			
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.			
j If there is an amount other than zero reporting section 4911 tax for this y		ine 1i, did the organiza	tion file Form 4720		Yes No		
(Some organizations th	at made a section 50	raging Period Under)1(h) election do not h ate instructions for lin	nave to complete all o	f the five columns be	low.		
	Lobbying Expen	ditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	177,667.	194,820.	217,139.	215,029.	804,655.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,206,983.		
c Total lobbying expenditures	50,849.	63,948.	79,276.	82,742.	276,815.		
d Grassroots nontaxable amount	44,417.	48,705.	54,285.	53,757.	201,164.		
e Grassroots ceiling amount (150% of line 2d, column (e))					301,746.		
f Grassroots lobbying expenditures	5,870.	6,514.	6,523.	8,031.	26,938.		

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC 58-09144 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	o lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5			
Par						
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE [)
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
De	AMERICAN COUNCIL OF THE BLIND INC	58-0914436
Pa		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(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)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised f	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	•
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cont	
De	impermissible private benefit?	Yes No
Pa		IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		istorically important land area
		ertified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	
	day of the tax year.	Held at the End of the Tax Year
-	Total number of conservation easements	
b	· · · · · · · · · · · · · · · · · · ·	
С	Number of conservation easements on a certified historic structure included in (a)	<u>2c</u>
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
-	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ation easements during the year
7	Amount of avanages incurred in manifering, increasing, handling of violations, and enforcing concernation	accompany during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
0	\$	
8		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements.	that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and t	palance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	provide the following amounts relating to these items:	·····,
	(i) Revenue included on Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	K 4
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

Sche		N COUNCIL C				-0914436	
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar A	ssets _{(contin}	ued)
3	Using the organization's acquisition, accession					•	
	collection items (check all that apply):	,	, ,	0	0		
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	e					
c	Preservation for future generations	-					
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's ex	empt nurnose ir	n Part XIII	
5	During the year, did the organization solicit o						
Ū	to be sold to raise funds rather than to be ma		•			Yes	No
Pa	rt IV Escrow and Custodial Arrange						
	reported an amount on Form 990, Par		to in the organizatio		5111 0111 000, 1 0		
19	Is the organization an agent, trustee, custodi		any for contribution	or other assets no	t included		
ia			•			Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						
U		and complete the lon	owing table.			Amount	
	Designing belongs				1.	Amount	
	Beginning balance						
	Additions during the year						
e	Distributions during the year				I		
T	Ending balance				1 f		
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	Yes	No
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						
Ta							
		(a) Current year	(b) Prior year	(c) Two years back			years back
	Beginning of year balance	938,876.	1,051,166.	945,340			007,233.
b	Contributions	2,100.	5,079.	3,240		500.	2,500.
С	Net investment earnings, gains, and losses	176,118.	-81,619.	135,086			-45,396.
d	Grants or scholarships	34,000.	35,750.	32,500	• 30,	500.	27,900.
е	Other expenditures for facilities						
	and programs				_		
f	Administrative expenses				_		
g	End of year balance	1,083,094.	938,876.	1,051,166	. 945,	340.	936,437.
2	Provide the estimated percentage of the curr	•	(line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	25.85	_%				
b	Permanent endowment 50.19	%					
С	Term endowment 23.96	%					
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.					
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the organizatior	י –	
	by:						Yes No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations						X
b	If "Yes" on line 3a(ii), are the related organiza						
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.				
Pa	rt VI Land, Buildings, and Equipm	ent.					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 2	X, line 10.		
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book	value
		basis (investm	ient) basis	(other) c	depreciation		
1a	Land	3,4	100.			3	3,400.
	Buildings						
	Leasehold improvements						
	Equipment		27	7,395.	192,532	. 84	.,863.
	Other				,		
	I. Add lines 1a through 1e. (Column (d) must e		(column (R) line 1	0c)	•	. 88	3,263.
		quari uni 330, i all /		<i></i>		nedule D (Form	

Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" c		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DUE FROM ACBES			609,106.
(2) TIMESHARE			100.
(3) DEPOSIT (4) SERIES EE BOND			6,383.
	ם זמ		50. 7,411.
	.8116		/,411•
(6)			
(7)			
(8)			
(9) 			623,050.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		023,030.
	- Fauna 000 Davit IV (lines		
Complete if the organization answered "Yes" c (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
			UUU DOOR VAIUE
(1) Federal income taxes (2) EQUITY IN ACBES			580,378.
			500,570.
(3)			
(4)			
(5)			
(6) (7)			
		1	
(8)			
			580,378.

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

Schedule D (Form 990) 2019 AMERICAN COUNCIL OF THE BLIND INC

Part VII Investments - Other Securities.

	dule D (Form 990) 2019 AMERICAN COUNCIL OF TH		<u>58-0914436</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I Total revenue, gains, and other support per audited financial statements		1	
1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C.	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	<u>2.)</u>		
		tatements With Expens	ses per Return.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expension 12a.	es per Return.	
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	tatements With Expension 12a.	es per Return.	
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.	es per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ine 12a.	es per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tatements With Expens ine 12a. 2a 2b	es per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	es per Return.	
Pa 1 2 b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	es per Return.	
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	
Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2e	
Pa 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other statement at through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e	
Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3	
Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1 1 2e 3 4c	

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE INVESTED IN THE BALANCE PORTFOLIO OF DEBT AND EQUITY

SECURITIES WITH THE OBJECTIVE OF GROWING THE ASSET BASE TO INCREASE INCOME

FOR FUTURE APPROPRIATIONS OF SCHOLARSHIPS.

PART X, LINE 2:

THE ORGANIZATION IS REQUIRED TO ASSESS WHETHER ANY UNCERTAIN TAX POSITIONS

EXIST AND IF THERE SHOULD BE RECOGNITION OF A RELATED BENEFIT OR LIABILITY

IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED

THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO

UNCERTAIN TAX POSITIONS.

Schedule D		
Dart VIII	Cumple	

Part XIII Supplemental Information (continued)	

SCHEDULE G	Suppleme	ntal Information Regar	ding Fun	draisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Ye rganization entered more th				or 19,	or if the	2019
Department of the Treasury Internal Revenue Service		Attach to For						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for	r instructio	ns and	the latest informati	on.	Employor ida	Inspection Intification number
Name of the organization		N COUNCIL OF TH	E BLTN	יד ס	NC		58-0914	
Part I Fundrais		Complete if the organization				ine 1		
	complete this part							
1 Indicate whether the	e organization rais	ed funds through any of the fo	ollowing act	vities.	Check all that apply.			
a Mail solicitati				•	overnment grants			
b Internet and c Phone solicit	email solicitations		pecial fund		nment grants			
d In-person sol		9 0		aising	events			
		r oral agreement with any indi	vidual (inclu	ding of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection	•		•		Yes	
	•	viduals or entities (fundraisers)	pursuant to	agree	ments under which th	he fur	ndraiser is to be	e
compensated at lea	ast \$5,000 by the	organization.			1			
(i) Name and address	s of individual		(ii fun) Did draiser custody	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	or co	have custody or control of contributions?		Ì	fundraiser ted in col. (i)	to (or retained by) organization
			Yes			113		
			Tes	No	-			
				1				
				1				
				+				
Total			<u></u>	. 🕨				
	ch the organizatio	n is registered or licensed to s	olicit contri	outions	or has been notified	it is (exempt from re	gistration
or licensing.								

Schedule G (Form 990 or 990-EZ) 2019

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

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events		
						(d) Total events (add col. (a) through	
			ACB WALK	ACB AUCTIONS	1	col. (c)	
er			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	49,934.	30,305.	30,000.	110,239.	
	2	Less: Contributions	47,113.	30,305.	25,000.	102,418.	
_	3	Gross income (line 1 minus line 2)	2,821.		5,000.	7,821.	
	4	Cash prizes					
(0)	5	Noncash prizes					
penses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	1,109.	1,524.	927.	3,560.	
	10	Direct expense summary. Add lines 4 through			🕨	3,560.	
	11 rt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		000 Part IV line 19 or		4,261.	
ľů		\$15,000 on Form 990-EZ, line 6a.	answered tes offront	1990, Part IV, iirie 19, 011	eponed more than		
		¢ • • • • • • • • • • • • • • • • • • •		(b) Pull tabs/instant		(d) Total gaming (add	
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Revenue	1	Gross revenue			16,350.	16,350.	
s	2	Cash prizes			6,500.	6,500.	
Direct Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses			130.	130.	
	6	Volunteer labor	Ves %	└── Yes % │ │	└── Yes % Ⅹ No		
	0						
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			9,720.	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?			
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes X No	

Sch	edule G (Form 990 or 990-EZ) 2019 AMERICAN COUNCIL OF THE BLIND INC 58-0	914436	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b 100	.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name NANCY BECKER		
	Address Add	430	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	X No
r	• 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	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Dort IV	Supplemental	nformation					
Schedule G	(Form 990 or 990-EZ)	AMERICAN	COUNCIL	OF	THE	BLIND	INC

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization		COUNCIL O	F THE BLIND	INC				Employer identification number $58-0914436$
	formation on Grants a							
criteria used to av	ation maintain records t ward the grants or assis	stance?	-			-		
	V the organization's pro							
	I Other Assistance to I at received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) and er of other organizations Reduction Act Notice .	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) AMERICAN COUNCIL OF THE BLIND INC

58-0914436

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	18	61,000.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					

EACH SCHOLARSHIP HAS DIFFERENT ELIGIBILITY REQUIREMENTS. THE SCHOLARSHIP

COMMITTEE REVIEWS ALL APPLICATIONS, CONDUCTS APPLICANT INTERVIEWS, AND

MAKES FINAL SELECTIONS. THE RECORDS OF THE SCHOLARSHIP COMMITTEE, INCLUDING

APPLICATIONS AND MINUTES OF THEIR MEETINGS ARE KEPT IN OUR NATIONAL OFFICE.

THE SELECTIONS OF THE SCHOLARSHIP COMMITTEE ARE PROVIDED TO THE MINNESOTA

FINANCE OFFICE AND WE THEN MAINTAIN COMMUNICATION WITH THE RECIPIENT,

REVIEW PROOF OF ENROLLMENT, AND ISSUE THE CHECKS TO THE RECIPIENT. THE

MINNESOTA FINANCE OFFICE REQUIRES PROOF OF ENROLLMENT FROM THE

Schedule I (Form 990) AMERICAN COUNCIL OF THE BLIND INC Part IV Supplemental Information	58-0914436 Page 2
INSTITUTION'S REGISTRARS OFFICE. AWARDS ARE PAID DIRECTLY TO	THE STUDENT,
NOT TO THE SCHOOL, IN TWO INSTALLMENTS. ONE HALF IS PAID FOR	THE FIRST
SEMESTER, ONE HALF FOR THE SECOND SEMESTER. PROOF OF ENROLLM	ENT IS REQUIRED
FOR BOTH SEMESTERS.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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



58-0914436

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AMERICAN COUNCIL OF THE BLIND INC

SERVICES; ENCOURAGING AND ASSISTING ALL BLIND PERSONS TO DEVELOP THEIR

ABILITIES AND CONDUCTING A PUBLIC EDUCATION PROGRAM TO PROMOTE GREATER

UNDERSTANDING OF BLINDNESS AND THE CAPABILITIES OF BLIND PEOPLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE MARRAKESH TREATY WAS SIGNED INTO LAW IN 2019.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AUDIO DESCRIPTION PROJECT:

ITS MAJOR GOAL IS TO SPONSOR A BROAD RANGE OF ACTIVITIES DESIGNED TO

BUILD AWARENESS OF THE NEED FOR AUDIO DESCRIPTION FOR ITS PRINCIPAL

USERS, PEOPLE WHO ARE BLIND OR HAVE LOW VISION. WE TRY TO MAKE THE

COMMUNITY AWARE OF THE NEED FOR AUDIO DESCRIPTION IN LIVE THEATRE,

TELEVISION, MOVIES, DVDS, AND OTHER MEDIA FORMATS TO ENHANCE BLIND

CONSUMERS EXPERIENCE AS WELL. THIS PROGRAM TRIES TO BOOST LEVELS OF

AUDIO DESCRIPTION ACTIVITY AND DISSEMINATE INFORMATION THROUGHOUT THE

NATION.

MEMBERSHIP SERVICES:

PROVIDES SUPPORT TO STATE AND SPECIAL INTEREST AFFILIATES WITH

MANAGEMENT AND FUNDRAISING ACTIVITIES. ON THE NATIONAL LEVEL, ACB

TRACKS NAMES OF MEMBERS, VOLUNTEER HOURS MEMBERS DEVOTE TO HELP SUPPORT

ACB, MANAGE THE AFFILIATE PRESIDENT AND LEGISLATIVE MEETINGS, PROMOTES

MEMBERSHIP OF ACB AFFILIATES AND PROVIDES AFFILIATES ASSISTANCES WITH

BUSINESS RECORDS.

ACB SCHOLARSHIPS:

THE SCHOLARSHIP PROGRAM AWARDS STUDENTS WITH SCHOLARSHIPS WHICH HELPS

AMERICAN COUNCIL OF WITH POST-SECONDARY EDUCATION FINANCIAL NEEDS SUCH

AS TUITION, FEES, ROOM AND BOARD AND OTHER ADDITIONAL COSTS ASSOCIATED

WITH ADAPTIVE TECHNOLOGY.

PROGRAM CONSULTATION:

PROVIDING ADVOCACY TO INDIVIDUALS IN THE BLINDNESS COMMUNITY THROUGH

JOB POSTINGS, PROVIDING RESOURCES FOR THOSE WHO ARE LOOKING FOR

ADAPTIVE TECHNOLOGY, REFERRALS TO INDIVIDUALS NEEDING HELP IN THEIR

SPECIFIC STATE AND REFERRING THEM TO ACB COMMITTEES AND SPECIAL

INTEREST AFFILIATES WHO CAN PROVIDE SUPPORT FOR THE BLIND AND VISUALLY

IMPAIRED.

ACB RADIO:

ACB RADIO SHOWCASES AND NURTURES THE CREATIVITY AND TALENTS OF THE BLIND AND VISUALLY IMPAIRED COMMUNITY FROM MANY PARTS OF THE WORLD. ACB RADIO STREAMS ON THE INTERNET, UP-TO-DATE AND RELEVANT INFORMATION WORLDWIDE. OUR RADIO STATIONS ARE MAINSTREAM (HOSTS A VARIETY OF BLIND LIVING PROGRAMS), INTERACTIVE (BLIND DISC JOCKEYS WITH THEMED MUSIC SHOWS), CAFE (ORIGINAL MUSIC FROM BLIND MUSICIANS), TREASURE TROVE (OLD RADIO SHOWS), WORLD NEWS AND INFORMATION AND LIVE (LIVE STREAMING OF AFFILIATE EVENTS & CONVENTIONS). ACB RADIO IS HEARD BY A GLOBAL AUDIENCE, HAVING VISITORS FROM MORE THAN 55 COUNTRIES.

TELEPHONE HOTLINE:

ACB'S NATIONAL INFORMATION HOTLINE HELPS PEOPLE WHO ARE LOOKING FOR

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
AMERICAN COUNCIL OF THE BLIND INC	58-0914436
ANSWERS TO QUESTIONS ABOUT BLINDNESS, LOW VISION AND VISIO	N-RELATED
SERVICES. FAMILY MEMBERS ASK QUESTIONS REGARDING SERVICES	AVAILABLE AND
WHAT SKILLS THEY NEED TO LEARN TO HELP THEM GAIN OR REGAIN	THEIR
INDEPENDENCE. THIS HOTLINE ALSO HAS ACB'S WASHINGTON CONNE	CTION WHICH
HAS PRERECORDED UP TO DATE INFORMATION ON BLINDNESS RELATE	D ISSUES.
EXPENSES \$ 578,524. INCLUDING GRANTS OF \$ 61,000. REVE	NUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:	
MEMBERS OF THE ACB BOARD ARE ALSO BOARD MEMBERS OF ACBES.	THEREFORE A
BUSINESS RELATIONSHIP EXISTS BETWEEN THESE INDIVIDUALS.	
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS OF ACB MAY BE MEMBERS OF STATE OR SPECIAL INTEREST	
	MITILIAID, OK
THEY MAY BE MEMBERS AT LARGE, WITH NO STATE AFFILIATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERSHIP ELECTS 5 GOVERNING OFFICERS WHO ALSO SERVE	AS DIRECTORS. THE
MEMBERSHIP ELECTS 10 ADDITIONAL DIRECTORS. THE FINAL DIREC	TOR IS THE
IMMEDIATE PAST PRESIDENT.	
FORM 990, PART VI, SECTION A, LINE 8B:	

THE EXECUTIVE COMMITTEE IS THE ONLY COMMITTEE WITH THE AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

THE FINANCE COMMITTEE, CONSISTING OF THE PRESIDENT, EXECUTIVE DIRECTOR,

TREASURER, AND CFO, CONDUCT A REVIEW OF THE AUDIT AND 990 WITH THE AUDIT

FIRM. THE TREASURER ALSO MAKES AN ABBREVIATED PRESENTATION TO THE FULL
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 9	90-EZ) (2019)						Page 2
Name of the organization	AMERICAN	COUNCIL	OF	THE	BLIND	INC	Employer identification number 58-0914436
BOARD.							

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

ALL BOARD MEMBERS AND ADMINISTRATIVE OFFICERS ARE INCLUDED IN THE POLICY. THE EXECUTIVE DIRECTOR REVIEWS ALL STATEMENTS ON AN ANNUAL BASIS. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST THEY MUST REFRAIN FROM VOTING ON THE MATTER.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND CHIEF ACCOUNTANT FOLLOW THE SAME BASIC APPROACH. FIRST, A RANGE IS ESTABLISHED BASED ON RESEARCH OF SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS AND IN SIMILAR PARTS OF THE COUNTY. THIS INFORMATION MAY BE FOUND FROM REFERENCE MATERIALS OR FROM LOCAL CONTACTS. THE INITIAL COMPENSATION IS DETERMINED BASED ON EVALUATION OF THE APPLICANTS' QUALIFICATION AND EXPERIENCE LEVEL. FROM THIS INFORMATION, A STARTING SALARY IS NEGOTIATED. SUBSEQUENT CHANGES IN COMPENSATION ARE BASED ON A REVIEW OF THE PERSON'S PERFORMANCE, AN EVALUATION OF THE FINANCIAL CAPABILITIES OF THE ORGANIZATION, THE PERFORMANCE OF THE ECONOMY IN GENERAL, AND EVALUATION OF WHAT OTHER SIMILAR EMPLOYERS ARE DOING. ANY CHANGE IN THE COMPENSATION OF THESE POSITIONS IS USUALLY DETERMINED IN ADVANCE AS A PART OF THE ANNUAL BUDGET PROCESS AND IS APPROVED BY THE BUDGET COMMITTEE AND THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST UNDERTAKEN IN 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MS,NC,ND,NH,NJ,NM,NY OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,MN

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Employer identification number
AMERICAN COUNCIL OF THE BLIND INC	58-0914436
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE BETTER BUS	INESS BUREAU
CHARITY REVIEW WEBSITE AND THROUGH STATE CHARITY REPORTS.	THE ORGANIZATION
DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PU	BLIC, BUT THE
CONFLICT OF INTEREST STATEMENT IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION A, LINE 1:	
THE EXECUTIVE COMMITTEE CONSISTS OF THE ACB PRESIDENT, IM	MEDIATE PAST
PRESIDENT, 1ST VICE PRESIDENT, TWO BOARD MEMBERS, AND THE	EXECUTIVE
DIRECTOR. SCOPE IS LIMITED TO EMERGENCY MATTERS THAT REQU	IRE IMMEDIATE
ACTION BEFORE A FULL MEETING OF THE BOARD CAN BE CONVENED	. ACTIONS OF
THE EXECUTIVE COMMITTEE MUST BE PRESENTED TO THE BOARD AT	THE NEXT
BOARD MEETING.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSSES (RECOVERIES)	-109,364.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE HAS RESPONSIBILITY OF THE OVERSIGHT OF THE

FINANCIAL STATEMENT AUDIT AND FOR THE SELECTION OF THE INDEPENDENT

ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCH	EDULE	R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047 2019

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

Open to Public Inspection Employer identification number 58-0914436

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN COUNCIL OF THE BLIND INC

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b)(c)Primary activityLegal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AMERICAN COUNCIL OF THE BLIND ENTERPRISES							
AND SERVICES, INC 41-1332199, 6300					AMERICAN COUNCIL		
SHINGLE CREEK PARKWAY, STE 195, BROOKLYN	THRIFT STORES	MINNESOTA	501(C)(3)	LINE 12B, II	OF THE BLIND INC	X	

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 AMERICAN COUNCIL OF THE BLIND INC

58-0914436 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

-	l	-					1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	ral or F	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	iging her?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1.00		,	1.00		
	1											
											-+	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				233013			No
								<u> </u> '	──
								'	──
								<u> '</u>	──
								<u> </u> '	──
								1 '	

Schedule R (Form 990) 2019 AMERICAN COUNCIL OF THE BLIND INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
с	Gift, grant, or capital contribution from related organization(s)	1c		X	
	Loans or loan guarantees to or for related organization(s)	1d		X	
е	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X X	
j	j Lease of facilities, equipment, or other assets to related organization(s)				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
о	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q		X	
	Other transfer of cash or property to related organization(s)	1r		X	
S	Other transfer of cash or property from related organization(s)	1s	Х	L	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
_(6)				

Schedule R (Form 990) 2019 AMERICAN COUNCIL OF THE BLIND INC

58-0914436 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org:	e) all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	(k) r Percentage ownership
		country)	sections 512-514)	Yes		income		No	(Form 1065)	Yes No	

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019	AMERICAN	COUNCIL	OF	THE	BLIND	INC	58-0914436	Page 5
Dort VII Our plans and all inform	a a blana							

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMERICAN COUNCIL OF THE BLIND ENTERPRISES AND SERVICES,

INC.

EIN: 41-1332199

6300 SHINGLE CREEK PARKWAY, STE 195

BROOKLYN CENTER, MN 55430