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Form **990**

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)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN FOUNDATION FOR THE BLIND INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2 PENN PLAZA NO 1102 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10121

D Employer identification number
13-5562161

E Telephone number
(212) 502-7600

G Gross receipts $ 26,491,186

F Name and address of principal officer
CARL AUGUSTO
2 PENN PLAZA NO 1102
NEW YORK, NY 10121

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AFB ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1921 | **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
AFB IS A NATIONAL NON-PROFIT THAT EXPANDS POSSIBILITIES FOR PEOPLE WITH VISION LOSS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	82
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,981,436	4,838,710
	9	Program service revenue (Part VIII, line 2g)	188,980	257,004
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,829,776	1,996,104
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	801,448	767,998
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,801,640	7,859,816
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	68,500	44,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,036,847	6,082,833
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	334,132	368,761
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,868,747		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,771,617	4,457,110
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,211,096	10,952,704
	19	Revenue less expenses Subtract line 18 from line 12	-4,409,456	-3,092,888

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	38,497,340	38,497,903
	21	Total liabilities (Part X, line 26)	1,728,034	1,934,631
	22	Net assets or fund balances Subtract line 21 from line 20	36,769,306	36,563,272

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-12-01
Signature of officer | Date

RICK BOZEMAN CFO & ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AARON J HEIGHTON CPA				P00291966

Firm's name ▶ HAYFLICH CPA'S | Firm's EIN ▶ 37-1496963

Firm's address ▶ 8 STONECREST DRIVE HUNTINGTON, WV 25701 | Phone no (304) 697-5700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE AMERICAN FOUNDATION FOR THE BLIND (AFB) IS A NATIONAL NONPROFIT THAT EXPANDS POSSIBILITIES FOR PEOPLE WITH VISION LOSS AFB'S PRIORITIES INCLUDE BROADENING ACCESS TO TECHNOLOGY, ELEVATING THE QUALITY OF INFORMATION AND TOOLS FOR THE PROFESSIONALS WHO SERVE PEOPLE WITH VISION LOSS, AND PROMOTING INDEPENDENT AND HEALTHY LIVING FOR PEOPLE WITH VISION LOSS BY PROVIDING THEM AND THEIR FAMILIES WITH RELEVANT AND TIMELY RESOURCES AFB'S WORK IN THESE AREAS IS SUPPORTED BY THE STRONG PRESENCE THE ORGANIZATION MAINTAINS IN WASHINGTON, DC, ENSURING THE RIGHTS AND INTERESTS OF PEOPLE WITH VISION LOSS ARE REPRESENTED IN OUR NATION'S PUBLIC POLICIES IN ADDITION TO ITS NEW YORK CITY HEADQUARTERS AND PUBLIC POLICY CENTER IN WASHINGTON, DC, AFB MAINTAINS OFFICES IN ATLANTA, DALLAS, AND HUNTINGTON, WV AFB IS ALSO PROUD TO HOUSE THE HELEN KELLER ARCHIVES AND HONOR THE OVER FORTY YEARS THAT HELEN KELLER WORKED TIRELESSLY WITH AFB TO EXPAND POSSIBILITIES FOR PEOPLE WITH VISION LOSS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,098,473 including grants of $ 44,000) (Revenue $ 349,015)

KNOWLEDGE BUILDING & INFORMATION DISSEMINATION WEB PROGRAMSIN FY 2014, AFB IMPLEMENTED A NUMBER OF FOCUSED, STRATEGIC WEB MARKETING INITIATIVES TO STRENGTHEN ITS PROGRAM OUTREACH AND ENSURE THAT THOSE SEEKING HELP FOR DEALING WITH VISION LOSS CAN EASILY LOCATE THE INFORMATION AND RESOURCES THEY NEED BECAUSE OF THESE INITIATIVES, AFB ACHIEVED ONE-YEAR INCREASES IN VISITORS AND VISITS THAT ARE WELL IN EXCESS OF THE 16% BENCHMARK FOR NONPROFIT WEBSITES FURTHER, AS THE RESULT OF A COMPETITIVE ANALYSIS, "WE BELIEVE THAT AFB ORG AND ITS FAMILY OF WEBSITES RECEIVE MORE VISITORS THAN ANY OTHER VISION LOSS NONPROFIT IN THE WORLD " AFB'S CAREERCONNECT PROVIDES COMPREHENSIVE EMPLOYMENT INFORMATION, JOB READINESS SKILLS, PEER AND MENTOR SUPPORT, AND SELF-ADVOCACY GUIDANCE TO EMPOWER JOBSEEKERS WITH VISION LOSS IT IS THE NATION'S LEADING ONLINE PROVIDER OF EMPLOYMENT AND JOB SEARCH INFORMATION DEVELOPED SPECIFICALLY FOR THE VISION LOSS COMMUNITY THE SITE CONTINUES TO GROW WITH VISITORS UP BY 33% THROUGH CAREERCONNECT, AFB LAUNCHED "CONDUCTING A SUCCESSFUL JOB SEARCH," A 16-ARTICLE SERIES BASED ON THE JOB SEEKER'S TOOLKIT LESSONS, EXPANDED THE LESSON PLANS FOR TEACHERS & PROFESSIONALS SECTION FROM 10 TO 82 LESSONS RELATED TO TRANSITION-TO-EMPLOYMENT TOPICS, AND EXPANDED FROM 4 TO 18 CAREER CLUSTERS CAREERCONNECT NOW FEATURES AN ONLINE, INTERACTIVE COMMUNICATION PLATFORM TO LINK MENTORS WITH EACH OTHER AND WITH THOSE SEEKING ADVICE USERS CAN INTERACT WITH MENTORS, POSE QUESTIONS, SEND MESSAGES, AND BUILD CONNECTIONS MENTORS CAN CONNECT WITH OTHER MENTORS, SHARE TIPS AND ADVICE, AND PROVIDE A MORE DETAILED PROFILE THIS CHANGE ALSO ALLOWS MENTORS TO ASSOCIATE TO A SPECIFIC CAREER CLUSTER AT THE TIME OF REGISTRATION OR THROUGH THEIR PROFILE IN JUNE 2014, A CAREERCONNECT APP WAS LAUNCHED AND DOWNLOADED OVER 300 TIMES DURING THE FIRST MONTH OF AVAILABILITY THE APP FEATURES THE CAREERCONNECT BLOG AND OUR STORIES AND LESSON PLANS SECTIONS FAMILYCONNECT, CREATED BY AFB AND THE NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS (NAPVI), PROVIDES A VIRTUAL LIFELINE TO CONNECT PARENTS AND FAMILIES TO RELIABLE INFORMATION, RESOURCES AND EACH OTHER, TO SUPPORT RAISING CHILDREN WITH VISION LOSS FROM BIRTH TO SUCCESSFUL ADULTHOOD THE PROGRAM CONTINUED TO DEMONSTRATE CONSISTENT USAGE AND SOLID GROWTH DURING THE YEAR THE PROGRAM ALSO RECEIVED HIGHLY FAVORABLE RATINGS FROM A SURVEY OF VISITORS WITH 88% RESPONDING THAT THE FAMILYCONNECT WEBSITE HELPED THEM FEEL MORE CONFIDENT ABOUT RAISING THEIR CHILD ALONG WITH ITS STRONG WEB PRESENCE, FAMILYCONNECT NOW HAS NEARLY 1,500 FACEBOOK FOLLOWERS, AN INCREASE OF 109% DURING THE FISCAL YEAR A REDESIGN OF THE FAMILYCONNECT SITE WAS LAUNCHED SUCCESSFULLY AND SEVERAL BLOG POSTS FROM NEW PARENTS WERE POSTED A BLOG ROLL WAS ALSO LAUNCHED WITH MORE THAN 19 SITES THE BLOG ENJOYED SIGNIFICANT GROWTH IN USAGE WITH VISITORS UP 74% AFB'S VISIONAWARE IS A FREE, EASY-TO-USE INFORMATIONAL WEBSITE FOR ADULTS WITH VISION LOSS, THEIR FAMILIES, CAREGIVERS, HEALTHCARE PROVIDERS, AND SOCIAL SERVICE PROFESSIONALS IT INSPIRES AND EMPOWERS PEOPLE NEW TO VISION LOSS TO CARRY ON FULL LIVES BY PROVIDING HOPE, HELP AND CONNECTION TO SUPPORT AND SERVICES FOR THEMSELVES AND THEIR FAMILY MEMBERS TOPICS ON THE SITE INCLUDE INFORMATION ABOUT EYE CONDITIONS, DEALING WITH THE EMOTIONAL ASPECTS OF VISION LOSS, TIPS AND TECHNIQUES FOR LIVING WITH VISION LOSS AND CARRYING OUT EVERYDAY TASKS, AND INFORMATION DIRECTED AT SENIORS AND THEIR FAMILY MEMBERS THE SITE INCLUDES WAYS FOR PEOPLE TO CONNECT THROUGH MESSAGE BOARDS, BLOGS, AND JOINING THE VISIONAWARE COMMUNITY TO RECEIVE ALERTS OF NEW CONTENT AND SPECIAL ANNOUNCEMENTS AND EVENTS RELATED TO THE INDIVIDUAL'S SPECIFIC INTERESTS VISIONAWARE CONTINUED TO ACHIEVE EXCELLENT GROWTH IN THE NUMBER OF VISITORS, VISITS, PAGE VIEWS, AND SOCIAL MEDIA FOLLOWING DURING THE FISCAL YEAR, THE NUMBER OF VISITORS INCREASED BY 33%, VISITS INCREASED BY 36%, AND PAGE VIEWS INCREASED BY 24% FURTHERMORE, RETURN VISITORS INCREASED BY 70% OVER LAST YEAR VISIONAWARE'S TWITTER HANDLE CONTINUES TO HAVE THE HIGHEST NUMBER OF FOLLOWERS IN THE VISION LOSS FIELD, UP TO ALMOST 8,000, A 32% GROWTH VISIONAWARE BLOG VISITS HAVE GROWN BY OVER 63% AND CONTINUE TO CLIMB AS A DRIVER OF TRAFFIC TO THE SITE, NOW RANKING BEHIND EYE CONDITIONS AND EVERYDAY LIVING TO ASSESS USER SATISFACTION AND CHANGES IN KNOWLEDGE, SKILLS, ASPIRATIONS, AND BEHAVIOR, VISIONAWARE VISITORS AND SUBSCRIBERS WERE ASKED TO COMPLETE ONLINE SURVEYS AND ADDED A "TELL US WHAT YOU THINK" 3 QUESTION RATING PAGE SURVEY IN ADDITION, AFB COMMISSIONED AN INDEPENDENT EVALUATOR TO CONDUCT A PHONE INTERVIEW WITH 35 SUBSCRIBERS A "LIKE" FEATURE WAS ADDED TO THE BLOGS IN SPRING 2014 TO PROVIDE IMMEDIATE INSIGHT REGARDING USER INTEREST THE COMBINED RESULTS OF ALL OF THE INDICATORS OF SATISFACTION WITH THE SITE INDICATE THAT 95% OF CONSUMER VISITORS AND 100% OF CONSUMER SUBSCRIBERS FOUND USEFUL INFORMATION, 75 PERCENT OF RESPONDENTS SAID THEY ARE USING OR PLANNING TO USE THE INFORMATION AND RESOURCES, THAT THEY WOULD RECOMMEND THE SITE TO OTHERS, AND FELT THE SITE IMPROVED THE QUALITY OF LIFE FOR ADULTS WITH VISION LOSS CENTER ON VISION LOSSIN FY14, AFB'S CENTER ON VISION LOSS (CVL) (HOUSED IN DALLAS) TOUCHED THE LIVES OF OVER 17,000 PEOPLE THROUGH CENTER PROGRAMS, OUTREACH, AND ONLINE ENGAGEMENT STAFF HOSTED A VARIETY OF EDUCATIONAL SEMINARS ADDRESSING SUCH TOPICS AS EMERGENCY PREPAREDNESS, SELF-DEFENSE AND A VARIETY OF EYE CONDITIONS FOR CONSUMERS, FAMILY MEMBERS AND PROFESSIONALS THE CENTER'S WEBSITE (WWW AFB ORG/CVL) NOW INCLUDES A VIRTUAL TOUR OF ESTHER'S PLACE (THE CVL'S DEMONSTRATION MODEL HOME) AS WELL AS CVL NEWS AFB PRESSAFB PRESS, AFB'S PUBLISHING ARM AND LEADING PUBLISHER IN THE FIELD OF BLINDNESS AND VISUAL IMPAIRMENT, COMPLETED WORK ON THE LONG ANTICIPATED ECC ESSENTIALS TEACHING THE EXPANDED CORE CURRICULUM TO STUDENTS WITH VISUAL IMPAIRMENTS AFB PRESS RELEASED TWO NEW RESOURCES FOR PROFESSIONALS IN OUR FIELD THE SECOND EDITION OF ESSENTIAL ELEMENTS IN EARLY INTERVENTION PROVIDES AN UPDATED LOOK AT THE RESEARCH AND STRATEGIES NEEDED BY EARLY INTERVENTIONISTS TO SUCCESSFULLY WORK WITH VERY YOUNG CHILDREN WHO HAVE DUAL SENSORY IMPAIRMENTS AND MULTIPLE DISABILITIES THIS COMPLETE SOURCEBOOK AND GUIDE TRANSLATES RESEARCH INTO PRACTICAL STRATEGIES THAT CAN BE USED WITH CHILDREN AND THEIR FAMILIES BASIC SPANISH FOR ORIENTATION AND MOBILITY A PHRASE BOOK AND DICTIONARY PROVIDES LESSONS BROKEN DOWN STEP-BY-STEP AND SIDE-BY-SIDE IN ENGLISH AND SPANISH AND WAS DEVELOPED IN RESPONSE TO A NEED FOR MATERIALS THAT ORIENTATION AND MOBILITY INSTRUCTORS CAN USE WITH STUDENTS WHO PRIMARILY SPEAK SPANISH AFB'S JOURNAL OF VISUAL IMPAIRMENT & BLINDNESS (JVIB), THE INTERNATIONAL PEER-REVIEWED JOURNAL OF RECORD IN THE BLINDNESS FIELD, DELIVERS CURRENT RESEARCH AND BEST PRACTICE INFORMATION, COMMENTARY FROM AUTHORITATIVE EXPERTS ON CRITICAL TOPICS, AND A CALENDAR OF IMPORTANT EVENTS THE THIRD HIGHEST NUMBER OF ARTICLE SUBMISSIONS IN THE HISTORY OF JVIB, 148, WAS MADE THIS YEAR JUST OVER ONE HALF OF THE ARTICLES SUBMITTED CAME FROM OUTSIDE OF NORTH AMERICA JVIB'S FACEBOOK AUDIENCE GREW BY 33%, TO 1,435 ELEARNING CENTERAFB'S ONLINE ELEARNING CENTER, OFFERS ACCESSIBLE, AFFORDABLE, AND AUTHORITATIVE TOOLS AND RESOURCES, WEBINARS, AND CONTINUING EDUCATION COURSES TO PROFESSIONALS IN THE VISION LOSS FIELD IN FY 2014, AFB PARTNERED WITH THE ASSOCIATION FOR EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY IMPAIRED (AER), AN ASSOCIATION OF PROFESSIONALS WORKING IN THE BLINDNESS FIELD, TO PRODUCE AT LEAST SIX CO-BRANDED WEBINARS OVER 18 MONTHS THE FIRST WEBINAR OF THE PARTNERSHIP, "LOW VISION OPTICAL DEVICES IMPROVING VISIBILITY FOR PEOPLE WITH LOW VISION" BY IKE PRESLEY, PROJECT MANAGER, PROFESSIONAL DEVELOPMENT, WAS MADE AVAILABLE IN JUNE 2014 AFB ALSO ENTERED INTO A PARTNERSHIP WITH THE COUNCIL OF SCHOOLS AND SERVICES FOR THE BLIND TO PROVIDE PARTICIPATING MEMBER ORGANIZATIONS WITH A ONE-YEAR, FULL-ACCESS SUBSCRIPTION TO THE AFB PRESS ONLINE LIBRARY THE ARRANGEMENT PROVIDES TEACHERS IN SCHOOLS FOR CHILDREN WHO ARE BLIND OR VISUALLY IMPAIRED WITH 24/7 ACCESS TO MORE THAN 30 AFB PRESS TITLES ON A VARIETY OF SUBJECTS RELEVANT TO THEIR CLASSROOM WORK THE PROGRAM ALSO INCLUDES A PILOT MODEL OF PROVIDING ACCESS TO THE DIGITAL LIBRARY TEN NEW WEBINARS WERE ADDED TO THE AFB ELEARNING CENTER, RANGING FROM TOPICS ON USING THE IPAD IN THE CLASSROOM WITH STUDENTS WHO HAVE VISUAL AND ADDITIONAL DISABILITIES TO TEACHING OLDER ADULTS HOW TO GET STARTED USING AN IOS DEVICE TWO ONLINE COURSES IN THE AREA OF AGING AND VISUAL IMPAIRMENT WERE UPDATED

4b (Code) (Expenses $ 1,099,371 including grants of $) (Revenue $ 18,849)

ADVOCACY & PUBLIC POLICY BUILDING ON ACTIVITIES UNDERTAKEN IN THE PREVIOUS FISCAL YEAR, AFB SECURED INTRODUCTION OF THE ALICE COGSWELL AND ANNE SULLIVAN MACY ACT IN THE U S HOUSE OF REPRESENTATIVES AS H R 4040 THE LEGISLATION IS THE MOST COMPREHENSIVE SPECIAL EDUCATION REFORM PROPOSAL FOR STUDENTS WITH HEARING LOSS OR VISION LOSS THAT HAS BEEN ADVANCED SINCE THE FIRST ENACTMENT OF AMERICA'S FEDERAL SPECIAL EDUCATION LAW IN 1975 THE BILL'S BIPARTISAN SUPPORT IN THE HOUSE HAS POSITIONED IT WELL FOR FUTURE ADVOCACY IN THE 114TH CONGRESS AS PART OF WORK TO IMPLEMENT THE AFB-CHAMPIONED TWENTY-FIRST CENTURY COMMUNICATIONS AND VIDEO ACCESSIBILITY ACT (CVAA), AFB'S EXTENSIVE NEGOTIATIONS WITH THE CONSUMER ELECTRONICS AND TELEVISION INDUSTRIES LED TO THE SUCCESSFUL ISSUANCE OF FEDERAL COMMUNICATIONS COMMISSION(FCC) RULES WHICH WILL, WHEN FULLY IMPLEMENTED SOON, REQUIRE A VAST ARRAY OF DIGITAL TV AND SIMILAR DEVICES TO OFFER USER INTERFACES THAT ARE ACCESSIBLE TO AND USABLE BY PEOPLE WITH VISION LOSS IN PARTNERSHIP WITH CONSUMER AND SERVICE PROVIDER ORGANIZATIONS WITHIN THE VISION LOSS FIELD, AFB OBTAINED INTRODUCTION OF H R 3749, LEGISLATION TO ESTABLISH A NATIONAL MEDICARE DEMONSTRATION PROJECT TO ASSESS THE FISCAL IMPACT OF A PERMANENT CHANGE IN MEDICARE POLICY TO COVER LOW VISION DEVICES THE LEGISLATION'S BIPARTISAN INTRODUCTION IN THE U S HOUSE OF REPRESENTATIVES POSITIONS IT WELL FOR FUTURE WORK IN THE 114TH CONGRESS CURRENTLY, MEDICARE DOES NOT ALLOW PAYMENT FOR LOW VISION DEVICES OF ANY KIND WHEN SUCH DEVICES INCORPORATE A LENS AFB MET WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) THE FEDERAL MEDICARE-ADMINISTERING AGENCY, TO ADVOCATE A CHANGE TO THIS POLICY AND TO EXPLORE POSSIBLE DEMONSTRATION PROJECTS CMS'S HERETOFORE UNWILLINGNESS TO CHANGE COVERAGE POLICY OR TO ENTERTAIN A LOW VISION DEVICE DEMONSTRATION PROJECT PROVIDED THE IMPETUS FOR H R 3749'S INTRODUCTION

4c (Code) (Expenses $ 2,482,380 including grants of $) (Revenue $ 256,793)

TECHNOLOGY SOLUTIONS AFB TECH CONTINUES TO BE THE LEADING PROVIDER OF INFORMATION ABOUT TECHNOLOGY ACCESSIBILITY FOR THE VISION LOSS COMMUNITY THE PROGRAM ALSO CONTINUES TO WORK CLOSELY WITH FOR-PROFIT AND NONPROFIT ENTITIES TO IMPROVE THEIR USE OF TECHNOLOGY TO PROVIDE ACCESSIBLE PROGRAMS AND SERVICES TO PEOPLE WITH VISION LOSS DURING FISCAL YEAR 2014, AFB TECH ADDED MOBILE APP DEVELOPMENT FOR IOS AND ANDROID AND APP ACCESSIBILITY TO ITS OFFERINGS AFB IS NOW ABLE TO DEVELOP APPS AND HELP ORGANIZATIONS ENSURE THEIR APPS ARE ACCESSIBLE AFB APP PRODUCTION INCLUDED 1 THE DEVELOPMENT OF AN ANDROID APP FOR ACCESSWORLD, AFB'S ONLINE MAGAZINE DEDICATED TO TECHNOLOGY AND PEOPLE WITH VISION LOSS, IS NEARLY COMPLETE AND IS PENDING FINALIZATION OF CHANGES IN THE IOS VERSION BEFORE IT IS RELEASED 2 CAREERCONNECT FOR IOS WAS DEVELOPED AND RELEASED THE APP IS DESIGNED TO BE USED BY CAREER PROFESSIONALS, JOB SEEKERS, PARENTS, AND YOUTH SEEKING JOB SEARCH TIPS, QUICK LESSON IDEAS, AND CAREER ADVICE 3 ACCESSNOTE, A SPECIALIZED NOTETAKER FOR PEOPLE WHO ARE VISUALLY IMPAIRED, WAS UPDATED, AND AN ANDROID VERSION WAS DEVELOPED AND RELEASED THANKS TO GENEROUS FUNDING SUPPORT, ACCESSNOTE IS NOW BEING OFFERED FREE OF CHARGE, MORE THAN DOUBLING THE NUMBER OF DOWNLOADS FROM 1,200 TO 3,200 IN THE FIRST MONTH THAT IT WAS OFFERED FOR FREE 4 A RESOURCES AND SERVICES APP IS ALSO CURRENTLY UNDER DEVELOPMENT THIS APP IS GEARED TOWARD VISION SERVICE PROVIDERS AND WILL FACILITATE ACCESS TO RESOURCES AND SERVICES BASED ON AFB'S VISIONAWARE AFB MADE PRESENTATIONS AND PROVIDED ADVICE TO TECHNOLOGY DEVELOPERS AND INDUSTRY ASSOCIATIONS ACCESSWORLDACCESSWORLD IS AFB'S WEB-BASED, INDUSTRY-LEADING, MONTHLY TECHNOLOGY MAGAZINE WHICH PROVIDES TIMELY INFORMATION ON HARDWARE, SOFTWARE, AND TECHNOLOGIES OF INTEREST TO PEOPLE WITH VISION LOSS, THEIR FAMILY AND FRIENDS, REHABILITATION PROFESSIONALS, AND TECHNOLOGY MANUFACTURERS ACCESSWORLD'S RAPIDLY-GROWING READERSHIP IS PROVIDING A BREADTH OF MUCH-NEEDED INFORMATION, ACCESSIBLY, AT NO COST ACCESSWORLD ALSO PROVIDES GUIDANCE TO CONSUMERS AND OTHERS ABOUT SELECTING AND USING BOTH MAINSTREAM AND ACCESS TECHNOLOGY PRODUCTS ACCESSWORLD'S READERSHIP HAS CONSISTENTLY RISEN EACH YEAR SINCE 2010 IN FY14, VISITORS INCREASED 56%, AND READERSHIP INCREASED TO OVER 100,000 EACH QUARTER

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 7,680,224

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
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**		
d	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**		No
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**		No
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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	107			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 29			
	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	1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶AL , AK , AZ , AR , CA , CO , CT , DE , DC , FL , GA , HI , ID , IL , IN , IA , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , MT , NE , NV , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , TX , UT , VT , VA , WA , WV , WI , WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶RICK BOZEMAN 1000 5TH AVENUE STE 350
HUNTINGTON, WV 25701 (304) 710-3021

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(D)	(E)	(F)
1b	Sub-Total ▶			
c	Total from continuation sheets to Part VII, Section A ▶			
d	Total (add lines 1b and 1c) ▶	763,312	0	85,081

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶8

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	22,150				
	d Related organizations . . . 1d	320,000				
	e Government grants (contributions) 1e	95,368				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	4,401,192				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . ▶		4,838,710			
Program Service Revenue		Business Code				
	2a FEES FOR SERVICES	900099	257,004	257,004		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		257,004			

		(i) Real	(ii) Personal	(A)	(B)	(C)	(D)
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . ▶			880,813			880,813
	4 Income from investment of tax-exempt bond proceeds . . ▶						
	5 Royalties . . . . ▶						
	6a Gross rents	86,800					
	b Less rental expenses	0					
	c Rental income or (loss)	86,800					
	d Net rental income or (loss) . . . . ▶			86,800			86,800
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	19,270,882					
	b Less cost or other basis and sales expenses	18,155,591					
	c Gain or (loss)	1,115,291					
	d Net gain or (loss) . . . . ▶			1,115,291			1,115,291
	8a Gross income from fundraising events (not including $ 22,150 of contributions reported on line 1c) See Part IV, line 18 . . a		247,375				
	b Less direct expenses . . . b		59,860				
	c Net income or (loss) from fundraising events . . ▶			187,515			187,515
	9a Gross income from gaming activities See Part IV, line 19 . . . a						
	b Less direct expenses . . . b						
	c Net income or (loss) from gaming activities . . . ▶						
	10a Gross sales of inventory, less returns and allowances . a		613,826				
	b Less cost of goods sold . . b		415,919				
	c Net income or (loss) from sales of inventory . . ▶			197,907	197,907		
	Miscellaneous Revenue		Business Code				
	11a OTHER MISCELLANEOUS INCOME		900099	222,900	96,870		126,030
	b REGISTRATION FEES INCOME		900099	69,990	69,990		
	c ARCHIVE PERMISSION LIBRARY		511140	2,886	2,886		
	d All other revenue						
	e **Total.** Add lines 11a–11d . . . . . . ▶			295,776			
	12 **Total revenue.** See Instructions . . . . . ▶			7,859,816	624,657	0	2,396,449

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	27,500	27,500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	16,500	16,500		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,439,437	933,043	406,897	99,497
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,691,787	3,254,471	176,695	260,621
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	200,196	173,944	11,704	14,548
9 Other employee benefits	362,769	308,888	25,788	28,093
10 Payroll taxes	388,644	318,764	42,391	27,489
11 Fees for services (non-employees)				
a Management				
b Legal	129,508	3,941	67,770	57,797
c Accounting	80,352	56,188	23,636	528
d Lobbying	55,744	55,744		
e Professional fundraising services See Part IV, line 17	368,761			368,761
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	409,777	385,050	27,587	-2,860
12 Advertising and promotion				
13 Office expenses	1,171,837	257,658	63,856	850,323
14 Information technology	185,040	182,709		2,331
15 Royalties . .				
16 Occupancy	1,174,599	858,231	252,690	63,678
17 Travel	322,392	240,355	61,487	20,550
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	217,444	178,098	33,072	6,274
23 Insurance				
24 Other expenses Itemize expenses not covered 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 O)				
a OTHER SELLING EXPENSES	264,414	258,416	2,371	3,627
b OTHER EXPENSES	226,754	11,171	205,330	10,253
c PROJECT EXPENSES	219,249	159,553	2,459	57,237
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,952,704	7,680,224	1,403,733	1,868,747
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	35,453	1	933,453
	2	Savings and temporary cash investments	51,836	2	50,568
	3	Pledges and grants receivable, net	881,344	3	950,472
	4	Accounts receivable, net	210,398	4	134,279
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	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 instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	57,488	7	6,884
	8	Inventories for sale or use	276,453	8	
	9	Prepaid expenses and deferred charges	322,335	9	344,620
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a 5,000,474			
	b	Less accumulated depreciation — 10b 3,452,297	1,746,306	10c	1,548,177
	11	Investments—publicly traded securities	34,464,414	11	34,092,336
	12	Investments—other securities See Part IV, line 11	427,517	12	427,517
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	23,796	15	9,597
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	38,497,340	16	38,497,903
Liabilities	17	Accounts payable and accrued expenses	850,514	17	1,159,890
	18	Grants payable		18	
	19	Deferred revenue	642,622	19	543,095
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	234,898	25	231,646
	26	**Total liabilities.** Add lines 17 through 25	1,728,034	26	1,934,631
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	20,506,906	27	20,272,980
	28	Temporarily restricted net assets	12,240,435	28	12,240,334
	29	Permanently restricted net assets	4,021,965	29	4,049,958
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	36,769,306	33	36,563,272
	34	Total liabilities and net assets/fund balances	38,497,340	34	38,497,903

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,859,816
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,952,704
3	Revenue less expenses Subtract line 2 from line 1	3	-3,092,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,769,306
5	Net unrealized gains (losses) on investments	5	2,916,332
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,478
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,563,272

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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 Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 13-5562161
Name: AMERICAN FOUNDATION FOR THE BLIND INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MELANIE LOCKWOOD HERMAN TRUSTEE	1 00	X						0	0	0
KIRK ADAMS TRUSTEE	1 00	X						0	0	0
CATHY BURNS TRUSTEE	1 00	X						0	0	0
CONCETTA F CONKLING TRUSTEE	1 00	X						0	0	0
DEBBIE DENNIS TRUSTEE	1 00	X						0	0	0
KENNETH MILLER TRUSTEE	1 00	X						0	0	0
GEORGE POCHEPTSOV TRUSTEE	1 00	X						0	0	0
DIANE FAZZI PHD TRUSTEE	1 00	X						0	0	0
BARBARA RIFKIND TRUSTEE	1 00	X						0	0	0
MARJORIE KAISER EDD TRUSTEE	1 00	X						0	0	0
SHAFIQ A KHAN TRUSTEE	1 00	X						0	0	0
PAUL SULLIVAN TRUSTEE	1 00	X						0	0	0
JAMES H MCLAUGHLIN VICE CHAIRPERSON	1 00	X		X				0	0	0
CHRISTOPHER J MIGEL TRUSTEE	1 00	X						0	0	0
ELAINE J POMMELLS SECRETARY	1 00	X		X				0	0	0
JOAN WEISBERG TRUSTEE	1 00	X						0	0	0
JEFF THOM ESQUIRE TRUSTEE	1 00	X						0	0	0
PETER D TONKS TREASURER	1 00	X		X				0	0	0
THEODORE FRANCAVILLA TRUSTEE	1 00	X						0	0	0
CYNTHIA WATSON TRUSTEE	1 00	X						0	0	0
LARRY KIMBLER CHAIRPERSON	2 00	X		X				0	0	0
THOMAS WLODKOWSKI TRUSTEE	1 00	X						0	0	0
ELCIO BARCELOS TRUSTEE	1 00	X						0	0	0
JAMES M KESTELOOT TRUSTEE	1 00	X						0	0	0
SUSAN WEIDLE TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PAT LEADER TRUSTEE	1 00	X						0	0	0
NORB VONNEGUT TRUSTEE	1 00	X						0	0	0
MILT SPRINGUT TRUSTEE	1 00	X						0	0	0
PAMELA WEISBERG TRUSTEE	1 00	X						0	0	0
CARL AUGUSTO PRESIDENT/CEO	45 00			X				241,446	0	36,750
RICK BOZEMAN CFO, ASSISTANT TREASURER	45 00			X				103,922	0	13,563
SONYA SHIFLET DIRECTOR - HR, ASST SECRE	45 00			X				121,195	0	10,167
KELLY BLEACH ASSISTANT TREASURER	45 00			X				137,904	0	8,172
PAUL SCHROEDER VP PROGRAMS	45 00				X			158,845	0	16,429

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN FOUNDATION FOR THE BLIND INC

Employer identification number
13-5562161

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) 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?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,298,657	8,017,106	5,177,511	4,981,436	5,086,085	29,560,795
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,298,657	8,017,106	5,177,511	4,981,436	5,086,085	29,560,795
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						547,214
6 **Public support.** Subtract line 5 from line 4						29,013,581

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	6,298,657	8,017,106	5,177,511	4,981,436	5,086,085	29,560,795
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,037,432	1,242,887	1,301,030	1,264,155	880,813	5,726,317
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)	327,332	227,961	228,391	344,584	295,776	1,424,044
11 **Total support** (Add lines 7 through 10)						36,711,156

12 Gross receipts from related activities, etc (see instructions) **12** 9,531,000

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	79 030 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	76 570 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(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 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						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493345009584

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

2013

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
AMERICAN FOUNDATION FOR THE BLIND INC	13-5562161

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	2,861	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	60,182	
c	Total lobbying expenditures (add lines 1a and 1b)	63,043	
d	Other exempt purpose expenditures	10,889,661	
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,952,704	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	697,635	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)	174,409	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(e)** Total
2a	Lobbying nontaxable amount	744,459	720,364	760,555	697,635	2,923,013
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,384,520
c	Total lobbying expenditures	29,649	36,060	37,906	63,043	166,658
d	Grassroots nontaxable amount	186,115	180,091	190,139	174,409	730,754
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,096,131
f	Grassroots lobbying expenditures	2,465	2,697	2,778	2,861	10,801

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	**1**		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	**2**		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	**3**		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	**1**	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	**2a**	
b	Carryover from last year	**2b**	
c	Total	**2c**	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	**3**	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	**4**	
5	Taxable amount of lobbying and political expenditures (see instructions)	**5**	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

Part IV **Supplemental Information** ***(continued)***

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493345009584

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN FOUNDATION FOR THE BLIND INC	13-5562161

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the 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 structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,522,000	4,998,000	4,985,000	4,485,000	4,129,000
b Contributions	276,000	274,000	195,000	359,000	304,000
c Net investment earnings, gains, and losses	601,000	468,000	-10,000	430,000	310,000
d Grants or scholarships					
e Other expenditures for facilities and programs	293,000	218,000	172,000	289,000	258,000
f Administrative expenses					
g End of year balance	6,106,000	5,522,000	4,998,000	4,985,000	4,485,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 11 530 %

b Permanent endowment ▶ 88 470 %

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,129,778	316,959	812,819
c Leasehold improvements		714,286	187,951	526,335
d Equipment		3,156,410	2,947,387	209,023
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,548,177

Part VII Investments—Other Securities. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11b. See Form 990, Part X, lıne 12.

(a) Descrıptıon of securıty or category (ıncludıng name of securıty)	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
(1) Fınancıal derıvatıves		
(2) Closely-held equıty ınterests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 12)* ▶		

Part VIII Investments—Program Related. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11c. See Form 990, Part X, lıne 13.

(a) Descrıptıon of ınvestment	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 13)* ▶		

Part IX Other Assets. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11d See Form 990, Part X, lıne 15

(a) Descrıptıon	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) lıne 15.)* . . . . ▶	

Part X Other Liabilities. Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11e or 11f. See Form 990, Part X, lıne 25.

1 (a) Descrıptıon of lıabılıty	(b) Book value
Federal ıncome taxes	
RETIREE BENEFIT OBLIGATION	231,646
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 25)* ▶	231,646

2. Lıabılıty for uncertaın tax posıtıons In Part XIII, provıde the text of the footnote to the organızatıon's fınancıal statements that reports the organızatıon's lıabılıty for uncertaın tax posıtıons under FIN 48 (ASC 740) Check here ıf the text of the footnote has been provıded ın Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART III, LINE 1A	COLLECTION ITEMS, ACQUIRED THROUGH CONTRIBUTIONS FROM THE ESTATE OF HELEN KELLER, CONSISTING OF MEMORABILIA AND PERSONAL WRITINGS, ARE NOT CAPITALIZED ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION
PART V, LINE 4	THE INTENDED USE OF THE EARNINGS FROM ENDOWMENT FUNDS IS TO CARRY OUT AFB'S MISSION OF "EXPANDING POSSIBILITIES FOR PEOPLE WITH VISION LOSS" WITHIN THE RESTRICTIONS PLACED ON AFB BY THE DONOR OF EACH ENDOWMENT
PART X, LINE 2	THE FOUNDATION ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION NO 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ON JULY 1, 2009 WITH FEW EXCEPTIONS, NEITHER ENTITY IS SUBJECT TO U S FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010 MANAGEMENT IS OF THE OPINION THAT NEITHER ENTITY HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, RECOGNIZES NO LIABILITY FOR UNRECOGNIZED BENEFITS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ. ▶See separate instructions.
▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN FOUNDATION FOR THE BLIND INC

Employer identification number
13-5562161

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☐ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	AB DATA ONE BATTERY PARK PLAZA 32ND FLOOR NEW YORK, NY 10004	DIRECT MAIL		No	1,070,306	194,559	875,747
2	GROWTH FOR GOOD 18 SOUTH ORANGE AVENUE 2ND FLOOR SOUTH ORANGE, NJ 07079	CONSULTANT		No	0	57,812	-57,812
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶					1,070,306	252,371	817,935

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

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

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

		(a) Event #1 HELEN KELLER ACHIEVEMENT AWARDS (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col **(a)** through col **(c)**)
Revenue	1 Gross receipts	269,525			269,525
	2 Less Contributions	22,150			22,150
	3 Gross income (line 1 minus line 2)	247,375			247,375
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	41,791			41,791
	8 Entertainment	4,290			4,290
	9 Other direct expenses	13,779			13,779
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(59,860)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				187,515

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col **(a)** through col **(c)**)
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN FOUNDATION FOR THE BLIND INC

Employer identification number
13-5562161

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
(1) NATIONAL ASSOCIATION FOR PARENTS OF VISUALLY IMPAIRED CHILDREN PO BOX 317 WATERTOWN, MA 02471	58-2581495	N/A	27,500				TO HELP FUND THEIR WORK OF PROVIDING WORKSHOPS, MESSAGE BOARDS, AND MARKET OUTREACH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	10	16,500			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PERIODIC PROJECT STATUS MEETINGS ARE HELD AND/OR WRITTEN REPORTS ARE PROVIDED TO MONITOR PROGRESS AND OUTCOMES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
AMERICAN FOUNDATION FOR THE BLIND INC

Employer identification number
13-5562161

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)CARL AUGUSTO	(i)	241,446	0	0	25,500	11,250	278,196	0
PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
(2)PAUL SCHROEDER	(i)	158,845	0	0	8,909	7,520	175,274	0
VP PROGRAMS	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN FOUNDATION FOR THE BLIND INC

Employer identification number
13-5562161

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ON AN ANNUAL BASIS AS PART OF A PROCESS OVERSEEN BY THE AUDIT COMMITTEE
FORM 990, PART VI, SECTION B, LINE 15	THE LEADERSHIP AND COMPENSATION BOARD OF TRUSTEES ANNUALLY REVIEWS THE COMPENSATION OF THE PRESIDENT/CEO AND VICE PRESIDENTS COMPENSATION SURVEY DATA IS REVIEWED AS PART OF THE CO MMITTEE'S DELIBERATION AND DISCUSSION
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE PUBLISHED ANNUAL REPORT AND THROUGH THE WEBSITE
FORM 990, PART XI, LINE 9	GAIN/LOSS ON POST RETIREMENT BENEFITS -29,478
FORM 990, PART XII, QUESTION 2C	AFB PREPARES CONSOLIDATED FINANCIAL STATEMENTS AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF AFB'S CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN FOUNDATION FOR THE BLIND INC

Employer identification number
13-5562161

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) AFB SPECIAL FUND 2 PENN PLAZA SUITE 1102 NEW YORK, NY 10121 13-3532760	VISUAL SUPPORT	NY	501(C)(3)	LINE 11A, I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		**Yes**	**No**
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	**1a**		No
b Gift, grant, or capital contribution to related organization(s)	**1b**		No
c Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**		No
f Dividends from related organization(s)	**1f**		No
g Sale of assets to related organization(s)	**1g**		No
h Purchase of assets from related organization(s)	**1h**		No
i Exchange of assets with related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		No
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		No
o Sharing of paid employees with related organization(s)	**1o**		No
p Reimbursement paid to related organization(s) for expenses	**1p**		No
q Reimbursement paid by related organization(s) for expenses	**1q**		No
r Other transfer of cash or property to related organization(s)	**1r**		No
s Other transfer of cash or property from related organization(s)	**1s**		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) AFB SPECIAL FUND INC	C	320,000	FAIR MARKET VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation