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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 13

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

	or the 2	2013 calendar year, or tax year beginning and e	ending	_	
3 Cr ap	heck if oplicable	C Name of organization		D Employer identifi	cation number
	Address change	THE NATIONAL FEDERATION OF THE BLIND			
	Name change	Doing Business As BLIND FEDERATION OF AMERICA	1	02-0	259978
	Initial return Termin-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	ated Amended	1800 JOHNSON STREET		(410	
	return Applica-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	22,704,921
L	tion pending	BALTIMORE, MD 21230		H(a) Is this a group re	
		F Name and address of principal officer: MARC MAURER 1800 JOHNSON STREET, BALTIMORE, MD 212	3.0	for subordinates	
		pt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or		H(b) Are all subordinates in	ncluded?LYes LNo list, (see instructions)
		► WWW.NFB.ORG	321	H(c) Group exemptio	•
		ganization: X Corporation Trust Association Other	I Year		A State of legal domicile: Do
		Summary	12 1001	or formation.	, Custo or regar commence.
T		iefly describe the organization's mission or most significant activities: INTEG	RATIN	G THE BLIND	INTO
ဦ	S	OCIETY		<del></del>	
Governance	_	neck this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
Š		umber of Voting நாற்று prof the governing body (Part VI, line 1a)		3	17
ž		imper of independent voting members of the governing body (Part VI, line 1b)		4	1
S .		tal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	8
Ĭ		(a) number of volunteers (estimate if necessary)		6	2500
Activities	lf .	ta unrelated business revenue from Part VIII, column (C), line 12		. 7а	0
	b Ne	et unrelated bysiness taxable income from Form 990-T, line 34		7Ь	0
		,		Prior Year	Current Year
<u>o</u>	8 C	ontributions and grants (Part VIII, line 1h)		14,678,166.	18,764,309
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		0.	0
É	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		397,314.	875,909
-	<b>11</b> Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		398,366.	389,002
$\dashv$		stal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,473,846.	20,029,220
- }		ants and similar amounts paid (Part IX, column (A), lines 1-3)		265,649.	645,859
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0
Ses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,110,664.	5,058,846
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> –	0.	0
<u>x</u>		otal fundraising expenses (Part IX, column (D), line 25)  1,603,93	<u> </u>	10 016 205	11 577 176
J		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,816,395. 17,192,708.	11,577,476 17,282,181
- [		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	<1,718,862.	
- 8	19 Re	evenue less expenses. Subtract line 18 from line 12	- In-		
Fund Balances	00 T-	stal accests (Dout V. line 16)	Бе	ginning of Current Year 26,784,661.	End of Year 30,411,169
2 <u>8</u>		otal liabilities (Part X, line 16)	_	418,304.	366,559
		et assets or fund balances. Subtract line 21 from line 20	-	26,366,357.	30,044,610
		Signature Block		20,000,00,0	00/012/020
		es of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which		•	,,,,,,
		MONDA (CIDA)		4/16/2	7 M U
Sign		Signature of officer		Date	
lere	,   <u>1</u>	PAMELA ALLEN, TREASURER			
		Type or print name and title			
		rint/Type preparer's name Preparer's signature	Ţ	Date Check	PTIN
	R	ICHARD G. DAESCHNER, CPARING & Delicher	CA	4/16/14 self-employ	
'aid		rm's name ROSEN SAPPERSTEIN & FRIEDLANDER,	'CHRT	D Firm's EIN	52-1374503
Paid Prepa	arer F	A 0.0			
Paid Prepa Use C	arer Fi Only Fi	rm's address 300 RED BROOK BLVD, SUITE 200			
repa Jse C	, , , , , , , , , , , , , , , , , , ,	OWINGS MILLS, MD 21117		Phone no. (4	
Jse C	, , , , , , , , , , , , , , , , , , ,	OWINGS MILLS, MD 21117 discuss this return with the preparer shown above? (see instructions)		Phone no. (4	10) 581-0800 X Yes No Form <b>990</b> (2013

332002 10-29-13

2

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 ` Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. ¢ a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c 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 ....... Х 11d  $\overline{\mathbf{X}}$ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 ..... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ..... .. .... X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III .... . ... 19 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

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			Tes	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		4	
22	government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 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	ĺ.,		
	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	S ,		,
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 197			
	Note. All Form 990 filers are required to complete Schedule O	38	_x	

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	Check if Schedule O contains a response or note to any line in this Part V	·· ···· <u>·</u>			V	<u> </u>
	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not applicable	۱	45		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable		30	t !		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>		, `	`
C			•	· · ·	X	
0-	(gambling) winnings to prize winners?	i	1	1c	A	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		87			
		2a	<del></del>	( )	X	N A 555
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return the second of the s			2b		ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	-			7	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		=			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶		· · · · · · · · · · · · · · · · · · ·	. `	٠.	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				, <u>.</u>	14.0
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			_5c		
ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	or gifts			1
	were not tax deductible?			6ь		ļ
7	Organizations that may receive deductible contributions under section 170(c).			·		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			1
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		J	, ,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8	899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h	X	L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tir	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		.5.		
a	Did the organization make any taxable distributions under section 4966?			9a		Ϊ
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь		
10	Section 501(c)(7) organizations. Enter:					
а		10a	1		;`	
ь		10b		۱,		1
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a	1	[	Ĺ	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			[.		
-	amounts due or received from them.)	116			`	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	,	Ì
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ			<del>                                     </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	L.,	ł	. '	
				13a	<u> </u>	├
a				138	ļ	<del> </del>
۱.	Note. See the instructions for additional information the organization must report on Schedule O.			} .		
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1	ſ			<i>'</i>
_	organization is licensed to issue qualified health plans	13b	<del>                                     </del>	1		
	Enter the amount of reserves on hand	13c	i		<b></b>	X
14a				14a	<del> </del>	┝┸
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eυ		14b	ı	i

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 in 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	a   17			
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	ь 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			1
	officer, director, trustee, or key employee?	,	2		х
3	Did the organization delegate control over management duties customarily performed by or under the d	irect supervision			
	of officers, directors, or 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		X
6	Did the organization have members or stockholders?		6	X	
	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int one or	Ť		
	more members of the governing body?		7a	х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo	kholders or			
	persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:			
	The governing body?	,	8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ad at the			_
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	od at the	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code )			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ters, affiliates			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>,</b>	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	efore filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>g</b>			
12a			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually interests that could give rise to disclose annually interests.	conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,		·		
	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by	v independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	y indopondone			
а	The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization	ł	15b	$\frac{\pi}{x}$	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Ì	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ıt with a			
-	taxable entity during the year?	it with a	16a		х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s narticination	100		<del></del> -
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza			1	
	exempt status with respect to such arrangements?	idon 3	16b	j	
Sec	tion C. Disclosure		100 1		
17	List the states with which a copy of this Form 990 is required to be filed See Schedule O				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se	ection 501(c)(3)s only) a	vailahi	le	
	for public inspection. Indicate how you made these available. Check all that apply.	zzasti od riojiojo otnyj a	· GHGD		
	X Own website X Another's website X Upon request Other (explain in S	Schedule (0)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	·	l finan	cial	
-	statements available to the public during the tax year.	or or interest policy, diff	· ····ail	oiai	
20	State the name, physical address, and telephone number of the person who possesses the books and r	ecords of the organizat	ion: 🕨		
	PAMELA ALLEN - (410) 659-9314	costac of the organizat			
	1800 JOHNSON STREET, BALTIMORE, MD 21230				
			_	000	2040:

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01126001

# Part VIII. 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 employees."
- List the organization's five turrent 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<del>-</del>			1	17003	1	from	from related	other
	(list any hours for	director	l			_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ן פֿ	8			25	1	(W-2/1099-MISC)	(11 22 1000 111100)	organization
	organizations	Individual trustee	institutional trustae		B	Highest compensated employee		(		and related
	below	Victor	를	Þ	Кеу етріоуве	log as to	≱			organizations
	line)	를	夏	<b>8</b>	ङ	3.2	Former			
(1) MARC MAURER	0.00		ĺ					1		_
PRESIDENT		X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(2) FREDRIC SCHROEDER	0.00	ł								
PIRST VICE PRESIDENT		X	_	X	<u> </u>		<u> </u>	0.	0.	0.
(3) RON BROWN	0.00		l	l						
SECOND VICE PRESIDENT		X	$\vdash$	X	<u> _</u>	<u> </u>	<u> </u>	0.	0.	0.
(4) PAMELA ALLEN	0.00	١		١			•			
TREASURER		X	<u> </u>	X	-	<u> </u>	<u> </u>	0.	0.	0.
(5) AMY BURESH	0.00	١.,		1						
BOARD MEMBER	0.00	X			<u> </u>		<u> </u>	0.	0.	0.
(6) PATTI GREGORY-CHANG	0.00		ļ			1	1		,	
BOARD MEMBER	0.00	X	<del> </del>	<u> </u>	<u> </u>	<del> </del>	_	0.	0.	0.
(7) PARNELL DIGGS	0.00	X				İ		_	,	•
BOARD MEMBER	0.00	≏	⊢		<del> -</del>	-	<u> </u>	0.	0.	0.
(8) JOHN PRITZ	0.00	x		İ					_	^
BOARD MEMBER	0.00	1	├	├		<del> </del>	-	0.	0.	0.
(9) JAMES GASHEL	0.00	X		X		İ	1	0.	0.	^
SECRETARY (10) CATHY JACKSON	0.00	^	$\vdash$	^	<del> </del>			0.		0.
BOARD MEMBER	0.00	X	ļ	l	ļ	ļ	ļ	0.	0.	0.
(11) CARL JACOBSEN	0.00	<del>  ^``</del>	┢		$\vdash$	┢	$\vdash$			<u></u>
BOARD MEMBER	- 0.00	X			ĺ	İ		0.	o.	0.
(12) ALPIDIO ROLON	0.00	<del>  "</del>			一	$\vdash$	$\vdash$			
BOARD MEMBER		X	1			Ì	Ì	0.	0.	0.
(13) JOSEPH RUFFALO	0.00	-			┢		_			
BOARD MEMBER		Х	ļ					0.	0.	0.
(14) MICHAEL FREEMAN	0.00	T	Г				_			
BOARD MEMBER		X		l				0.	0.	0.
(15) EVER LEE HAIRSTON	0.00									
BOARD MEMBER		X	L	L.		L		0.	0.	0.
(16) JEANNIE MASSAY	0.00									
BOARD MEMBER		X				L	L	0.	0.	0.
(17) SAM GLEESE	0.00									
BOARD MEMBER		X			L			0.	0.	0.

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Form 990 (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employee	es (continued)		
(A)	(B)			(0	<b>C)</b>			(D)	(E)	- 1	(F)
<ul> <li>Name and title</li> </ul>	Average	(10		Posi heck		than	000	Reportable	Reportable	-	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount of
,	Week	⊢			T OCIL	T	100)	from	from related	- 1	other
	(list any hours for	individual trustee or director			İ	L		the	organizations		compensation
	related	8	8		ĺ	Safe		organization	(W-2/1099-MIS	(C)	from the organization
	organizations	整	喜		8	TDGT.		(W-2/1099-MISC)			and related
	below	ā	Institutional trustee	_	Key employee	Highest compensated employee		}		1	organizations
	line)	ğ	를	Officer	) B	55	Former			- 1	Organization o
(18) JOANNE WILSON	50.00	-	_	۳	×		-			一十	
• •	30.00	1			İ	x		113,491.		0.	5,609.
EXEC DIR AFFILIATE ACTION (19) JOHN G. PARE	50.00	┢	-	┢		A	_	113/171.	<del> </del>	<del>~ •</del>	3,003.
EXEC DIR OF ADVOCACY & POL	30.00	ł				x		118,000.		0.	5,609.
	50.00	⊢	$\vdash$	-	┝	<u> </u>	$\vdash$	110,000.		<del>-  </del>	3,003.
(20) JOHN BERGGREN	30.00	ł			ŀ	X		111,000.		0.	5,609.
EXEC DIR FOR OPERATIONS	50.00	├─	-	$\vdash$	H	1	├	111,000.		<del>- '  </del>	3,003.
(21) MARK RICCOBONO	30.00	ł			ŀ	X		110 222		0.	5 600
EXEC DIR JERNIGAN INSTITUT	[			$\vdash$		^	-	118,222.		<del>- '</del> -	5,609.
		ł	ļ					,		- 1	
		⊢		_	<u> </u>	├-	<u> </u>				
		ł	ĺ								
		⊢	<u> </u>	<b> </b>	_	$\vdash$	_				
		1		1			1			I	
		上	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	,		<del></del>
										l	
		L	L		<u> </u>	_					
		1		1	1	1	ì			ł	
		<u>L</u>	<u> </u>	<u> </u>		<u> </u>					
1b Sub-total						••••		460,713.		0.	22,436.
c Total from continuation sheets to Part VI	I, Section A						ightharpoonup	0.		0.	0.
d Total (add lines 1b and 1c)		· · ·		.,		<u>.</u>	<u> </u>	460,713.		0.	22,436.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wt	no re	eceived more than \$100	,000 of reportabl	е	
compensation from the organization											4
											Yes No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or I	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual							,,,,,,,,,,,,,,,,,,,,,		. <i></i> [	3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150								•	-	}	4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com					-					[	5 X
Section B. Independent Contractors											
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pensa	ation from
the organization. Report compensation for	•	•							•		
(A)							Ī	(B)			(C)
Name and business	address							Description of s	ervices	C	ompensation
BROWN, GOLDSTEIN & LEVY,	120 E.	B	ΑL	TI	101	RE	T	<u> </u>			· .
STREET, SUITE 1700, BALT							<u> </u>	LEGAL		1	,721,381.
LABARRE LAW OFFICES							一	<u> </u>			772173018
1660 S. ALBION, STE 9186	DENVE	2	C	۱ ۶	۲ <b>۸</b> ،	222	<b>,</b>	LEGAL			396,164.
DATA SPEECH COMPUTER SOLU					<del>, , , , , , , , , , , , , , , , , , , </del>		-	DEGAL			370,104.
ROLAND SPRING DRIVE, BAL					21/	n	Į,	ASSISTIVE TE	CHNOT OCY		290,500.
SIPBOUND CORP, 108 SE 8TI						<u> </u>	ď	HOOTOIIVE IE	CHNOLOGI		230,300.
		ه ن	J () .		ن		ļ	<b>ከ</b> ው፣ ው <b>ፖ</b> ለአለል፣ አነተላ	AMTON		227 002
102, FORT LAUDERDALE, FL		D.	<u> </u>	_	C	ימת		TELECOMMUNIC.	WIION		237,802.
LIVINGSTON GROUP, 14231 V	MITTHKD	K	JAI	Ι,	۵'	ΓĽ		CODDUTES / =	D		100 000
100, CHANTILLY, VA 20151							_		DUCATION		180,000.
2 Total number of independent contractors (i		ot li	mite	d to		_	sted	l above) who received m	ore than		
\$100,000 of compensation from the organi	zation_					5		<del></del>			<u></u>
											Earm <b>990</b> (2012)

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THE NATIONAL FEDERATION OF THE BLIND 02-0259978 Page 9 Form 990 (2013) Part VIII. Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns **b** Membership dues .... c Fundraising events ..... d Related organizations ............. Government grants (contributions) 134,285 All other contributions, gifts, grants, and 18,630,024 similar amounts not included above ..... 1,019,557 Noncash contributions included in lines 1a-1f. \$\_ 18,764,309 Total. Add lines 1a-1f ... **Business Code** All other program service revenue ..... Total. Add lines 2a-2f .. Investment income (including dividends, interest, and other similar amounts) 389,342 389,342. income from investment of tax-exempt bond proceeds 5 Royalties ..... 3 286 3,286, (i) Real 6 a Gross rents ..... b Less: rental expenses c Rental income or (loss) .... d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 3,090,418 6,500 b Less: cost or other basis 2,610,351 and sales expenses ..... c Gain or (loss) . ..... 6,500 d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 ...... b Less: direct expenses . . . . . . . . . b c Net income or (loss) from fundraising events  $\triangleright$ 9 a Gross income from gaming activities. See Part IV, line 19 ...... a b Less: direct expenses . . . . . . . b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 451,066 and allowances . . . . . . . . . . . . . . . . . a b Less: cost of goods sold ..... b 65,350

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11 a

Form 990 (2013)

872,695.

0.

385,716

20,029,220.

d All other revenue ..

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

Total. Add lines 11a-11d . ... .

Total revenue. See instructions

385,716

392 216

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		<i>her organizations must c</i> this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			. /÷ .	1 40 0
	organizations in the United States. See Part IV, line 21	444,933.	444,933.		
2	Grants and other assistance to individuals in				· ` ` ` ` `
	the United States. See Part IV, line 22	190,926.	190,926.		
3	Grants and other assistance to governments,				/ <b>,</b>
	organizations, and individuals outside the				,
	United States. See Part IV, lines 15 and 16	10,000.	10,000.		***************************************
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 054 110	2 012 700	007 700	40.543
7	Other salaries and wages	4,254,118.	3,913,789.	297,788.	42,541
8	Pension plan accruals and contributions (include		[		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	004 720	740 227	56 252	0.000
10	Payroll taxes	804,728.	740,337.	56,353.	8,038
11	Fees for services (non-employees):				
a	Management	1,747,883.	1 747 002		
b	Legal	58,163.		FO 162	
C	Accounting	174,583.		58,163.	
d	Lobbying	1/4,303.	1/4,363.	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
0	Professional fundraising services. See Part IV, line 17	-		V (V:	
f	Investment management fees				
9	, ,	447,332.	142 222	4 000	
40	column (A) amount, list line 11g expenses on Sch O.)	447,332.	443,323.	4,009.	
12	Advertising and promotion	6,722,852.	5,160,972.	14 471	1 547 400
13	Office expenses	878,443.		14,471.	
14	Information technology	0/0,443.	873,297.	4,987.	159
15	Royalties	585,431.	567,404.	12 067	4 060
16	Occupancy	579,410.	561,073.	13,067. 18,337.	4,960.
17	Travel	3/3,410.	301,073.	10,337.	<del></del>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	131,108.	128,033.	3,075.	
19 20	Conferences, conventions, and meetings	131,100.	120,033.	3,073.	
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	82,291.	80,645.	823.	823.
23		021271.	00,040.	023.	023
23 24	Other expenses. Itemize expenses not covered				
-7	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	,		, ` <b>.</b> .	
	DATA PROCESSING	86,362.	43,181.	43,181.	
b	IBTC EQUIPMENT	73,889.	73,889.	43,101.	
c	OTHER	9,729.	2,756.	6,973.	
d		21,23.	2,730.	0,713.	
	All other expenses		<del></del>	<del></del>	
25	Total functional expenses. Add lines 1 through 24e	17,282,181.	15,157,024.	521,227.	1,603,930.
26	Joint costs. Complete this line only if the organization	,,		521,221.	1,000,000
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	3,025,893.	1,482,688.	0.	1,543,205.

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Form **990** (2013)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 2,092,724. 2,031,434. 2 2 Savings and temporary cash investments ...... 245,538. 257,265. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 2,311,270  $\overline{557},576.$ Notes and loans receivable, net ..... Inventories for sale or use ..... R 418,146. Prepaid expenses and deferred charges .... 313,072. 10a Land, buildings, and equipment: cost or other 2,120,419. basis. Complete Part VI of Schedule D ....... 10a 324,418. 261,427. ..... 10b 1,858,992. **b** Less: accumulated depreciation 10c 391,221 14,291,743. 11 11 12 Investments - other securities. See Part IV, line 11 12 8,526,822. 10,789,409. 13 13 14 14 Intangible assets ..... 1,474,522. 1,909,243. Other assets. See Part IV, line 11 15 15 26,784,661. 30,411,169. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . ... 16 418,304. 366,559. 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..... 418,304. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 24,624,378. 28,012,251. 27 1,504,511. 1,794,891. Temporarily restricted net assets ..... 28 237,468. 237,468. Permanently restricted net assets ........ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ \_\_\_\_ and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 26,366,357 30,044,610. Total net assets or fund balances ........... 33 33 26,784,661 30,411,169. Total liabilities and net assets/fund balances

Form 990 (2013)

Both consolidated and separate basis

Form **990** (2013)

X

2c

3a

consolidated basis, or both:

X Separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-F7

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** THE NATIONAL FEDERATION OF THE BLIND 02-0259978 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a L\_\_\_ Type I b Type II c Type III · Functionally integrated Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. the governing body of the supported organization? . ..... 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (III) Type of organization (vii) Amount of monetary organization in col. organization in col. in col. (i) listed in your organization (described on lines 1-9 support (I) organized in the governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 THE NATIONAL FEDERATION OF THE BLIND 02-0259978 Page 2

Part II · Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						- <del></del>
	membership fees received. (Do not						
	include any "unusual grants.")	18,503,645.	17,810,848.	20,905,621.	14,551,923.	18,764,309.	90,536,346.
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			ļ			
	the organization without charge						
4	Total. Add lines 1 through 3	18,503,645.	17,810,848.	20,905,621.	14,551,923.	18,764,309.	90,536,346.
5	The portion of total contributions	, ,		4 3		) {	
	by each person (other than a	1	٠,	. `	•	4.5	
	governmental unit or publicly	. , !	V 4			1 9	
	supported organization) included			S 3 7 3 5		,	
	on line 1 that exceeds 2% of the			, ,			
	amount shown on line 11,		`,`	, • •		· .	
	column (f)			<i>'</i>		şir.	
6	Public support. Subtract line 5 from line 4			`			90,536,346.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	18,503,645.	17,810,848.	20,905,621.	14,551,923.	18,764,309.	90,536,346.
8	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties	ļ					
	and income from similar sources	236,019.	814,886.	275,004.	452,392.	392,628.	2,170,929.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	456,549.	342,274.	407,227.	394,753.	399,538.	2,000,341.
11		": ' ' .	, ,			· .	94,707,616.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for		•	d. fourth, or fifth ta	x vear as a sectio	n 501(c)(3)	
	organization, check this box and stop	-			•		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	95.60 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	95.71 %
	33 1/3% support test - 2013. If the c					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·		****** ********** * ***	►X
b	33 1/3% support test - 2012. If the c	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <mark>stop h</mark>	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes				_		
	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		. $\square$
18	Private foundation. If the organization			•			. —
						dule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2013 [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
Squalify under the teste listed helpy, places complete Part II \

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						ì
	include any "unusual grants.")						
2	Gross receipts from admissions,						ĺ
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the				1	}	,
	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		1	ļ			
	or expended on its behalf						
5	The value of services or facilities	_					
	furnished by a governmental unit to		1	}		]	
	the organization without charge		<u> </u>		<u> </u>		
6	Total. Add lines 1 through 5				<u> </u>		
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	<b></b>					
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			Ì			
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	`	`	٠,	/ /	,	
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties					•	
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses			[	Į.		
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on		<b>\</b>	}	1		}
12	Other income. Do not include gain						
	or loss from the sale of capital					]	
13	assets (Explain in Part IV.) · · · · · · · Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, this	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) or	ganization,
•	check this box and stop here	=			•		
Sed	tion C. Computation of Publ						
	Public support percentage for 2013 (I			column (f))		15	9/
	Public support percentage from 2012					16	%
	tion D. Computation of Inves				<del></del>	<del></del>	······································
	Investment income percentage for 20					17	94
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box as	-				•	
	33 1/3% support tests - 2012. If the						
2	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization			•		-	
		Sid Hot Grieck a	<u> </u>	u, or 130, check t			m 990 or 990-EZ) 201
بالاند	23 09-25-13				ocn	cuuic A (FOI)	/// // // // JSU-EA

Al:	upplemental li so complete this p	art for any addit	ional informati	ion. (See instr	uctions).	, 10, 1 0		, wid rat	,
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#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

► See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: 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 Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

ame of organization	tions: Complete Part III.		En	ployer identification numb
<del>-</del>	IONAL FEDERATION	OF THE BLI	IND	02-0259978
Part I-A Complete if the org	ganization is exempt und	er section 501(c	) or is a section 527	organization.
Provide a description of the organize Political expenditures				
Part I-B Complete if the org	ganization is exempt und	er section 501(c	)(3).	
Enter the amount of any excise tax	incurred by the organization und	ler section 4955		\$
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 495	is	<b>\$</b>
If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes I
4a Was a correction made?				Yes   I
b If "Yes," describe in Part IV.				44 1(0)
Part I-C Complete if the org				
1 Enter the amount directly expende				· \$
2 Enter the amount of the filing organ			_	
exempt function activities				*\$
3 Total exempt function expenditures				
	4400 DOL 5 white			*\$
4 Did the filing organization file Form	1120-POL for this year?			Yes I
<ul><li>Did the filing organization file Form</li><li>Enter the names, addresses and er</li></ul>	1120-POL for this year? mployer identification number (El	 N) of all section 527 p	political organizations to w	hich the filing organization
<ul> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and ermade payments. For each organization</li> </ul>	1120-POL for this year? mployer identification number (El ation listed, enter the amount paid	 N) of all section 527 p d from the filing organ	political organizations to whization's funds. Also ente	hich the filing organization r the amount of political
<ul><li>Did the filing organization file Form</li><li>Enter the names, addresses and er</li></ul>	1120-POL for this year?mployer identification number (Elation listed, enter the amount pair omptly and directly delivered to	N) of all section 527 pd from the filing organ a separate political or	political organizations to w nization's funds. Also ente ganization, such as a sep	hich the filing organization r the amount of political
Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were presented.	1120-POL for this year?mployer identification number (Elation listed, enter the amount pair omptly and directly delivered to	N) of all section 527 pd from the filing organ a separate political or	political organizations to w nization's funds. Also ente ganization, such as a sep	r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization.
Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the state of the space is needed.	N) of all section 527 pd from the filing organ a separate political or ide information in Pa	political organizations to waization's funds. Also enterganization, such as a separt IV.  (d) Amount paid from filling organization's	hich the filing organization r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate
Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the state of the space is needed.	N) of all section 527 pd from the filing organ a separate political or ide information in Pa	political organizations to waization's funds. Also enterganization, such as a separt IV.  (d) Amount paid from filling organization's	r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization.
Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the state of the space is needed.	N) of all section 527 pd from the filing organ a separate political or ide information in Pa	political organizations to waization's funds. Also enterganization, such as a separt IV.  (d) Amount paid from filling organization's	r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization.
Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the state of the space is needed.	N) of all section 527 pd from the filing organ a separate political or ide information in Para	political organizations to waization's funds. Also enterganization, such as a separt IV.  (d) Amount paid from filling organization's	r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization.
Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the state of the space is needed.	N) of all section 527 pd from the filing organ a separate political or ide information in Para	political organizations to waization's funds. Also enterganization, such as a separt IV.  (d) Amount paid from filling organization's	r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separate political organization.
Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the state of the space is needed.	N) of all section 527 pd from the filing organ a separate political or ide information in Para	political organizations to waization's funds. Also enterganization, such as a separt IV.  (d) Amount paid from filling organization's	r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separat political organization.
Did the filing organization file Form  Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to additional space is needed, proving the state of the space is needed.	N) of all section 527 pd from the filing organ a separate political or ide information in Para	political organizations to waization's funds. Also enterganization, such as a separt IV.  (d) Amount paid from filling organization's	r the amount of political arate segregated fund or a  (e) Amount of political contributions received a promptly and directly delivered to a separat political organization.

LHA

332041 11-08-13

		form 990 or 990-EZ) 2013						259978 Page 2	
P₃	irt II-A-	Complete if the org	_		mpt under sectio	n 501(c)(3) and fi	led Form 5768		
A (	A Check Fig. if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,								
		expenses, and sha	are of exces	s lobbying	expenditures).				
<u>B</u> (	Check -	if the filing organiza	ation check	ed box A ar	nd "limited control" pro	visions apply.		<del>,</del>	
		Lim (The term "expen	(a) Filing organization's totals	(b) Affiliated group totals					
1 a	Total lob	bying expenditures to infl	luence publ	c opinion (	grass roots lobbying)				
b		bying expenditures to infl	-				174,583.		
c		bying expenditures (add	_				174,583.		
d Other exempt purpose expenditures							17,107,598.		
, , , , , , , , , , , , , , , , , , , ,							17,282,181.		
1	Lobbyin	g nontaxable amount. Ent	ter the amou	int from the	e following table in bot	h columns.	1,000,000.		
		ount on line 1e, column (a)			bying nontaxable am	1	·		
	Not ove	r \$500,000		20% of	the amount on line 1e.				
	Over \$5	00,000 but not over \$1,00	00,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		· · · · · / /	
	Over \$1	,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.	3. 4.	٠.	
	Over \$1	,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		· · · ·	
	Over \$1	7,000,000		\$1,000,	000.		1 3/4	. :	
	Grassro	ots nontaxable amount (e	250,000.						
ř	Subtrac	t line 1g from line 1a. If ze	0.						
i Subtract line 1g from line 1a. If zero or less, enter -0-							0.		
j	if there i	s an amount other than ze	ero on eithe	line 1h or	line 1i, did the organiza	ation file Form 4720			
	reporting	g section 4911 tax for this	year?				[	Yes No	
			zations tha olumns bel	t made a s ow. See th	eraging Period Under section 501(h) election e instructions for line	n do not have to com s 2a through 2f on pa			
			T	ying Expe	nditures During 4-Yea	ir Averaging Period	•		
		Calendar year al year beginning in)	(a) 2	010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total	
	Lobbyin	g nontaxable amount	1,000	,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
t	-	g ceiling amount of line 2a, column(e))	,			•		6,000,000.	
	: Total lot	obying expenditures	321	,452.	286,023.	323,229.	174,583.	1,105,287.	
					250,000.		250,000.		
		ots nontaxable amount	230	,000.	250,000.	250,000.	250,000.	1,000,000.	
		ots ceiling amount of line 2d, column (e))	Í					1,500,000.	
			1		1				

f Grassroots lobbying expenditures

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)).

Fore	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)		(t	o)
	e lobbying activity.	Yes	No		Amo	ount
1 a	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:  Volunteers?		: : : *	, ,		
b	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 9	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					···
j 2a	Total. Add lines 1c through 1i	· · · · · · · · · · · · · · · · · · ·	<i>i. 1</i>	;	-	- ·
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			ì		
-	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	on 501(c)	(5), or	' se	ction	
	501(c)(6).			I	Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		<u> </u>	3	ction	
13.1563	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."					ne 3, is
	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	cal		1  2a		
c	Carryover from last year  Total		2	2b 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess political		4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	t V   Supplemental Information  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 complete this part for any additional information.	o list); Part I	I-A, line	2; a	nd Part II-B	, line 1.
						<u>.</u>

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NATIONAL FEDERATION OF THE BLIND

**Employer identification number** 02-0259978

Pa	ti Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Pa	t # Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		
			. Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by t	he organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	_
5	Does the organization have a written policy regarding the per		- f
	violations, and enforcement of the conservation easements it	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	TIII Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under SFAS 1 $$		
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		. • \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Investments - Other Securities	

Complete if the organization answered 'Yes'	to Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-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"	to Form 990, Part IV,	line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) ACCESSIBLE READING				
(2) TECHNOLOGIES FOR THE	1			
(3) BLIND	10,695,5	L5. COST	· · · · · · · · · · · · · · · · · · ·	
(4) EASY, L.L.C.	93,89		···	
(5)				<u> </u>
(6)				
(7)			··	
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
(8) (9)				
	10,789,40	70		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	10,700,40	77.6	· · · · · · · · · · · · · · · · · · ·	
harana and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second an	40 Farm 000 Dark IV	line 11d Con Form 000	Dark V Bas 45	
Complete if the organization answered "Yes"	Description	line 11a. See Form 990,	Part A, line 15.	(b) Book value
	<u>.</u>			
· · · · · · · · · · · · · · · · · · ·	<u> </u>			1,909,243
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)	<del></del>	<del>.</del>		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<u> </u>	<b>.</b>	1,909,243
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,		990, Part X, line 25.	····
1. (a) Description of liability		(b) Book value	}	,
(1) Federal income taxes				
(2)				•
(3)			, .	•
(4)				
(5)			,	
(6)				
(7)				
(8)			[ .	
(9)		• • •		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		[	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

332054 09-25-13

Schedule D	(Form 990) 2013	THE NATIONAL	FEDERATION	OF	THE BLIND	02-0259978	Page 5
Part XIII	(Form 990) 2013 Supplemental Infor	mation (continued)					
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332055 09-25-13

#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

THI	E NATIONAL FE	DERATION	OF THE	BLIND		02-025997	78
Pa				tside the United States. Comple	ete if the organ		·
	Form 990, Part IV					<u>-</u>	
1				ds to substantiate the amount of its gra			. —
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?LX	Yes No
2	<del>-</del>	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
_	United States.		A.B. OA-III	a la la la la la la la la la la la la la	. 113		
_3_				an be duplicated if additional space is r		its a line and line (all)	T 48 T-4-1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	rity listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for and investments in region
		ļ			<u></u> -		
						<del> </del>	
			, , , , , , , , , , , , , , , , , , , ,				
						-	
3 a	Sub-total	0	0	`			0.
b	Total from continuation sheets to Part I	0	. 0			·	0.
с —	Totals (add lines 3a and 3b)	0	0				0.
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2013

332071 10-03-13

02-0259978

Page 2

THE NATIONAL FEDERATION OF THE BLIND

Part # Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Schedule F (Form 990) 2013

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2013
(h) Description of non-cash assistance								Sched
(g) Amount of non-cash assistance	0.						xempt by	
(f) Manner of cash disbursement	CHECK						recognized as tax-e:	
(e) Amount of cash grant	10,000.CHECK						foreign country,	
(d) Purpose of grant	BLINDNESS PROJECTS						Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	CANADA						is listed above that are r If has provided a section	r entitles
(b) IRS code section and EIN (if applicable)	,	`					ecipient organization ne grantee or counse	other organizations o
1 (a) Name of organization					,	,		3 Enter total number of other organizations or entitles

02-0259978

Page 3

Schedule F (Form 990) 2013 THE NATIONAL FEDERATION OF THE BLIND 02-0259978

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

Part III can be duplicated if additional space is needed. THE NATIONAL FEDERATION OF THE BLIND

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

"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

**Employer identification number** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. THE NATIONAL FEDERATION OF THE BLIND General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti

02-0259978

Open to Public.

Inspection

OMB No. 1545-0047,

criteria used to award the grants or assistance?	stance?	topo to got out the	Stiel Cat of Steel				X Yes No
Part # Grants and Other Assistance to Governments and Organizations in	Governments an	d Organizations in the	e United States. C	omplete if the orga	nization answered "Y	the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	ional space is need	led.			
(a) Name and address of organization     or government	(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 non-cash assistance	(h) Purpose of grant or assistance
JACOBUS TENBROEK MEMORIAL FUND 1800 JOHNSON ST			-				
BALTIMORE, MD 21230	23-7241906	501(C)(3)	400,000.	0			BLINDNESS PROJECTS
DESIREZLEARN 715 ST PAUL STREET							
BALTIMORE, MD 21202	26-1163681		10,000.	0.			BLINDNESS PROJECTS
NFB OF TEXAS 314 E. HIGHLAND MALL BLVD AUSTIN, TX 78752	74-2056167	501(¢)(3)	10,000.	o			BLINDNESS PROJECTS
NPB OF UTAH 1751 PARK STREET SALT LAKE CITY, UT 84105	94-2579118	501(C)(3)	10 000	o			BLINDARSS PROJECTS
1							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in th	e line 1 table				ж А
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table		• • • • • • • • • • • • • • • • • • • •			1.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

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Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance 02-0259978 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. TYPE OF ASSISTANCE PROVIDED - PERSONAL CONTACT AND OBSERVATION, WRITTEN AND ORAL Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE REPORTS, EVALUATION OF PRODUCTS AND TECHNOLOGY, ACADEMIC ACHIEVEMENT OL APPROPRIATE (d) Amount of non-cash assistance ö Ö 0 ö THE NATIONAL FEDERATION OF THE BLIND 250. 42,876 37,800 110,000 SI (c) Amount of cash grant 35 EXPLANATION: MONITORING THROUGH VARIOUS MEANS AS 16 12 29 (b) Number of recipients EFFECTIVENESS OF SERVICES PROVIDED, ETC. (a) Type of grant or assistance HIGHER EDUCATION ASSISTANCE SPECIAL NEED OF RECIPIENT Schedule | (Form 990) (2013) PART I, LINE BLINDNESS PROJECTS 332102 10-29-13 TRAINING

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 000

THE NATIONAL FEDERATION OF THE BLIND

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

form990. Inspection
Employer identification number

02-0259978

Schedule M (Form 990) (2013)

Pa	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art			,				
2	Art - Historical treasures		i					
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X	<del></del>	16,728.	SELLING PRI	CE		
6	Cars and other vehicles	X	63		SELLING PRI			
7	Boats and planes							
8	Intellectual property							
9	Securities · Publicly traded	X		968,029.	MARKET VALU	E		
10	Securities · Closely held stock							-
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution •							
	Historic structures	<u> </u>						
14	Qualified conservation contribution - Other							
15								
16								
17								
18								
19								
20								
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other • ()							
28	Other (							
29	Number of Forms 8283 received by the organi		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		-		
							Yes	No
30a	During the year, did the organization receive b	=					,	<b>.</b>
	at least three years from the date of the initial		-	•		}	1	
	the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.						<i>/</i>	
31	Does the organization have a gift acceptance		•	· · · · · · · · · · · · · · · · · · ·		31	_X	<b></b>
32a		or related or	rganizations to soli	cit, process, or sell noncash			,	
	contributions?		·			32a	X	
	If "Yes," describe in Part II.						′	
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.					I		l

332141 09-03-13

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

02-0259978

332142 09-03-13

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

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** 02-0259978

THE NATIONAL FEDERATION OF THE BLIND

FORM 990, PART III, LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS: EXPLANATION: EQUALITY IN HIGHER EDUCATION FOR BLIND STUDENTS - BECAUSE MANY OF THE ELECTRONIC INSTRUCTIONAL MATERIALS AND THEIR DELIVERY SYSTEMS ARE INACCESSIBLE TO BLIND STUDENTS, THE NATIONAL FEDERATION OF THE BLIND IS WORKING TO BRING ABOUT ACCESSIBILITY GUIDELINES FOR INSTRUCTIONAL MATERIALS USED IN POST-SECONDARY EDUCATION; IS WORKING TO INSURE THE IMPLEMENTATION OF ACCESSIBILITY CRITERIA AT ALL LEVELS OF POST-SECONDARY EDUCATION IN THE UNITED STATES; IS WORKING WITH DEVELOPERS OF DIGITAL MATERIALS, LEARNING MANAGEMENT SYSTEMS, AND UNIVERSITY WEB PORTALS TO IMPLEMENT ACCESSIBILITY IN THEIR PRODUCTS; AND WHERE NECESSARY HAS PURSUED LEGAL ACTION TO COMPEL COMPLIANCE WITH STATE AND FEDERAL LAWS REQUIRING ACCESSIBILITY.

TACTILE GRAPHICS - HOSTED AN INTERNATIONAL FORUM FOR THE EXCHANGE OF RESEARCH AND EMERGING TECHNOLOGY IN TACTILE GRAPHICS AND 3D INFORMATION OBJECT PRODUCTION FOR 190 PARTICIPANTS REPRESENTING TEN DIFFERENT COUNTRIES; PROVIDED FEEDBACK ON THE DEVELOPMENT OF NEW TOOLS FOR THE CREATION AND MANIPULATION OF TACTILE GRAPHICS AND 3D OBJECTS TO VARIOUS ENTITIES INCLUDING THE SPACE TELESCOPE SCIENCE INSTITUTE; ACQUIRED, INSTALLED, AND PROVIDED TRAINING ON TACTILE GRAPHIC AND 3D PRODUCTION TECHNOLOGY IN THE INTERNATIONAL BRAILLE & TECHNOLOGY CENTER.

"JOURNAL OF BLINDNESS INNOVATION AND RESEARCH" - PUBLISHED AN OPEN ACCESS ONLINE PEER-REVIEWED JOURNAL DEDICATED TO THE PUBLICATION OF RESEARCH-RELATED ACTIVITIES CONDUCTED WITH THE PERSPECTIVE AND

INVOLVEMENT OF BLIND PEOPLE THEMSELVES.

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Schedule O (Form 990 or 990-EZ) (2013)

NFB-NEWSLINE - OPERATED THE WORLD'S LARGEST NEWSPAPER SERVICE FOR BLIND 332212 09-04-13

STUDENTS.

Page 2 Name of the organization **Employer identification number** THE NATIONAL FEDERATION OF THE BLIND 02-0259978 AND PRINT DISABLED INDIVIDUALS PROVIDING FREE ACCESS TO OVER 330 LOCAL AND STATE NEWSPAPERS, SIX NATIONAL NEWSPAPERS, TEN INTERNATIONAL NEWSPAPERS, FORTY MAGAZINES, FOUR SPANISH LANGUAGE NEWSPAPERS, AS WELL AS SEVERAL BLINDNESS-SPECIFIC PUBLICATIONS, EMERGENCY WEATHER ALERTS, WEEKLY WEATHER FORECASTS, AND JOB LISTINGS. SUBSCRIBERS CAN ACCESS NFB-NEWSLINE CONTENT OVER THE TELEPHONE, ON THE WEB VIA DOWNLOAD USING AN MP3 PLAYER, AN APPLE IPHONE(R), OR A NATIONAL LIBRARY SERVICE FOR THE BLIND AND PHYSICALLY HANDICAPPED, LIBRARY OF CONGRESS, DIGITAL TALKING BOOK PLAYER. A TOTAL OF 104,159 SUBSCRIBERS UTILIZED 38,242,415 MINUTES OF AUDIO NEWS, RECEIVED 2,318,411 EMAILED NEWSPAPERS, ACCESSED STATE NEWSPAPERS 5,617,788 TIMES, AND UTILIZED VARIOUS DOWNLOAD METHODS 506,482 TIMES. NFB BRAILLE ENRICHMENT FOR LITERACY AND LEARNING (BELL) - AN INTENSIVE PROGRAM THAT PROVIDES TWO WEEKS OF BRAILLE INSTRUCTION TO BLIND AND LOW VISION STUDENTS WHO CAN BENEFIT FROM ADDITIONAL BRAILLE EDUCATION IN THE SUMMER MONTHS WAS CONDUCTED FOR STUDENTS IN NINETEEN STATES. BRAILLE READING PALS - FIVE HUNDRED FAMILIES WERE SERVED BY AN EARLY LITERACY PROGRAM THAT FOSTERS POSITIVE ATTITUDES ABOUT BRAILLE FOR CHILDREN AND THEIR FAMILIES AND PROMOTES A LOVE OF READING BY ENCOURAGING PARENTS TO READ DAILY WITH THEIR CHILD WHO IS BLIND OR HAS LOW VISION. BRAILLE LETTERS FROM SANTA - SIX HUNDRED PERSONAL BRAILLE LETTERS WERE SENT BY SANTA CLAUS THROUGH THE NATIONAL FEDERATION OF THE BLIND TO BLIND CHILDREN WHO SUBMITTED THEIR CHRISTMAS REQUESTS TO SANTA IN

332212 09-04-13

BRAILLE.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: MEMBERS OF THE ORGANIZATION ARE THE MEMBERS OF THE 52 STATE 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

THE NATIONAL FEDERATION OF THE BLIND

**Employer identification number** 02-0259978

CHAPTERS OF THE ORGANIZATION WHICH ARE MEMBERSHIP ORGANIZATIONS (A MAJORITY OF WHOSE VOTING MEMBERS MUST BE BLIND) IN EACH OF THE 50 STATES, PUERTO RICO AND THE DISTRICT OF COLUMBIA.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: MEMBERS OF THE ORGANIZATION CONSISTING OF THE MEMBERS OF 52 STATE CHAPTERS (MEMBERSHIP ORGANIZATIONS WITH A MAJORITY OF VOTING MEMBERS WHO ARE BLIND IN THE 50 STATES PLUS PUERTO RICO AND THE DISTRICT OF COLUMBIA) ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: THE NATIONAL CONVENTION (52 STATE CHAPTERS WITH ONE VOTE EACH) IS THE SUPREME AUTHORITY OF THE ORGANIZATION, HAVING THE FINAL AUTHORITY WITH RESPECT TO ALL ISSUES OF POLICY.

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

EXPLANATION: THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES), AS ULTIMATELY FILED WITH THE IRS WAS REVIEWED AT A MEETING OF THE BOARD OF DIRECTORS (THE ORGANIZATION'S GOVERNING BODY) HELD PRIOR TO THE FILING OF THE RETURN.

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

EXPLANATION: THE POLICY APPLIES TO ALL OFFICERS, DIRECTORS AND FAMILY MEMBERS OF SAME. FULL DISCLOSURE AND BOARD REVIEW OF A CONFLICT OR POTENTIAL CONFLICT IS REQUIRED. AN OFFICER OR BOARD MEMBER INVOLVED IN A CONFLICT OR POTENTIAL CONFLICT MAY NOT PARTICIPATE IN DELIBERATIONS AND DECISIONS RELATING TO IT.

Name of the organization  THE NATIONAL FEDERATION OF THE BLIND	Employer identification number 02-0259978
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: NO OFFICERS OR MEMBERS OF THE BOARD OF DIREC	TORS RECEIVE ANY
COMPENSATION. THE PRESIDENT IS THE CEO AND RECEIVES NO C	OMPENSATION.
THERE ARE NO KEY EMPLOYEES. IF THERE WERE KEY EMPLOYEES,	CEO, OFFICERS OR
DIRECTORS RECEIVING COMPENSATION - AN INDEPENDENT REVIEW,	COMPARABILITY
DATA AND CONTEMPORANEOUS SUBSTANTIATION OF ACTION WOULD B	E REQUIRED.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM,	NY, NC, ND, OH, OK, OR
PA, RI, SC, TN, UT, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
VOLUNTEER SERVICES AND DONATED MEDIA (EXPENSE)	-4,998,169.
COSTS FOR DONATED VEHICLES	13,822.
TOTAL TO FORM 990, PART XI, LINE 9	-4,984,347.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS FOR SELECTING THE AUDITORS HAS N	OT CHANGED
FROM THE PRECEDING YEAR.	