

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

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization EVERSIGHT
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
3985 RESEARCH PARK DR
City or town, state or province, country, and ZIP or foreign postal code
ANN ARBOR, MI 48108

D Employer identification number
38-2117115

E Telephone number
(800) 247-7250

G Gross receipts \$ 23,532,568

F Name and address of principal officer
DAVID BOSCH
3985 RESEARCH PARK DR
ANN ARBOR, MI 48108

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.EVERSIGHTVISION.ORG

K Form of organization
Corporation Trust Association Other

L Year of formation 1986

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EVERSIGHT IS A 501(C)3 NONPROFIT ORGANIZATION WITH THE MISSION TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH THE HEALING POWER OF DONATION, TRANSPLANTATION AND RESEARCH THE EVER SIGHT NETWORK IS RESPONSIBLE FOR RECOVERING, EVALUATING AND PROVIDING HUMAN EYE TISSUE FOR TRANSPLANTATION, ADVANCING RESEARCH INTO THE CAUSES AND CURES OF BLINDING EYE CONDITIONS, PROMOTING DONATION AWARENESS THROUGH PUBLIC AND PROFESSIONAL EDUCATION, AND PROVIDING HUMANITARIAN AID TO PEOPLE AROUND THE WORLD IN NEED OF CORNEAL TRANSPLANTATION FOUNDED IN 1947, EVER SIGHT MAINTAINS ITS COMMITMENT TO EXCELLENCE AS AN ACCREDITED MEMBER OF THE EYE BANK ASSOCIATION OF AMERICA (EBAA) AND BY MEETING THE HIGHEST QUALITY STANDARDS SET BY THE U S FOOD AND DRUG ADMINISTRATION THE NONPROFIT OPERATES 24/7/365 IN CONNECTICUT, ILLINOIS, MICHIGAN, NEW JERSEY, OHIO AND SOUTH KOREA, AND COLLABORATES WITH SURGEONS, RESEARCHERS, ACADEMIC MEDICAL CENTERS AND EYE BANKS ACROSS THE UNITED STATES AND ABROAD EVER SIGHT WORKS WITH THE

Table with 2 columns: Description, Amount. Rows include: 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 (11); 4 Number of independent voting members of the governing body (11); 5 Total number of individuals employed in calendar year 2019 (192); 6 Total number of volunteers (126); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0); 7b Net unrelated business taxable income from Form 990-T, line 39 (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (840,439 / 1,197,972); 9 Program service revenue (21,135,494 / 21,313,494); 10 Investment income (948,540 / 511,589); 11 Other revenue (-63,619 / -144,883); 12 Total revenue—add lines 8 through 11 (22,860,854 / 22,878,172).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0 / 0); 14 Benefits paid to or for members (0 / 0); 15 Salaries, other compensation, employee benefits (12,341,991 / 11,536,515); 16a Professional fundraising fees (0 / 0); b Total fundraising expenses (817,571); 17 Other expenses (10,274,878 / 10,136,975); 18 Total expenses Add lines 13-17 (22,616,869 / 21,673,490); 19 Revenue less expenses Subtract line 18 from line 12 (243,985 / 1,204,682).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (24,200,521 / 33,975,355); 21 Total liabilities (12,852,055 / 20,882,096); 22 Net assets or fund balances Subtract line 21 from line 20 (11,348,466 / 13,093,259).

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

Signature of officer: *****
Date: 2020-07-31
DAVID BOSCH PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-08-18
Check if self-employed: PTIN: P01321580
Firm's name: YEO & YEO PC Firm's EIN: 38-2706146
Firm's address: 1450 EISENHOWER PLACE ANN ARBOR, MI 481083283 Phone no: (734) 769-1331

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

EVERSIGHT'S MISSION IS TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH THE HEALING POWER OF DONATION, TRANSPLANTATION AND RESEARCH. BLINDING EYE DISEASES AFFECT 80 MILLION AMERICANS. THAT MEANS MILLIONS OF PEOPLE CANNOT SEE THEIR LOVED ONES, DRIVE TO WORK OR READ THE NEWSPAPER ON A SUNDAY MORNING. THEIR VISION LOSS RESULTS IN AN ECONOMIC IMPACT OF 51.4 BILLION EVERY YEAR IN THE UNITED STATES ALONE. EVERSIGHT ENVISIONS A WORLD WITHOUT BLINDNESS-A WORLD WHERE ALL MOTHERS CAN SEE THEIR CHILDREN AND ALL CHILDREN CAN GROW UP TO LEAD INDEPENDENT, PRODUCTIVE LIVES THROUGH THE GIFT OF SIGHT. TO MAKE VISION A REALITY FOR ALL, EVERSIGHT CONTINUOUSLY WORKS TO EXPAND ITS REACH, CONNECT MORE EFFECTIVELY WITH COMMUNITIES IN NEED AND PROVIDE THE GIFT OF SIGHT TO EVERYONE.

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 \$ 15,453,477 including grants of \$) (Revenue \$ 21,578,275)
See Additional Data

4b (Code) (Expenses \$ 224,744 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,224,231 including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 16,902,452

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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		No
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		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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		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	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	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		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		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	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		No
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	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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

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

<p>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</p>	<p>2a 192</p>		
<p>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)</p>	<p>2b</p>	<p>Yes</p>	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>		
<p>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)?</p>	<p>4a</p>		<p>No</p>
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>	<p>4b</p>		
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>		<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>		<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>		
<p>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?</p>	<p>6a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>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?</p>	<p>7a</p>	<p>Yes</p>	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>	<p>Yes</p>	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>		<p>No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>		<p>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>		<p>No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>		<p>No</p>
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>		<p>No</p>
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p>8</p>		
<p>9 Sponsoring organizations maintaining donor advised funds.</p>	<p>9a</p>		
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>		
<p>10 Section 501(c)(7) organizations. Enter</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>		
<p>11 Section 501(c)(12) organizations. Enter</p>			
<p>a Gross income from members or shareholders</p>	<p>11a</p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>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</p>	<p>13a</p>		
<p>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</p>	<p>13b</p>		
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	<p>15</p>		<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	<p>16</p>		<p>No</p>

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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
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, address, and telephone number of the person who possesses the organization's books and records
JULIE COLLINS 3985 RESEARCH PARK DR ANN ARBOR, MI 48108 (734) 780-2119

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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per 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			
(1) RASHID L BASHSHUR PH D CHAIR	1 00	X		X			0	0	0	
(2) JAROLD ANDERSON VICE CHAIR	1 00	X		X			0	0	0	
(3) GARY BABCOCK TREASURER	1 00	X		X			0	0	0	
(4) PATTY JO HERNDON SECRETARY	1 00	X		X			0	0	0	
(5) EDWARD HUNTER DIRECTOR	1 00	X					0	0	0	
(6) SHAHZAD MIAN MD DIRECTOR	1 00	X					0	0	0	
(7) ALAN DANINHIRSCH DIRECTOR	1 00	X					0	0	0	
(8) JONATHAN LASS MD DIRECTOR	1 00	X					0	0	0	
(9) ELSPETH MOORE DIRECTOR	1 00	X					0	0	0	
(10) DANIELLE E D'ARCY DIRECTOR	1 00	X					0	0	0	
(11) KATHY L ZELENOCK DIRECTOR	1 00	X					0	0	0	
(12) FLORENCE M JOHNSON PRESIDENT EM	1 00	X					0	0	0	
(13) MARILYN R LINDENAUER PRESIDENT EM	1 00	X					0	0	0	
(14) JESSICA RANDALL BOARD LIAISO	1 00	X					0	0	0	
(15) DAVID BOSCH PRESIDENT &	47 50	X		X			202,242	0	63,249	
(16) KEVIN ROSS FRM PRESIDE	0 00					X	207,586	0	27,877	
(17) MICHAEL O'KEEFE COO	47 50			X			160,886	0	53,482	

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 (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			
(18) JULIE COLLINS CFO	40 00 7 50			X				159,638	0	53,482
(19) MICHAEL TITUS VP CLINICAL	47 50			X				150,602	0	52,270
(20) KRISTEN MCCOY VP INNOVATIO	47 50			X				185,319	0	23,209
(21) DIANE HOLLINGSWORTH VP PARTNER R	47 50			X				132,132	0	42,348
(22) CATHERINE MCCLORY DIR COMPLIA	47 50					X		127,241	0	32,551
(23) INDU VADAKKEPATTACH DATA SCI &	47 50					X		120,736	0	32,973
(24) ANDREA MEDRANO DIR HUMAN R	47 50					X		110,150	0	31,238
(25) DIANA BUDZYNSKI CONTROLLER	47 50					X		106,779	0	27,326
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,663,311		440,005

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 ▶ 11

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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 ▶

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	241,407		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	956,565		
	g Noncash contributions included in lines 1a - 1f \$	1g	94,598		
	h Total. Add lines 1a-1f		1,197,972		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a EYE TISSUE FEES		621500	20,181,393	20,181,393		
b INTERCOMPANY CHARGES		621500	1,093,884	1,093,884		
c OTHER REVENUE		621500	38,217	38,217		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			21,313,494			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			246,808		246,808	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	(ii) Personal			
	b Less rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
					700,001		
	b Less cost or other basis and sales expenses	7b			435,220		
	c Gain or (loss)	7c			264,781		
	d Net gain or (loss)				264,781	264,781	
	8a Gross income from fundraising events (not including \$ 241,407 of contributions reported on line 1c) See Part IV, line 18	8a			74,293		
			b Less direct expenses	8b		219,176	
			c Net income or (loss) from fundraising events			-144,883	-144,883
9a Gross income from gaming activities See Part IV, line 19	9a						
		b Less direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			22,878,172	21,313,494	366,706		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,278,857	422,896	855,961	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	235,463		235,463	
7 Other salaries and wages	7,804,177	5,874,140	1,483,398	446,639
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	401,715	322,575	53,866	25,274
9 Other employee benefits	1,052,381	888,258	94,113	70,010
10 Payroll taxes	763,922	532,409	193,083	38,430
11 Fees for services (non-employees)				
a Management				
b Legal	21,381		21,381	
c Accounting	35,550		35,550	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	64,627		64,627	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	306,175	195,283	110,892	
12 Advertising and promotion				
13 Office expenses	84,929	68,722	11,025	5,182
14 Information technology				
15 Royalties				
16 Occupancy	1,080,939	762,335	226,591	92,013
17 Travel	131,677	74,669	45,429	11,579
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	110,471	74,596	32,688	3,187
20 Interest	81,090	70,437	10,348	305
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	651,363	544,413	75,991	30,959
23 Insurance	144,281	109,799	24,500	9,982
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 CLINICAL LAB & TECH EXP	6,172,743	6,166,213	6,530	
b MISCELLANEOUS	291,642	4,377	287,122	143
c EQUIPEMENT RENTAL & MAINT	264,216	201,070	44,867	18,279
d MEMBERSHIP DUES	176,167	176,167		
e All other expenses	519,724	414,093	40,042	65,589
25 Total functional expenses. Add lines 1 through 24e	21,673,490	16,902,452	3,953,467	817,571
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,868,792	1	3,302,118
	2 Savings and temporary cash investments	181,051	2	146,130
	3 Pledges and grants receivable, net	37,175	3	48,410
	4 Accounts receivable, net	2,474,964	4	2,570,865
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	59,144	9	52,836
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 18,808,943		
	b Less accumulated depreciation	10b 9,272,782	2,155,876	10c 9,536,161
	11 Investments—publicly traded securities	6,272,754	11	6,599,186
	12 Investments—other securities—See Part IV, line 11		12	
	13 Investments—program-related—See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11	11,150,765	15	11,719,649
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,200,521	16	33,975,355	
Liabilities	17 Accounts payable and accrued expenses	1,931,426	17	1,925,490
	18 Grants payable		18	
	19 Deferred revenue	97,526	19	55,485
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	497,500	23	349,000
	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	10,325,603	25	18,552,121
	26 Total liabilities. Add lines 17 through 25	12,852,055	26	20,882,096
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,117,974	27	12,862,787
	28 Net assets with donor restrictions	230,492	28	230,472
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,348,466	32	13,093,259	
33 Total liabilities and net assets/fund balances	24,200,521	33	33,975,355	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,878,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,673,490
3	Revenue less expenses Subtract line 2 from line 1	3	1,204,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,348,466
5	Net unrealized gains (losses) on investments	5	540,111
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,093,259

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-2117115

Name: EVERSIGHT

Form 990 (2019)

Form 990, Part III, Line 4a:

RESORING SIGHT EACH YEAR, EVERSIGHT PROVIDES THE GIFT OF SIGHT TO MORE THAN 8,000 PEOPLE ACROSS THE UNITED STATES AND AROUND THE WORLD. EVERSIGHT'S WORK BEGAN IN 1947 WITH THE ESTABLISHMENT OF THE FOURTH EYE BANK IN THE UNITED STATES, THEN KNOWN AS THE ILLINOIS EYE-BANK. OVER TIME, NONPROFIT EYE BANKS WERE ESTABLISHED IN EVERY STATE TO MEET THE CRITICAL DEMAND FOR CORNEAL TISSUE TO TREAT PREVENTABLE BLINDNESS. IN 1985, THE ILLINOIS EYE-BANK AND MICHIGAN EYE-BANK FORMED A PARTNERSHIP- ONE THAT WOULD EARN A REPUTATION FOR CLINICAL EXCELLENCE MADE POSSIBLE BY SOME OF THE FINEST MEDICAL DIRECTORS, STAFF AND BOARD MEMBERS IN THE EYE BANKING FIELD. THE SUCCESS OF THE ORGANIZATION ATTRACTED AFFILIATIONS WITH OTHER REGIONAL EYE BANKS LIKE THE BROMENN-WATSON GAILEY EYE-BANK, LIONS EYE BANK OF NEW JERSEY, CLEVELAND EYE BANK AND THE CONNECTICUT EYE BANK, FORMING ONE OF THE LARGEST NETWORKS OF EYE BANKS IN THE U.S. IN 2015, THE NETWORK BECAME KNOWN AS EVERSIGHT, ALL WORKING TOGETHER AS A UNIFIED OPERATION TO DELIVER THE HIGHEST QUALITY SERVICES TO SURGEONS AND THEIR PATIENTS AND TO CONTINUE TO GROW OUR IMPACT AROUND THE WORLD.

Form 990, Part III, Line 4b:

FINDING A CURE IN THE PURSUIT TO ELIMINATE BLINDING EYE DISEASES, EVERSIGHT ESTABLISHED THE EVERSIGHT CENTER FOR VISION AND EYE BANKING RESEARCH IN CLEVELAND, OHIO, TO PROVIDE LEADING OPHTHALMOLOGY RESEARCHERS WITH THE RESOURCES THEY NEED TO FIND CURES AND TREATMENTS FOR EYE DISEASES SUCH AS AGE-RELATED MACULAR DEGENERATION, DIABETIC RETINOPATHY AND GLAUCOMA. EVERSIGHT PROVIDES MORE THAN 3,000 TISSUES ANNUALLY FOR RESEARCH AND EDUCATION PURPOSES. OUR IN-HOUSE RESEARCH ALSO PIONEERS NEW EYE BANKING PRACTICES. WE DEVELOPED TWO NEW RETINAL DISSECTION TECHNIQUES IN 2019 THAT ENABLE OUR TEAM TO PROCURE TISSUE FOR RESEARCH UNDER SPECIFIC PARAMETERS AND TIGHT TIMELINES. WE ARE NOW DELIVERING THESE CRITICAL TISSUES TO RESEARCHERS WHO HAVE OTHERWISE BEEN UNABLE TO FURTHER THEIR INVESTIGATIONS DUE TO A LACK OF ACCESS TO HUMAN TISSUE. EVERSIGHT HAS A LONGSTANDING TRACK RECORD OF RESEARCH AND DEVELOPMENT, TO DATE AWARDING MORE THAN 4 MILLION IN GRANTS THAT STIMULATE PIONEERING CLINICAL AND BASIC SCIENCE RESEARCH AIMING TO DEVELOP NEW WAYS TO RESTORE SIGHT, PREVENT BLINDNESS AND ULTIMATELY HELP PATIENTS LIVE LIFE TO THE FULLEST. OUR RESEARCH AND CLINICAL LEADERSHIP AND STAFF ARE HIGHLY INVOLVED PRIMARY AND CO-INVESTIGATORS, PERFORMING RESEARCH AND AUTHORIZING PUBLICATIONS THAT EXPAND THE BOUNDARIES OF VISION SCIENCE, KNOWLEDGE AND POSSIBILITY. IN 2019, WE RECEIVED THE EYE BANK ASSOCIATION OF AMERICAS' COVETED HIGH IMPACT RESEARCH GRANT FOR OUR WORK WITH THE CENTRE FOR EYE RESEARCH AUSTRALIA, UNIVERSITY OF MELBOURNE, FOR RESEARCH INTO THERAPIES THAT ONE DAY HOPE TO MITIGATE THE GLOBAL CORNEA SHORTAGE. SINCE 1980, THE EYE & VISION RESEARCH GRANT PROGRAM HAS SUPPORTED RESEARCHERS AT LEADING ACADEMIC MEDICAL INSTITUTIONS INCLUDING HARVARD, TUFTS, CLEVELAND CLINIC, CASE WESTERN RESERVE, UNIVERSITY OF MICHIGAN AND NORTHWESTERN. BY DESIGN, EVERSIGHT'S GRANT PROGRAM PROVIDES CRITICAL, EARLY-STAGE FUNDING OR SEED GRANTS THAT ARE INTENDED TO DRIVE FOUNDATIONAL RESEARCH AND DISCOVERY. MANY OF THESE PROJECTS HAVE STIMULATED LARGER-SCALE STUDIES AND WON FURTHER FINANCIAL SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH. IN 2019, EVERSIGHT AWARDED GRANTS TO ADVANCE STUDIES ON TRANSPLANT FAILURE, CORNEAL REGENERATIVE POTENTIAL, UNEXPLAINABLE EYE PAIN, CHORIORETINAL DEGENERATIONS AND HERPES STROMAL KERATITIS, LED BY RESEARCHERS AT KELLOGG EYE CENTER, UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE, WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE, HARVARD MEDICAL SCHOOL AND TUFTS MEDICAL CENTER. EACH YEAR, RECIPIENTS ARE SELECTED BY AN INDEPENDENT REVIEW PANEL COMPRISED OF FOREMOST ACADEMICS, OPHTHALMOLOGISTS AND HEALTH SERVICES RESEARCHERS. THIS DISTINGUISHED REVIEW PANEL FUNDS PROPOSALS THAT ALIGN WITH EVERSIGHT'S MISSION TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH MEANINGFUL SCIENTIFIC INQUISITION.

Form 990, Part III, Line 4c:

SUSTAINABLE INTERNATIONAL IMPACT ACCORDING TO THE WORLD HEALTH ORGANIZATION, EVERY DOLLAR SPENT ON IMPROVING EYE HEALTH IN UNDERDEVELOPED AREAS GENERATES A FOUR-FOLD RETURN ON INVESTMENT EVERSIGHT ACTIVELY WORKS WITH MEDICAL PROFESSIONALS, GOVERNMENTS, VISION HEALTH ORGANIZATIONS AND OTHER NGOS IN COUNTRIES LACKING EYE BANKS AND INFRASTRUCTURE TO RESTORE SIGHT TO MILLIONS IN NEED MOST RECENTLY-THROUGH AN EVERSIGHT PARTNERSHIP WITH PAKISTANI MEDICAL PROFESSIONALS AND ORGANIZATIONS-THE FIRST OF SEVERAL NEW WORLD-CLASS EYE BANKS OPENED IN 2019 AT AL-SHIFA TRUST EYE HOSPITAL IN RAWALPINDI, PAKISTAN PAKISTAN PRESIDENT ARIF ALVI CALLED THE PROGRAM "A REVOLUTIONARY STEP IN RETURNING EYESIGHT" FOR AS MANY AS TWO MILLION PAKISTANIS WHO ARE BLIND DUE TO EYE DISEASES AND AN ESTIMATED 250,000 WHO ARE SUFFERING WITH CORNEAL BLINDNESS WITH PROVEN EYE BANKING AND TECHNICAL TRAINING PRACTICES AND HAVING PLAYED A PART IN THE ELIMINATION OF THE U S CORNEA TRANSPLANT WAITING LIST, EVERSIGHT UNIQUELY QUALIFIED TO WORK WITH COUNTRIES LACKING TRANSPLANT PROGRAMS TO HELP THEM ESTABLISH A NATIONAL NETWORK FOR EYE BANKING AND CORNEA DONATION WITH CULTURALLY APPROPRIATE DONATION MODELS AND STATE-OF-THE-ART CLINICAL CAPABILITIES

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EVERSIGHT

Employer identification number

38-2117115

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2018 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2018.** 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	58,047	8,082	332,911	840,439	1,197,972	2,437,451
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	17,793,919	17,098,627	10,344,492	21,135,494	21,313,494	87,686,026
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	17,851,966	17,106,709	10,677,403	21,975,933	22,511,466	90,123,477
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				291,642	456,851	748,493
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				291,642	456,851	748,493
8 Public support. (Subtract line 7c from line 6.)						89,374,984

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	17,851,966	17,106,709	10,677,403	21,975,933	22,511,466	90,123,477
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	136,790	168,468	84,679	171,063	246,808	807,808
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	136,790	168,468	84,679	171,063	246,808	807,808
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 VI.)		27,557				27,557
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,988,756	17,302,734	10,762,082	22,146,996	22,758,274	90,958,842

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	98.260 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.890 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	1.000 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.000 %

19a 33 1/3% support tests—2019. 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART III, LINE 12	MISCELLANEOUS 27,557

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number
38-2117115

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	179,087	179,087	174,087	174,087	174,087
b Contributions			5,000		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	179,087	179,087	179,087	174,087	174,087

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

- a** Board designated or quasi-endowment ▶ 49 000 %
- b** Permanent endowment ▶ 51 000 %
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,000		170,000
b Buildings		9,036,757	809,263	8,227,494
c Leasehold improvements		2,466,764	1,840,473	626,291
d Equipment		1,372,712	1,046,014	326,698
e Other		5,762,710	5,577,032	185,678
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,536,161

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) RECEIVABLE FROM RELATED ENTITY	11,537,217
(2) DEPOSIT	152,219
(3) INTEREST RECEIVABLE	20,656
(4) OTHER ASSETS	9,557
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	11,719,649

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	18,552,121

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,478,414
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	540,111
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	124,758
e	Add lines 2a through 2d	2e	664,869
3	Subtract line 2e from line 1	3	22,813,545
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	64,627
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	64,627
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	22,878,172

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	21,733,621
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	124,758
e	Add lines 2a through 2d	2e	124,758
3	Subtract line 2e from line 1	3	21,608,863
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	64,627
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	64,627
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	21,673,490

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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 38-2117115

Name: EVERSIGHT

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE PURPOSE OF THE GIFT OF HOPE EYE AND VISION RESEARCH ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO SUPPORT EVERSIGHT'S GIFT OF HOPE EYE AND VISIONS RESEARCH PROGRAM THE PURPOSE OF THE GIFT OF SIGHT CHARITABLE ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO SUPPORT EVERSIGHT'S PROGRAM WHICH WAIVES TISSUE PROCESSING FEES, OR REDUCES THE FEE FOR PATIENTS WHO ARE UNABLE TO PAY THE FULL AMOUNT THE PURPOSE OF THE COMMUNITY EDUCATION ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO SUPPORT EVERSIGHT'S COMMUNITY EDUCATION PROGRAM

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENTS EXPENSES 124,758

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS EXPENSES 124,758

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>3</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	251,876	41,998	21,826	315,700
	2 Less Contributions	210,576	15,089	15,742	241,407
	3 Gross income (line 1 minus line 2)	41,300	26,909	6,084	74,293
Direct Expenses	4 Cash prizes			1,845	1,845
	5 Noncash prizes	84,989	7,772	1,657	94,418
	6 Rent/facility costs	68,457	11,000		79,457
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	39,823	1,478	2,155	43,456
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				219,176
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-144,883	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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 provide any additional information. See instructions.

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number

38-2117115

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		
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		
	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		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		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		No

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID BOSCH PRESIDENT & CEO	(i)	202,242			12,889	50,360	265,491	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 KEVIN ROSS FRM PRESIDENT & CEO	(i)	207,586			4,528	23,349	235,463	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 MICHAEL O'KEEFE COO	(i)	160,886			11,900	41,582	214,368	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 JULIE COLLINS CFO	(i)	159,638			11,900	41,582	213,120	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 MICHAEL TITUS VP CLINICAL SERVICES	(i)	150,602			10,753	41,517	202,872	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 KRISTEN MCCOY VP INNOVATIONS	(i)	185,319			7,219	15,990	208,528	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 DIANE HOLLINGSWORTH VP PARTNER RELATIONS	(i)	132,132			9,482	32,866	174,480	
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 CATHERINE MCCLORY DIR COMPLIANCE & QC	(i)	127,241			8,449	24,102	159,792	
	(ii)	-----	-----	-----	-----	-----	-----	-----
9 INDU VADAKKEPATTACH DATA SCI & APP MGR	(i)	120,736			8,292	24,681	153,709	
	(ii)	-----	-----	-----	-----	-----	-----	-----

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 M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number
38-2117115

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS)	X	214	94,598	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
EVERSIGHT

Employer identification number

38-2117115

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	EVERSIGHT'S MISSION IS TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH THE HEALING POWER OF DONATION, TRANSPLANTATION AND RESEARCH BLINDING EYE DISEASES AFFECT 80 MILLION AMERICANS THAT MEANS MILLIONS OF PEOPLE CANNOT SEE THEIR LOVED ONES, DRIVE TO WORK OR READ THE NEW SPAPER ON A SUNDAY MORNING THEIR VISION LOSS RESULTS IN AN ECONOMIC IMPACT OF 51 4 BILLIO N EVERY YEAR IN THE UNITED STATES ALONE EVERSIGHT ENVISIONS A WORLD WITHOUT BLINDNESS-A W ORLD WHERE ALL MOTHERS CAN SEE THEIR CHILDREN AND ALL CHILDREN CAN GROW UP TO LEAD INDEPEN DENT, PRODUCTIVE LIVES THROUGH THE GIFT OF SIGHT TO MAKE VISION A REALITY FOR ALL, EVERSI GHT CONTINUOUSLY WORKS TO EXPAND ITS REACH, CONNECT MORE EFFECTIVELY WITH COMMUNITIES IN N EED AND PROVIDE THE GIFT OF SIGHT TO EVERYONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS PROVIDE VARIOUS TYPES OF SERVICES, INCLUDING LEADERSHIP, THROUGH OUR BOARD OF DIRECTORS (NATIONAL), AND OUR SERVICE AREA ADVISORY BOARDS WE ALSO WORK WITH MEMBERS OF THE LIONS CLUB IN MICHIGAN AND THROUGHOUT OUR SERVICE AREAS TO SHARE INFORMATION ABOUT EVEREIGHT AND EYE DONATION, AND TO GATHER INTEL AND FACILITATE MEANINGFUL CONNECTIONS IN THE LOCAL COMMUNITIES WE SERVE VOLUNTEERS HELP PLAN EVENTS SUCH AS OUR ILLINOIS GIFT OF SIGHT CHARITY EVENT, AND OUR MICHIGAN-BASED GIFT OF SIGHT GOLF CLASSIC, AND SERVE AS REPRESENTATIVES AT DONOR FAMILY GATHERINGS AND OTHER EVENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>RESORING SIGHT EACH YEAR, EVERSIGHT PROVIDES THE GIFT OF SIGHT TO MORE THAN 8,000 PEOPLE A CROSS THE UNITED STATES AND AROUND THE WORLD EVERSIGHT'S WORK BEGAN IN 1947 WITH THE ESTABLISHMENT OF THE FOURTH EYE BANK IN THE UNITED STATES, THEN KNOWN AS THE ILLINOIS EYE-BANK</p> <p>OVER TIME, NONPROFIT EYE BANKS WERE ESTABLISHED IN EVERY STATE TO MEET THE CRITICAL DEMAND FOR CORNEAL TISSUE TO TREAT PREVENTABLE BLINDNESS IN 1985, THE ILLINOIS EYE-BANK AND MICHIGAN EYE-BANK FORMED A PARTNERSHIP- ONE THAT WOULD EARN A REPUTATION FOR CLINICAL EXCELLENCE MADE POSSIBLE BY SOME OF THE FINEST MEDICAL DIRECTORS, STAFF AND BOARD MEMBERS IN THE EYE BANKING FIELD THE SUCCESS OF THE ORGANIZATION ATTRACTED AFFILIATIONS WITH OTHER REGIONAL EYE BANKS LIKE THE BROMENN-WATSON GAILEY EYE-BANK, LIONS EYE BANK OF NEW JERSEY, CLEVELAND EYE BANK AND THE CONNECTICUT EYE BANK, FORMING ONE OF THE LARGEST NETWORKS OF EYE BANKS IN THE U S IN 2015, THE NETWORK BECAME KNOWN AS EVERSIGHT, ALL WORKING TOGETHER AS A UNIFIED OPERATION TO DELIVER THE HIGHEST QUALITY SERVICES TO SURGEONS AND THEIR PATIENTS AND TO CONTINUE TO GROW OUR IMPACT AROUND THE WORLD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>FINDING A CURE IN THE PURSUIT TO ELIMINATE BLINDING EYE DISEASES, EVERSIGHT ESTABLISHED THE EVERSIGHT CENTER FOR VISION AND EYE BANKING RESEARCH IN CLEVELAND, OHIO, TO PROVIDE LEADING OPHTHALMOLOGY RESEARCHERS WITH THE RESOURCES THEY NEED TO FIND CURES AND TREATMENTS FOR EYE DISEASES SUCH AS AGE-RELATED MACULAR DEGENERATION, DIABETIC RETINOPATHY AND GLAUCOMA. EVERSIGHT PROVIDES MORE THAN 3,000 TISSUES ANNUALLY FOR RESEARCH AND EDUCATION PURPOSES. OUR IN-HOUSE RESEARCH ALSO PIONEERS NEW EYE BANKING PRACTICES. WE DEVELOPED TWO NEW RETINAL DISSECTION TECHNIQUES IN 2019 THAT ENABLE OUR TEAM TO PROCURE TISSUE FOR RESEARCH UNDER SPECIFIC PARAMETERS AND TIGHT TIMELINES. WE ARE NOW DELIVERING THESE CRITICAL TISSUES TO RESEARCHERS WHO HAVE OTHERWISE BEEN UNABLE TO FURTHER THEIR INVESTIGATIONS DUE TO A LACK OF ACCESS TO HUMAN TISSUE. EVERSIGHT HAS A LONGSTANDING TRACK RECORD OF RESEARCH AND DEVELOPMENT, TO DATE AWARDING MORE THAN 4 MILLION IN GRANTS THAT STIMULATE PIONEERING CLINICAL AND BASIC SCIENCE RESEARCH AIMING TO DEVELOP NEW WAYS TO RESTORE SIGHT, PREVENT BLINDNESS AND ULTIMATELY HELP PATIENTS LIVE LIFE TO THE FULLEST. OUR RESEARCH AND CLINICAL LEADERSHIP AND STAFF ARE HIGHLY INVOLVED PRIMARY AND CO-INVESTIGATORS, PERFORMING RESEARCH AND AUTHORIZING PUBLICATIONS THAT EXPAND THE BOUNDARIES OF VISION SCIENCE, KNOWLEDGE AND POSSIBILITY. IN 2019, WE RECEIVED THE EYE BANK ASSOCIATION OF AMERICAS' COVETED HIGH IMPACT RESEARCH GRANT FOR OUR WORK WITH THE CENTRE FOR EYE RESEARCH AUSTRALIA, UNIVERSITY OF MELBOURNE, FOR RESEARCH INTO THERAPIES THAT ONE DAY HOPE TO MITIGATE THE GLOBAL CORNEA SHORTAGE. SINCE 1980, THE EYE & VISION RESEARCH GRANT PROGRAM HAS SUPPORTED RESEARCHERS AT LEADING ACADEMIC MEDICAL INSTITUTIONS INCLUDING HARVARD, TUFTS, CLEVELAND CLINIC, CASE WESTERN RESERVE, UNIVERSITY OF MICHIGAN AND NORTHWESTERN. BY DESIGN, EVERSIGHT'S GRANT PROGRAM PROVIDES CRITICAL, EARLY-STAGE FUNDING OR SEED GRANTS THAT ARE INTENDED TO DRIVE FOUNDATIONAL RESEARCH AND DISCOVERY. MANY OF THESE PROJECTS HAVE STIMULATED LARGER-SCALE STUDIES AND WON FURTHER FINANCIAL SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH. IN 2019, EVERSIGHT AWARDED GRANTS TO ADVANCE STUDIES ON TRANSPLANT FAILURE, CORNEAL REGENERATIVE POTENTIAL, UNEXPLAINABLE EYE PAIN, CHORIORETINAL DEGENERATIONS AND HERPES STROMAL KERATITIS, LED BY RESEARCHERS AT KELLOGG EYE CENTER, UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE, WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE, HARVARD MEDICAL SCHOOL AND TUFTS MEDICAL CENTER. EACH YEAR, RECIPIENTS ARE SELECTED BY AN INDEPENDENT REVIEW PANEL COMPRISED OF FOREMOST ACADEMICS, OPHTHALMOLOGISTS AND HEALTH SERVICES RESEARCHERS. THIS DISTINGUISHED REVIEW PANEL FUNDS PROPOSALS THAT ALIGN WITH EVERSIGHT'S MISSION TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH MEANINGFUL SCIENTIFIC INQUIRY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>SUSTAINABLE INTERNATIONAL IMPACT ACCORDING TO THE WORLD HEALTH ORGANIZATION, EVERY DOLLAR SPENT ON IMPROVING EYE HEALTH IN UNDERDEVELOPED AREAS GENERATES A FOUR-FOLD RETURN ON INVESTMENT EVERSIGHT ACTIVELY WORKS WITH MEDICAL PROFESSIONALS, GOVERNMENTS, VISION HEALTH ORGANIZATIONS AND OTHER NGOS IN COUNTRIES LACKING EYE BANKS AND INFRASTRUCTURE TO RESTORE SIGHT TO MILLIONS IN NEED MOST RECENTLY-THROUGH AN EVERSIGHT PARTNERSHIP WITH PAKISTANI MEDICAL PROFESSIONALS AND ORGANIZATIONS-THE FIRST OF SEVERAL NEW WORLD-CLASS EYE BANKS OPENED IN 2019 AT AL-SHIFA TRUST EYE HOSPITAL IN RAWALPINDI, PAKISTAN PAKISTAN PRESIDENT ARIF ALVI CALLED THE PROGRAM "A REVOLUTIONARY STEP IN RETURNING EYESIGHT" FOR AS MANY AS TWO MILLION PAKISTANIS WHO ARE BLIND DUE TO EYE DISEASES AND AN ESTIMATED 250,000 WHO ARE SUFFERING WITH CORNEAL BLINDNESS WITH PROVEN EYE BANKING AND TECHNICAL TRAINING PRACTICES AND HAVING PLAYED A PART IN THE ELIMINATION OF THE U S CORNEA TRANSPLANT WAITING LIST, EVERSIGHT UNIQUELY QUALIFIED TO WORK WITH COUNTRIES LACKING TRANSPLANT PROGRAMS TO HELP THEM ESTABLISH A NATIONAL NETWORK FOR EYE BANKING AND CORNEA DONATION WITH CULTURALLY APPROPRIATE DONATION MODELS AND STATE-OF-THE-ART CLINICAL CAPABILITIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED BY THE CEO AND CFO PRIOR TO FILING COMPLETED 990 IS PROVIDED VIA E-MAIL TO ALL BOARD MEMBERS FOR COMMENTS AND QUESTIONS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE POLICY IS REVIEWED DURING NEW EMPLOYEE ORIENTATION AND ANNUALLY WITH THE ENTIRE STAFF AND BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY SENIOR STAFF UPON DISCOVERY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	A PERFORMANCE REVIEW IS CONDUCTED BY THE BOARD HR COMMITTEE WITH CEO, MERIT INCREASE IS RECOMMENDED BY THE HR COMMITTEE AND APPROVED BY THE BOARD THE CEO IS NOT PART OF COMPENSATION DISCUSSION AND CEO DOES NOT PARTICIPATE IN THE SELECTION OF BOARD MEMBERS THE CEO SALARY IS COMPARED TO SALARIES OF OTHER CEO'S AT PEER ORGANIZATIONS, OTHER EYE BANKS, OPOS, OTHER NONPROFIT ORGANIZATIONS OF SIMILAR SIZE IN 2016 THE ORGANIZATION ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT TO CONDUCT A LEADERSHIP COMPENSATION ANALYSIS THEIR SOURCE OF SALARY INFORMATION IS THE 990'S ISSUED BY PEER ORGANIZATIONS, MICHIGAN NONPROFIT ASSOCIATION SALARY SURVEY, PUBLISHED BUDGETS, WEB-BASED RESEARCH THROUGH FOIA SOURCES AND INDEPENDENT SALARY SURVEY DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	PERFORMANCE REVIEW FOR OFFICERS AND KEY EMPLOYEES IS CONDUCTED BY THE EMPLOYEES' IMMEDIATE MANAGER, MERIT INCREASES ARE RECOMMENDED BY THE MANAGER AND APPROVED BY THE CEO SALARIES OF OFFICERS AND KEY EMPLOYEES ARE COMPARED TO SALARIES OF OTHER SIMILAR POSITIONS AT PEER ORGANIZATIONS, OTHER EYE BANKS, OPOS, OTHER NONPROFIT ORGANIZATIONS OF SIMILAR SIZE A REPORT IS PROVIDED TO THE HR COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW IN 2016 THE ORGANIZATION ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT TO CONDUCT A LEADERSHIP COMPENSATION ANALYSIS THEIR SOURCE OF SALARY INFORMATION IS THE 990'S ISSUED BY PEER ORGANIZATIONS, MICHIGAN NONPROFIT ASSOCIATION SALARY SURVEY, PUBLISHED BUDGETS, WEB-BASED RESEARCH THROUGH FOIA SOURCES AND INDEPENDENT SALARY SURVEY DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPECIAL EVENTS EXPENSES 124,758 SPECIAL EVENTS EXPENSES -124,758

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number

38-2117115

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) EVERSIGHT INTERNATIONAL 3985 RESEARCH PARK DRIVE ANN ARBOR, MI 48108 47-1671769	EYE BANK	MI	3	10	EVERSIGHT EVERSIGHT	Yes	
(2) EVERSIGHT NEW JERSEY 77 BRANT AVE SUITE 100 CLARK, NJ 07066 20-3345087	EYE BANK	NJ	3	7	EVERSIGHT EVERSIGHT	Yes	
(3) EVERSIGHT MICHIGAN 3985 RESEARCH PARK DRIVE ANN ARBOR, MI 48108 27-3107692	EYE BANK	MI	3	7	EVERSIGHT EVERSIGHT	Yes	
(4) EVERSIGHT ILLINOIS 547 WEST JACKSON BLVD SUITE 600 CHICAGO, IL 60661 27-3107617	EYE BANK	IL	3	7	EVERSIGHT EVERSIGHT	Yes	
(5) MIDWIRE SYSTEMS 3985 RESEARCH PARK DRIVE ANN ARBOR, MI 48108 38-3557111	SOFTWARE	MI	3	10	EVERSIGHT EVERSIGHT	Yes	
(6) EVERSIGHT OHIO 6700 EUCLID AVE SUITE 101 CLEVELAND, OH 44103 45-5111431	EYE BANK	OH	3	7	EVERSIGHT EVERSIGHT	Yes	
(7) EVERSIGHT CONNECTICUT 3985 RESEARCH PARK DRIVE ANN ARBOR, MI 48108 47-5113503	EYE BANK	CT	3	7	EVERSIGHT EVERSIGHT	Yes	

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) Disproportionate 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	

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	No
(1) EVERSIGHT INTERNATIONAL HOLDINGS 4 BURNABY STREET HAMILTON, BERMUDA BD	HOLDINGS	BD	N/A					Yes	

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 organization 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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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)EVERSIGHT INTERNATIONAL 274622	O	301,884	COST
(2)EVERSIGHT INTERNATIONAL 231250	L	792,000	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation