(Rev January 2020)

Departmer € of the Treasury

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.

OMB No 1545-0047 2019

Open to Public

| A | | nue Service | Go to www.irs.gov/rorms990 for instructions and the latest i | | | 1201202 | Inspection |
|--|---------------|----------------|--|-----------|-----------------------|--------------|----------------------------|
| - | | | lendar year, or tax year beginning 7/1/2019 , and en | naing | | /30/202 | fication number |
| Å | | applicable | | | | yer identi | ilcation number |
| ᆜ | Address | cnange | Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite | | -04 20456 | 60 | |
| | Name ch | nange | | | 04-38156 E Telepho | | |
| $\overline{\Box}$ | Initial reti | | P.O. Box 409 Grand Central Station City or town State ZIP code | | - Telepho | one numb | eı |
| 므 | iniuai reu | um | New York NY 10163-0409 | . | (212) 832 | -9170 | |
| Ш | Final return | n/terminated | Foreign country name Foreign province/state/country Foreign postal of | | 4 | | |
| П | Amended | d return | Totalgri country name Totalgri province/state/country Totalgri postar (| coue | G Gross r | acointe \$ | 627,055 |
| 믐 | Amendec | a return | | | 0 0,033 | COCIPIO W | |
| Ш | Application | on pending | F Name and address of principal officer | H(a) Is | this a group retui | rn for subor | dinates? Yes X No |
| | | | Lorin Silverman 130 East 59th Street, Suite 1102, New York, NY 10023 | H(b) A | re all subordin | ates inclu | ded? Yes No |
| ı | Tax-exe | mpt status | X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 1 527 |) If | f "No," attach a | list (see | instructions) |
| $\overline{}$ | Mohesto | v. ▶ httn | | H/o) G | roup exemptio | n number | . 🍆 |
| | | | | | | | |
| | | organization | | r of forn | nation 200 | 5 M S | State of legal domicile NY |
| | art I | | mmary | | | | |
| 4 | 1 | Briefly d | escribe the organization's mission or most significant activities See S | Sched | ule O For C |)rganıza | ation's Mission |
| Š | | | | . | | | |
| na L | | | *-* / p ex | ح | .e.isu | | |
| Ver | 2 | Check th | ាs box ▶ ☐ if the organization discontinued its operations ស្ងួរៀរទ្ធសូវៀ | of moi | re than 25% | of its r | net assets. |
| တ္ဗ | 3 | | of voting members of the governing body (Part VI, line 1a) | | -9-69 | 3 | 5 |
| ಂಶ | 1 4 | | of independent voting members of the governing body (Part VI, line 1b). | , • | • | 4 | 5 |
| ies | 5 | | mber of individuals employed in calendar year 2019 (Part V, line ¿¿a) : ? 3 | งกร | วัก | 5 | 4 |
| ₹ | 6 | Total nu | mber of volunteers (estimate if necessary) | ه الله | 20 | 6 | 18 |
| Activities & Governance | 7a | | | LIT | • • | 7a | 0 |
| • | b | | related business revenue from Part VIII, column (C), line 12 . Ogden slated business taxable income from Form 990-T, line 39 | ı, O ı | | 7b | |
| | + - | Net unit | lated business taxable income from Form 550-1, line 55 | | Prior Year | 1 10 | Current Year |
| _ | 8 | Contribu | tions and grants (Part VIII, line 1h) | | 11101 1001 | 5 | 25,620 |
| Revenue | 9 | | service revenue (Part VIII, line 2g) | | | 20,844 | 60,039 |
| ζ, | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) ′ . | | | 4,431 | 47,757 |
| 28 | 11 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 4,431 | 0 |
| | 12 | | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 25,280 | 133,416 |
| . | 13 | | and similar amounts paid (Part IX, column (A), lines 1–3). | | | 25,280 | 133,410 |
| j | 14 | | paid to or for members (Part IX, column (A), line 4) | | | 0 | 0 |
| | 1 | | , | | 1, | 14,136 | |
| Ses | 15 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | 161,902 | |
| Expenses | 16a | | onal fundraising fees (Part IX, column (A), line 11e) | | | 0 | |
| ı X | 1 | | draising expenses (Part IX, column (D), line 25) ► 0 | | | 50,398 | 20.502 |
| • | 17 18 | | penses (Part IX, column (A), lines 11a–11d, 11f–24e) | | | 94,534 | 39,503 201,405 |
| | 19 | | | | _ | 59,254 | |
| - g | | Revenue | e less expenses. Subtract line 18 from line 12 | Rogini | ning of Currer | | -67,989 End of Year |
| ance | 20 | Total acc | sets (Part X, line 16) | Degiiii | | 37,801 | 794,355 |
| Asse | 21 | | bilities (Part X, line 26) | | | 168 | 59,708 |
| Net Assets or Fund Balances | 22 | | ts or fund balances Subtract line 21 from line 20 | | 86 | 57,633 | 734,647 |
| | rt II | | nature Block | | | 27,0001 | 104,047 |
| | | | I feclare that I have examined this return, including accompanying schedules and statements, a | and to th | he hest of my k | nowledge | |
| and I | belief, it is | s true, correc | st and complete Declaration of preparer (other than officer) is based on all information of which p | prepare | r has any knov | vledge | <i>'</i> |
| | | | The Volume 1918 | | | 11 | 12150 |
| Sig | | - | Signature of officer | | Date | | 1 |
| He | re | 1 | Lorin Silverman, President | | | | (|
| | | | Type or print name and title | | | | |
| | | | Type or print riante and title Type preparer's name Preparer's signature | Dat | e T | | PTIN |
| Pai | d | 0 | | | (| Check [| ıf |
| | parer | | | | | self-emplo | oyed |
| | Parei Only | | s name | | Firm's EIN | • | <u> </u> |
| Jot | . Unity | | s address ▶ | | Phone no | | |
| | the ID | | | | | | |
| vidy | me IK | o uiscuss | this return with the preparer shown above? (see instructions) | • | | • • • | · Yes No |

| Statement of Program Service Accomplishments | Form : | 990 (2019) F Y Eye, Inc | 04-3815653 | Page 2 |
|---|--------|---|---|---------------|
| See Schedule O For Organization's Mission. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 1 Ves, "describe these new services on Schedule O 1 Ves, "describe these new services on Schedule O 1 Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expresse Section 501(c(s)) 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. 44 (Code:) (Expenses \$ 174,159 including grants of \$) (Revenue \$ 60,039.) 5 Y. Yes is a nonprofit media agency that works with other nonprofits and government organizations to baild public awarieriess about important social, civic, technological, and educational resources that can enhance the lives of the most understable. FY. Yes achieves its mission by developing and disseminance the lives of the most understable. FY. Yes achieves its mission by developing and disseminance the lives of the most understable. FY. Yes achieves its mission by developing and public concern. Their signature program is a community media cooperative (the digital PSA Network), an ecosystem of over 100 indoor and outdoor digital bilibioards strategically placed in high-visibility bubble and nonprofit spaces. This growing network of screen was created specifically and exclusively for social impact messaging, and they offer nonprofits ad space on their media the strategically placed in high-visibility bubble and nonprofit spaces. This growing network of screen was created specifically and exclusively for social impact messaging, and they offer nonprofits ad space on the media data shall also a space on the space of the space | Pa | | | |
| See Schedule O For Organization's Mission. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Describe the organization case conducting, or make significant changes in how it conducts, any program services as services? If "Yes," describe these organizations 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 axpenses, and revenue, if any, for each program service reported. 4 (Code:) (Expenses \$ 174,199 including grants of \$) (Revenue \$ 69,039.) F.Y. Eye is a nonprofit media agency that works with other nonprofits and government organizations to build police avareness about important social, ever, technological, and educational resources that can enhance the lives of the most vulnerable. F.Y. Eye achieves its mission by developing and disseminating PSAs (Public Service Announcements) that generate attention and action on issue of public concern. Their signature program is a community media cooperative (the digital PSA. Network), an ecosystem of veri 100 indoor and judged right all biborest strategically placed in hyphovishitish public and nonprofit spaces. This growing network of screens was created; specifically placed and endoughed right all biborest strategically placed in hyphovishitish public and nonprofit spaces. This growing network of screens was created; specifically placed and endoughed right biborest strategically placed in hyphovishitish public and nonprofit spaces. This growing network of screens was created; specifically placed and endoughed right biborest strategically placed in hyphovishitish public and in negative the program services of the most vicinity of the place of the | | | | |
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| If Yes 2 describe these changes on Schedule O | 3 | | | _ |
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| this media channel for free. Current media venue include billboards, telephone kiosks, bus shelters and transit ads, internet, move theatre pre-flim advertising, events, radio ads and plasma verdeo displays in libraries, colleges and nonprofit locations. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code) (Expenses \$ including grants of \$) (Revenue \$) | | | | |
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| 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| 4c (Code.) (Expenses \$ including grants of \$) (Revenue \$) | | plasma veideo displays in libraries, colleges and nonprofit locations | | |
| 4c (Code.) (Expenses \$ including grants of \$) (Revenue \$) | 4b | (Code) (Expenses \$ including grants of \$) (R | evenue \$ | ١ |
| 4c (Code.) (Expenses \$ including grants of \$) (Revenue \$) | 40 | | | |
| 4c (Code) (Expenses \$ | | | | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | • | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | •••• | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| 4d Other program services (Describe on Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | 4c | (Code) (Expenses \$ including grants of \$) (R | evenue \$ |) |
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| (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | | | | |
| | 4d | | - | |
| | 40 | | υ) | |

104-3815653

| Far | Checklist of Required Schedules | | | |
|-----|---|-----|----------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| ' | complete Schedule A | 1 | х | İ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | Х |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | | ľ | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | X |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | x | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X | 11e | \overline{x} | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 1 | İ | |
| h | Schedule D, Parts XI and XII | 12a | \dashv | <u> </u> |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 175 | $\neg +$ | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | -+ | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | \dashv | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |

| Par | Checklist of Required Schedules (continued) | | | |
|------|--|----------|----------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | • | İ |
| | employees? If "Yes," complete Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | 1 |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | İ | İ | ĺ |
| | 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | ∫ x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | ĺ | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | <u> </u> | X |
| | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | ŀ | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | ĺ |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | |] |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | l |
| | persons? If "Yes," complete Schedule L, Part III | 27 | ļ | X |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 1 | | l |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions) | • | - | - |
| | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | If"Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If If"Yes," complete Schedule L, Part IV. | 28c | | v |
| | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| | Did the organization receive more than \$25,000 in hon-cash contributions: in tres, complete schedule in | <u> </u> | | ┝ |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | <u> </u> | | <u> </u> |
| | If "Yes," complete Schedule N, Part II | 32 | | X |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | | | |
| | III, or IV, and Part V, line 1. | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled | | | |
| | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | L |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related |] | | l |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | ĺ | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X_ |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | Ì | ı |
| _ | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Part | | | r | — |
| | Check if Schedule O contains a response or note to any line in this Part V | · · | <u> </u> | <u></u> |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | , , | } | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | |] | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| (| gaming (gambling) winnings to prize winners? | 1c | X | |

| Fai | Statements Regarding Other IRS Filings and Tax Compliance (Continued) | | Yes | No |
|-----|--|-----|----------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | res | No |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 4 | ŀ | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | × | 1 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 1 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | İ | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | \vdash | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | ļ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 1 | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | 1 |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | × |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | × |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter. | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | Ī |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | - 1 | 6 |
| | against amounts due or received from them.) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | Ì | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | - |
| | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | J | J | |
| | excess parachute payment(s) during the year | 15 |] | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | ~ | X |
| | If "Yes " complete Form 4720. Schedule O | | | _ |
| | H. LOD. DOMINION LUMINITIES, COMMUNIC C | | | |

| Sect | tion A. Governing Body and Management | | | | |
|------|---|----------------------------|-------------|---------------------|-----------------|
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a <u>5</u> | | | |
| | If there are material differences in voting rights among members of the governing body, or | <u></u> | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | |
| | committee, explain on Schedule O | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b 5 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | hip with | 1 | | |
| | any other officer, director, trustee, or key employee? | | 2 | x | |
| 3 | Did the organization delegate control over management duties customarily performed by or under | he direct | | | |
| _ | supervision of officers, directors, trustees, or key employees to a management company or other p | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | | 4 | Х | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or | annoint | Ť | | |
| , a | one or more members of the governing body? | арро ли | 7a | | х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members | | | | `` |
| b | stockholders, or persons other than the governing body? | • | 7ь | | x |
| 0 | Did the organization contemporaneously document the meetings held or written actions undertaken | | 1.5 | | |
| 8 | | rading | İ | | |
| _ | the year by the following The governing body? | | 8a | x | |
| a | The governing body? | | 8b | X | |
| b | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | | | | |
| 9 | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | 9 | | x |
| C4 | ion B. Policies (This Section B requests information about policies not required by the | | | } | |
| Seci | ion B. Policies (This Section B requests information about policies not required by the | memai Nevenue (| <i>700e</i> | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | | 10a | 100 | X |
| 10a | If "Yes," did the organization have written policies and procedures governing the activities of such | hanters | 100 | | |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | | 10Ь | | |
| 44 | Has the organization provided a complete copy of this Form 990 to all members of its governing body befo | | 11a | × | |
| 11a | | e ming the form: . | l la | ^ | _ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | 12a | x | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could go | ive rise to conflicts? | 12b | x | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | Vos " | 120 | | |
| С | describe in Schedule O how this was done | 763, | 12c | × | |
| 40 | | • • | 13 | x | |
| 13 | Did the organization have a written whistleblower policy? | | 14 | x | |
| 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 approve | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | and decision, | 150 | x | |
| a | The organization's CEO, Executive Director, or top management official. | | 15a 15b | $\frac{\hat{x}}{x}$ | |
| b | Other officers or key employees of the organization | | 130 | | |
| 46 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | ement | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ement | 160 | | X |
| | with a taxable entity during the year? | · · · | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the | | | | 4 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeg | | 16b | 1 | - : |
| | the organization's exempt status with respect to such arrangements? | | LIOD | | |
| | ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, | and 990-T (Section | 501(c) | | |
| 18 | (3)s only) available for public inspection. Indicate how you made these available. Check all that app | dia 220-1 (Section) | JU 1(U) | , | |
| | | olain on Schedule O) | | | |
| 10 | Own website Another's website X Upon request Other (exposerible on Schedule O whether (and if so, how) the organization made its governing documents, | | ICA | | |
| 19 | and financial statements available to the public during the tax year. | oo, mot of interest po | , | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's b | ooks and records | • | | |
| 20 | | (0.40) 000 0470 | - | | |
| | Lorin Silverman 130 East 59th Street, Suite 1102, New York, NY 10022 | | | - | |
| | | · | | | |

| Form 990 (2019) | F.Y. Eye, Inc. | | | | | | | | | 04-38156 | 353 Page 7 |
|---|---|---|---|-----------------------|------------------------|----------------------|------------------------------|----------------|---|--|---|
| Part VII | Compensation of Officers, Dire | = | es, I | Кеу | <i>E</i> n | npl | oyee | s, I | Highest Comp | ensated | |
| | Employees, and Independent C Check if Schedule O contains a | | te to | an | ıy lır | ne i | n this | s Pa | art VII.... | | 🔲 |
| Section A. | Officers, Directors, Trustees, H | (ey Employee | s, aı | nd l | Hig | hes | st Co | mp | ensated Emp | loyees | |
| 1a Complete t | his table for all persons required to be | listed. Report co | mpe | nsat | tion | for t | the ca | ilen | dar year ending | with or within the | • |
| organization's | • | | | | | | | | | | |
| of compensati List all o List the who received i | of the organization's current officers, of on Enter -0- in columns (D), (E), and it of the organization's current key emploi organization's five current highest column reportable compensation (Box 5 of Found any related organizations | (F) if no compens byees, if any. Se mpensated empl | satior e inst oyee: | n wa ruct s (of | as pa tions ther | aid. s for tha | defin | itioi offic | n of "key employ er, director, trust | ee " ee, or key emplo | |
| | of the organization's former officers, keeportable compensation from the organ | | | | | | | ed e | employees who i | eceived more th | an |
| | of the organization's former directors more than \$10,000 of reportable comp | | | | | | | | | | the |
| See instruction | ns for the order in which to list the pers | ons above. | | | | | | | | | |
| Check this | s box if neither the organization nor an | y related organiz | ation | cor | npe | nsa | ted a | пу с | urrent officer, di | ector, or trustee | • |
| (A) Name and title | | (B) Average hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Nina C. | Robbins | 40.00 | | | | _ | | | | | |
| Program Direc | tor | 0.00 | | <u>L</u> . | | × | | | 90,479 | | 17,923 |
| (2) Lorin Sıl | verman | 4 00 | | | | 1 | | | | | |
| President | | 0.00 | X | <u> </u> | X | <u> </u> | | | | | |
| (3) Mark Co | ohen | 3.00 | | 1 | | ļ | | | | | |
| Secretary Stowert | Abramaan | 0.00 1 00 | _X_ | - | × | <u> </u> | - | - | | | |
| (4) Stewart Director | Apramson | 0 00 | x | | | | | | | | |
| (5) Eva Kan | ntrowitz | 1.00 | | | \vdash | | | | | | |
| Director | <u> </u> | 0.00 | x | | | | | | | | ı. |
| (6) Grace C | hung | 1.00 | | | | · | | | | | · |
| Orector | | 0.00 | X | L., | Щ | | | | | | |
| | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| 10) | | | | | | | | | | | |
| 11) | | | | | | | | | | | |
| 12) | | | | | | | | | | | |
| 13) | | | | | | | | \dashv | | | |

| Р | art VII Section A. Officers, Directors, Tru | ustees, Key Em | ploye | ees, | and | iH b | ghes | t C | ompensated En | iployees (c | <u>ontın</u> | ued) | | |
|------------|--|---|--------------------------------|-----------------------|----------------------|------------|---|-----------------|---|---|--------------|--------------|---------------------------------------|------------|
| | (A) Name and title | (B) Average hours per week | box, offic | unles er an | Pos neck ss pe | rson | than of the state | n an tee) | (D) Reportable compensation from the | (E) Reportabl compensati from relate | on ed j | CO | (F) nated ar of other mpensa | tion |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | y employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organızatıo (W-2/1099-M | | orga | from the anization d organi | and |
| (15) | | | | | | | | | | - | | | | |
| (16) | | | | | | | | , | - | | | | | |
| (17) | | | | | | | | | 3 | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | _ | | | | | |
| (21) | | | | | | | | | | | \dashv | <u></u> | | |
| (22) | | | | | | | | | | , | \dashv | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | _ | | | | | |
| 1b c | Subtotal | ection A | | • | , | | | > | 90,479 0 | | 0 | | | 7,923 0 |
| d | Total (add lines 1b and 1c) | | | bov | — е) w | /ho | recen | ▶ ved | 90,479 more than \$100 | ,000 of | 0 | | 17 | ,923 |
| | reportable compensation from the organization | | | | | | | | | | | | Yes | No. |
| 3 | Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Schedi</i> | - | | | ee, | or h | ighes | st co | mpensated | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations greater | f reportable com | pens | atıo | | | | | | , , , , | | | | |
| 5 | Individual | | | nan | V Hr | Tals | | | | dual | - | 4 | | X |
| | for services rendered to the organization? If "Ye | | | | | | | | | · | | 5 | <u> </u> | X |
| <u>Sec</u> | tion B. Independent Contractors Complete this table for your five highest competed | nsated independ | ent c | ontr | acto | ors t | hat re | ecei | ved more than \$ | 100,000 of | | | | |
| | compensation from the organization. Report cor | | | | | | | | with or within the | | n's ta | | | |
| | (A) Name and business addr | ess | | | | | | | (B) Description of serv | ices | C | (C) ompen | | |
| | | | | | | | \dashv | | | | | | | <u>0</u> |
| | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (include | ling but not limite | ed to | thos | e li | sted | abo | ve) | who received | | | | | <u> </u> |
| | more than \$100,000 of compensation from the | - | | | | | | Ó | | | | | ,_ | : |

04-3815653

| | | Check if Schedule O co | ntains a respo | nse o | r note to any line ii | n this Part VIII. | | · · _ · | |
|--|----------|---|------------------|--|---------------------------------------|----------------------|--|--------------------------------------|--|
| | k. | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| જ જ | 1a | Federated campaigns | | 1a | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues . | • | 1b | 0 | | | | |
| O. E | C | • | | 1c | 0 | | } | } | |
| iifts ar A | d | | | 1d | 0 | | | | • |
| S, G | e | • | • | 1e | 0 | | | : | |
| Sig | f | All other contributions, gifts | - | 1 | | | } | | ł |
| but | | similar amounts not include | | 1f | 25,620 | - | | | |
| وَ جَ | g | Noncash contributions inclu | uded in | ١. | | | | _ | |
| Cor | 1. | lines 1a-1f | | 1g | \$0 | 05.000 | 1 | Ì | |
| | <u> </u> | Total. Add lines 1a-1f _ | · | | Business Code | 25,620 | | | |
| o o | 2a | PSAs/Advertising/Graphic [| Docian AMarkat | | 519100 | 60,039 | · | <u> </u> | |
| Program Service Revenue | b | | | | 319100 | 00,039 | | | |
| Ser Jue | 6 | | | | | 0 | | <u> </u> | |
| E S | d | | | | · · · · · · · · · · · · · · · · · · · | 0 | | | - |
| Re J | | | | | | 0 | | | |
| ĕ | f | All other program service re | | | | 0 | | · | |
| а. | a | Total. Add lines 2a-2f. | | | | 60,039 | | | |
| | 3 | investment income (includir | | | | | | | |
| | | | | | | 28,802 | | | 28,802 |
| | 4 | Income from investment of | tax-exempt bo | nd pro | oceeds | 0 | | | -, |
| | 5 | Royalties | | | <u> ▶</u> | 0 | | | |
| | | - | (ı) Re | al | (II) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | |
| | b | Less. rental expenses | 6b | | | | | | |
| | С | Rental income or (loss) | 6c | 0 | 0 | | | | |
| | d | Net rental income or (loss) | | | | 0 | | | |
| | 7a | Gross amount from | (ı) Secu | nties | (ii) Other | | | | |
| | | sales of assets | <u> </u> | | | | | | |
| | | other than inventory | 7a 51 | 2,594 | 0 | | | | l. |
| ğ | b | Less cost or other basis | _ | | | | | | |
| Revenue | | and sales expenses . | | 3,639 | | | | | |
| 8 | C | Gain or (loss) | | 8,955 | 0 | 10.055 | | | 40.055 |
| Je. | d 8a | Net gain or (loss) Gross income from fundrais | | | · · · · | 18,955 | | | 18,955 |
| Other | oa | events (not including \$ | 0 | Į. | | | | | |
| ĺ | | of contributions reported on | | | | | | | |
| | | | | 8a | 0 | | | | |
| j | b | Less direct expenses | | 8b | O | | | | |
| ļ | c | Net income or (loss) from fu | | | • | ol | | , , , , | |
| } | 9a | Gross income from gaming | _ | | | | | | |
| 1 | | See Part IV, line 19 | | 9a | 0 | | | • | |
| | b | Less direct expenses . | | 9b | 0 | | | | |
| - 1 | С | Net income or (loss) from ga | aming activities | <u> </u> | | 0 | | | |
| - 1 | 10a | Gross sales of inventory, les | ss | | | | | | |
| | | returns and allowances | | 10a | 0 | | | | |
| | b | Less cost of goods sold . | | 10b | 0 | | | ~ | |
| | С | Net income or (loss) from sa | ales of inventor | у. <u>.</u> | <u> ▶</u> | 0 | | | |
| ıς | | | | | Business Code | | | | |
| ହୁଁ କା | 11a | | | | <u> </u> | 0 | | | |
| Revenue | b | | | | <u> </u> | 0 | | | |
| | C | | | | | 0 | | | |
| Miscellaneous Revenue | d | | | | L | 0 | | | |
| <u> </u> | е | Total. Add lines 11a-11d. | | <u>. </u> | | 0 | | | |
| | 12 | Total revenue. See instructi | ions | | ▶ † | 133,416 | 01 | Ol | 47,757 |

| _ | ion 501(c)(3) and 501(c)(4) organizations must complete all | columns All other or | rganizations must c | omplete column (A) | |
|----------|---|----------------------|--------------------------------------|-------------------------------------|--------------------------|
| 000 | Check if Schedule O contains a response or note | | | ompiete column (A) | |
| | not include amounts reported on lines 6b, 7b, 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 | | - OAPONGOS | general expenses | <u> </u> |
| | domestic governments. See Part IV, line 21 | o | • | | _ |
| 2 | Grants and other assistance to domestic | | | | • • |
| | individuals. See Part IV, line 22 | 0 | | _ | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | i | ŀ | , |
| | individuals See Part IV, lines 15 and 16 | 0 | | · | • |
| 4 | Benefits paid to or for members | 0 | | | • |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 115,203 | 103,683 | 11,520 | |
| 6 | Compensation not included above to disqualified | İ | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 35,761 | 32,185 | 3,576 | |
| 8 | Pension plan accruals and contributions (include | ĺ | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | <u></u> | |
| 10 | Payroll taxes | 10,938 | 9,844 | 1,094 | |
| 11 | Fees for services (nonemployees) | , | | | |
| а | Management | 0 | | | |
| þ | Legal | 0 | | | |
| С | Accounting | 1,800 | | <u>1,800</u> | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 3,909 | | 3,909 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 0 | | 0 | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 320 | 240 | 80 | |
| 14 | Information technology | 577 | 577 | | |
| 15 | Royalties | 12.000 | | 2 004 | |
| 16 | Occupancy | 12,002 | 9,001 | 3,001 | |
| 17 | Travel | 103 | 103 | | |
| 18 | Payments of travel or entertainment expenses | o | } | | |
| 40 | for any federal, state, or local public officials | 949 | 949 | - | |
| 19 | Conferences, conventions, and meetings | 949 | 949 | | |
| 20 21 | Interest | - 0 | | | |
| 22 | Depreciation, depletion, and amortization | | 0 | | |
| 23 | Insurance | 6,252 | 4,954 | 1,298 | |
| 24 | Other expenses. Itemize expenses not covered | 0,202 | 7,557 | 1,290 | |
| | above (List miscellaneous expenses on line 24e If | | | | - |
| | line 24e amount exceeds 10% of line 25, column | ľ | | | - |
| | (A) amount, list line 24e expenses on Schedule O.) | | _ | | |
| а | B | 1,609 | 1,448 | 161 | |
| b | Libition | 1,920 | 1,440 | 480 | |
| c | Wahata Dagan Evagga | 0 | | | |
| d | Campaign Expense | 9,174 | 9,174 | | |
| e | All other expenses Miscellaneous | 888 | 601 | 287 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 201,405 | 174,199 | 27,206 | 0 |
| 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 | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

Page 11

Form 990 (2019) 9) F.Y Eye, Inc.
Balance Sheet

| | | Check if Schedule O contains a response or | note to any line in this Part X . | | | |
|-----------------------------|-----|---|---------------------------------------|-----------------------|----------|---------------------------------------|
| | ı | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 33,152 | 1 | 75,737 |
| | 2 | Savings and temporary cash investments | | 0 | 2 | |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 500 |
| | 4 | Accounts receivable, net | | 10,000 | 4 | 31,930 |
| | 5 | Loans and other receivables from any current o | r former officer, director, | | | |
| | l | trustee, key employee, creator or founder, subs | | | | } |
| | | controlled entity or family member of any of the | | 0 | 5 | |
| | 6 | Loans and other receivables from other disqualifi | | | | |
| | - | under section 4958(f)(1)), and persons described | i i | 0 | 6 | |
| Ş | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | | 0 | 8 | |
| Ÿ | 9 | Prepaid expenses and deferred charges | | 0 | 9 | · · · · · · · · · · · · · · · · · · · |
| | 10a | Land, buildings, and equipment cost or | ri rii i F | | | |
| | | other basis Complete Part VI of Schedule D | 1,006 | | | - +-1 |
| | ь | Less accumulated depreciation | 10b 1,006 | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | 1,000 | 824,649 | 11 | 686,188 |
| | 12 | Investments—other securities See Part IV, line | 11 ' ' | 0 | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line | <u> </u> | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | | · · · · · · · · · · · · · · · · · · · | 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal | - | 867,801 | 16 | 794,355 |
| | 17 | Accounts payable and accrued expenses | | 168 | 17 | 31,733 |
| | 18 | | | 0 | 18 | 31,733 |
| | 19 | | · · · | | 19 | |
| | 20 | | · · · · - | 0 | 20 | |
| | 21 | | Oart IV of Schodulo D | | 21 | |
| s | | Escrow or custodial account liability Complete I | F | | | |
| Liabilities | 22 | Loans and other payables to any current or form | 1 | | | } |
| i≅q | | trustee, key employee, creator or founder, subst | l l | o | 22 | لا |
| ia | | controlled entity or family member of any of thes | | 0 | 22 23 | |
| _ | 23 | Secured mortgages and notes payable to unrela | · | 0 | <u></u> | 0 |
| | 24 | Unsecured notes and loans payable to unrelated | · · · · · · · · · · · · · · · · · · · | | | |
| | 25 | Other liabilities (including federal income tax, paragraph, and other liabilities not included on lines | | | | ` |
| | | Dort V of Cohodulo D | · · · | o | 25 | 27.075 |
| | 20 | | | | 26 | 27,975 |
| | 26 | Total liabilities. Add lines 17 through 25. | | 168 | 20 | 59,708 |
| è | | Organizations that follow FASB ASC 958, che | eck here ► X | | | İ |
| ž | | and complete lines 27, 28, 32, and 33. | | | | |
| ag | 27 | Net assets without donor restrictions . | | 867,633 | 27 | 734,647 |
| 9 | 28 | Net assets with donor restrictions | · · · · · · / — · - | 0 | 28 | |
| 5 | | Organizations that do not follow FASB ASC 9 | 58, check here | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | - | | |
| 8 | 29 | Capital stock or trust principal, or current funds . | | 0 | 29 | |
| Set | 30 | Paid-in or capital surplus, or land, building, or ed | | 0 | 30 | |
| Aŝi | 31 | Retained earnings, endowment, accumulated in | come, or other funds. | 0 | 31 | |
| e l | 32 | Total net assets or fund balances | | <u>8</u> 67,633 | 32 | 734,647 |
| Z | 33 | Total liabilities and net assets/fund balances . | | <u>8</u> 67,801 | 33 | 794,355 |

| Form | 990 (2019) F.Y. Eye, inc | 04-381 | 5653 | Pag | _{ge} 12 |
|------|---|--------|------|-----|------------------|
| Par | t 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 | | 133 | 3,416 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 201 | ,405 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -67 | 7,989 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . | 4 | | 867 | 7,633 |
| 5 | Net unrealized gains (losses) on investments | 5 | | -64 | ,997 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | | 734 | ,647 |
| Part | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | | | . [| |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | , | | - • ` |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | , <u>'-</u> |
| | Schedule O. | | | 735 | - Ai |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | 7 |
| | reviewed on a separate basis, consolidated basis, or both | | | | *: |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - | į į |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | x |
| J | 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 | | | . [| 4 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | , | • • | - |
| | | | | | } |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | - - | | ' |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant?. | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | ! |
| _ | Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | _ | | v |
| | the Single Audit Act and OMB Circular A-133? | • • | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3h | | |

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number F.Y. Eye, Inc. 04-3815653

| Par | Reason for Public Cha | rity Status (All or | ganizations must co | omplete t | this part. | See instructions. | | | | |
|-------|--|---|--|-------------------|------------------------------|--|-------------|-------------|--|--|
| The | The organization is not a private foundation because it is (For lines 1 through 12, check only one box) | | | | | | | | | |
| 1 | 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 ho | spital service organi | zation described in se | ction 170 | (b)(1)(A)(i | ii). | U | | | |
| 4 | A medical research organization | • | | | | · | nter the | | | |
| | hospital's name, city, and state | • | ' | | | -1-70-70-70-7 | | | | |
| 5 | An organization operated for the section 170(b)(1)(A)(iv). (Con | | ge or university owned | or operat | ed by a go | overnmental unit des | cribed in | | | |
| 6 | A federal, state, or local govern | nment or governme | ntal unit described in s | ection 17 | 0(b)(1)(A) | (v). | | | | |
| 7 | X An organization that normally described in section 170(b)(1) | | | om a gove | ernmental | unit or from the gene | eral public | | | |
| 8 | A community trust described in | section 170(b)(1)(| A)(vi). (Complete Part | 11) | | | | | | |
| 9 | An agricultural research organ | | | | ed in coniu | nction with a land-gr | ant colleg | e | | |
| | or university or a non-land-gra university | nt college of agricul | ture (see instructions). | Enter the | name, cit | y, and state of the co | ollege or | | | |
| 10 | An organization that normally in receipts from activities related support from gross investment acquired by the organization a | to its exempt function income and unrelated | ons—subject to certain ted business taxable in | exception | ns, and (2) ss section | no more than 33 1/ 511 tax) from busine | 3% of its | ss | | |
| 11 | An organization organized and | operated exclusive | ly to test for public safe | ety. See s | ection 50 | 9(a)(4). | | | | |
| 12 | An organization organized and of one or more publicly suppor Check the box in lines 12a thro | ted organizations de | escribed in section 50 | 9(a)(1) or | section 5 | 09(a)(2). See <mark>sectio</mark> | n 509(a)(3 | 3). | | |
| а | Type I. A supporting organization(organization You must coi | s) the power to regu | ılarly appoint or elect a | | | | | | | |
| b | Type II. A supporting organic control or management of the organization(s). You must o | ne supporting organ | ization vested in the sa | | | | | t | | |
| С | Type III functionally integrits supported organization(s | | | | | | rated with | ١, | | |
| d | Type III non-functionally integrated in that is not functionally integrated requirement (see instruction | ated The organizat | tion generally must sat | isfy a disti | ribution re | quirement and an at | | | | |
| е | Check this box if the organization | • | | | | | e III | | | |
| | functionally integrated, or Ty | | | | | | - | | | |
| f | Enter the number of supported | - | | • | | | [| 0 | | |
| g | Provide the following informatio | | | (nd) in the | argonization | (v) Amount of monetary | (va) 0 c | nount of | | |
| | (i) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1–10 | | organization ur governing | support (see | | pport (see | | |
| | | | above (see instructions)) | docu | ment? | instructions) | ınstru | ictions) | | |
| | | | | Yes | No | | | | | |
| (A) | | | | 163 | 110 | | | | | |
| (~) | | | | | | | | | | |
| (B) | | , | | | | | | | | |
| (C) | | | | | | | | | | |
| (D) | | | - | | | <u>-</u> | | | | |
| (E) | | | | - | | | | | | |
| Total | | | | | | 0 | | 0 | | |

Schedule A (Form 990 or 990-EZ) 2019 F.Y. Eye, Inc. 04-3815653 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 105,000 include any "unusual grants") 105.000 715.798 25.620 951.423 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 105,000 105,000 715,798 5 25,620 Total. Add lines 1 through 3 951,423 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) 951,423 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (e) 2019 (f) Total 7 Amounts from line 4 105,000 105,000 715,798 5 25,620 951,423 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 9,614 13,394 13,956 32,053 28,802 97,819 Net income from unrelated business. activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1.049.242 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 90.68% Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 93 61% Public support percentage from 2018 Schedule A, Part II, line 14 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 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 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

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

supported organization

instructions

| Sch | edule A (Form 990 or 990-EZ) 2019 F.Y_Eye, | Inc | | | | 04-38156 | 553 Page 3 |
|-----|--|------------------------|--|------------------------|--------------------|-----------------|-------------------|
| | rt III Support Schedule for Org | | scribed in Sec | tion 509(a)(2) | | 04-00100 | 700 Page 3 |
| | (Complete only if you check | | | , , , , | zation failed to | qualify under F | Part II. |
| | If the organization fails to qu | | | | | 4 | |
| Se | ction A. Public Support | | | , <u>p</u> | | | |
| | endar 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") | | | | | | 0 |
| 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 | | | | | | 0 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | L | | | | / | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | 1 | 1 | | | |
| | or expended on its behalf | | <u> </u> | | | | 0 |
| 5 | The value of services or facilities | | ĺ | | | | |
| | furnished by a governmental unit to the | | | } | / | 1 | |
| | organization without charge | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 . | 0 | 0 | 0 | /_0 | 0 | 0 |
| 7a | Amounts included on lines 1, 2, and 3 | | [| } | | | |
| | received from disqualified persons | | | | | <u> </u> | 0 |
| þ | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | İ | , | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | <u> </u> | | | | | 0 |
| _ | Add lines 7a and 7b | . 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from | | | | • | | 0 |
| 50 | line 6.) | <u> </u> | | | | | 0 |
| _ | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | (a) 2013 0 | (b) 2010 | 0 | (u) 2010 | | (1) Total 0 |
| - | Gross income from interest, dividends. | | | | | <u>-</u> | <u>∪</u> |
| IVA | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | | | 0 |
| h | Unrelated business taxable income (less | | / | | | | <u>_</u> |
| _ | section 511 taxes) from businesses | | | İ | | | |
| | acquired after June 30, 1975 | / | | | | | 0 |
| c | Add lines 10a and 10b | /0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | 0 |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | 0 | 0 | 0 | 0 | <u> </u> | 0 |
| 14 | First five years. If the Form 990 is for the o | rganization's first, s | econd, third, fourth | n, or fifth tax year a | s a section 501(c) | (3) | . — |
| | organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Su | | | | | T | |
| | Public support percentage for 2019 (line 8, c | | | (f)) | | 15 | 0 00% |
| | Public support percentage from 2018 Sched | | | | | 16 | 0.00% |
| _ | tion D. Computation of Investmen | | | alumn (f) | - | 17 | 0.00% |
| 17 | Investment income/percentage for 2019 (line | e Tuc, column (f), d | iviaea by line 13, C | UIUMNI (T)) | | 17 | 0.00% |

Investment income percentage for 2019 (line 10c, column (r), divided by line 13, column (r))

Investment income percentage from 2018 Schedule A, Part III, line 17

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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

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

| Section | A. Ali | Supporting | <u>Organizations</u> |
|---------|--------|------------|----------------------|
| | | | |

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

| | | Yes | No |
|---|-----------------|-----|-------------|
| | 1 | | |
| | 2 | | |
| | 3a | | . ~ - |
| | 3b | | |
| | 3c | - | |
| | 4a | | , |
| | 4a_ | | |
| | 4b | | |
| | 4c | | 1 |
| | | _ | |
| | 5a_ | | |
| | 5b | | <u>-</u> -i |
| | 5c | | |
| | 6 | | <u>.</u> . |
| | 7 | | |
| | 8 | | |
| | 9a | | |
| | 9b | | |
| | 9c | | |
| | 10a | | |
| | 10a - 10b | | Ŀ |
| _ | | | |

| Part | IV Supporting Organizations (continued) | | | |
|--------------|---|----------|------------|-------------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 1 | l | İ |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | _ | | |
| | below, the governing body of a supported organization? | 11a | <u> </u> | |
| b | A family member of a person described in (a) above? | 11b | <u> </u> | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | <u> </u> |
| <u>Sect</u> | ion B. Type I Supporting Organizations | | _ | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 1 | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | |] |]_ |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | 1 | | 1 |
| | controlled the organization's activities If the organization had more than one supported organization, | | | İ |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | <u></u> | |
| _ | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1_ | <u> </u> | ├ ─ |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | ĺ | [] | Ι. |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | ' ' | ' |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Soot | supervised, or controlled the supporting organization ion C. Type II Supporting Organizations | 2 | | |
| Seci | ion 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 | [:, | 163 | 140 |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | 1 | 1. |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | \. | . ' |
| | the supported organization(s) | 1 | | . # |
| Secti | ion D. All Type III Supporting Organizations | <u> </u> | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | • |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | - | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | 1 |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how |] | <u>-</u> _ | - 4 |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | , |
| | significant voice in the organization's investment policies and in directing the use of the organization's | - | | 1. |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | نہ ۔ ۔ ا |
| | supported organizations played in this regard | 3 | | <u> </u> |
| <u>Secti</u> | ion 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 instru | ction | s). | |
| а | The organization satisfied the Activities Test. Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | nstruci | ions) | |
| 2 | | | Yes | No |
| 2 | Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | - | res | NO |
| а | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 1 1 | | ; |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | Į |
| | how the organization was responsive to those supported organizations, and how the organization determined | 1 | 1 | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 7 . | | (|
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | 1 |
| | activities but for the organization's involvement | 2b | | ~~ ~~~ |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | ļ |
| _ | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3ь | 1 | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | Orga | nizations | |
|---|----------|----------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | - | | · · |
| instructions. All other Type III non-functionally integrated supporting orga | nızatı | ons must complete Section | |
| 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 | _ 0 | 0 |
| 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 | | Ĺ . <u> </u> |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | 0 | 0 |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | \top | t | My Strain |
| instructions for short tax year or assets held for part of year) | <u> </u> | T | أسينيق الأني سب والأداري |
| 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 | 0 | 0 |
| e Discount claimed for blockage or other | 1 | . , t | المام و المراد |
| 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 | 0 | 0 |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | 0 | 0 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | 0 |
| 6 Multiply line 5 by .035. | 6 | 0 | 0 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 0 | 0 |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 0 |
| 2 Enter 85% of line 1 | 2 | | 0 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 0 |
| 4 Enter greater of line 2 or line 3. | 4 | | 0 |
| 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 | | 0 |
| 7 Check here if the current year is the organization's first as a non-functional | ly inte | grated Type III supporting | organization (see |
| instructions) | | | |

| Part | V Type III Non-Functionally Integrated 509(a) | <u>(3</u> |) Supporting Organ | izations (continued) | ··· | | | |
|--------------|--|------------|-----------------------------|--|---|--|--|--|
| Secti | on D - Distributions | | | | Current Year | | | |
| 1 | ' Amounts paid to supported organizations to accomplish e | хe | empt purposes | | | | | |
| 2 | 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 purpo | os | es of supported organiz | ations | | | | |
| 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. | | | | <u> </u> | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | 0 | | | |
| 8 | Distributions to attentive supported organizations to which | n th | ne organization is respoi | nsive | | | | |
| | (provide details in Part VI). See instructions. | | | | | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | | 0 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | 0.000 | | | |
| | 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 | _ | | | 0 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | j | | | | | | |
| | (reasonable cause required—explain in Part VI) See | | | | | | | |
| | instructions | 4 | | | | | | |
| 3 | Excess distributions carryover, if any, to 2019 | 4 | | | | | | |
| a | | 이 | | · · · · · · · · · · · · · · · · · · · | | | | |
| <u>b</u> | | 이 | | | | | | |
| <u>c</u> | 2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 이 | | | | | | |
| <u>d</u> | <u> </u> | 이 | | | | | | |
| e | | 의 | | | | | | |
| f | Total of lines 3a through e | 4 | 0 | | | | | |
| g | Applied to underdistributions of prior years | 4 | | 0 | | | | |
| | Applied to 2019 distributable amount | -+ | | | 0 | | | |
| <u> </u> | Carryover from 2014 not applied (see instructions) | \dashv | | | | | | |
| <u>_</u> | Remainder, Subtract lines 3g, 3h, and 3i from 3f. | + | 0 | | | | | |
| 4 | Distributions for 2019 from | ٳ؞ | | · | | | | |
| | | 의 | | | | | | |
| a | Applied to underdistributions of prior years | ┥ | | 0 | | | | |
| | Applied to 2019 distributable amount | ╅ | 0 | | 0 | | | |
| | Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if | + | | | | | | |
| J | any. Subtract lines 3g and 4a from line 2. For result | | | | - | | | |
| | greater than zero, explain in Part VI . See instructions | 1 | | o | | | | |
| | Remaining underdistributions for 2019 Subtract lines 3h | ╅ | | | | | | |
| U | and 4b from line 1. For result greater than zero, explain in | -] | | | | | | |
| | Part VI. See instructions. | Ì | | | 0 | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3 | + | | | | | | |
| • | and 4c. | | اه | | • | | | |
| 8 | Breakdown of line 7 | + | | | 1 | | | |
| a | | ot | | | · · · · · · · · · · · · · · · · · · · | | | |
| <u>a</u> | 2,0000 110.11 20.10 1 | ŏt | | | , | | | |
| _ | 2,0000 110.11 20.10 | ŏt | | | | | | |
| <u>c</u> _ | 2.0000 | ŏt | | | | | | |
| | Excess from 2019 | <u>Ť</u> † | | | | | | |

| Schedule A (Fo | orm 990 or 990-EZ) 2019 F.Y. Eye, Inc | 04-3815653 F | Page 8 |
|----------------|---|---------------------------------------|------------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines | 17b; Part Section 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) | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

2019

Open to Public Inspection

Employer Identification number

FY, Eye, Inc 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 Total number at end of year. 1 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year 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?. 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax Year Total number of conservation easements Total acreage restricted by conservation easements . Number of conservation easements on a certified historic structure included in (a). 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register. . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. If the organization elected, as permitted under FASB 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 FASB 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. 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

| Schedule D (Form 990) 2019 | F Y. Eye, Ir | nc |
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|-------|---|----------------------------|-------------|--------------|--------------------------|------------|----------------------------|-----------|---------------|--------------|
| | t III Organizations Maintaining Colle | | | | | | | | | <u>'</u> |
| 3 | Using the organization's acquisition, access | sion, and othe | r records, | check any | y of the follov | ving tha | at make significa | nt use of | ts | |
| | collection items (check all that apply) | | _ | ٦ | | | | | | |
| à | Public exhibition | | d | Loan o | r exchange p | rogram | 1 | | | |
| b | Scholarly research | | еГ | Other | | | | | | |
| | | | , г | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | collections and | d explain h | now they f | urther the ore | ganızat | ion's exempt pui | pose in P | art | |
| - | | | | | | | | | | |
| 5 | During the year, did the organization solicit | | | | | | | гт ., | . — | ٦ |
| | assets to be sold to raise funds rather than | | ned as pai | rt of the of | ganization s | collecti | on / | <u> </u> | es | No |
| Par | t IV Escrow and Custodial Arrangen | | | | | | | | | |
| | Complete if the organization answ | ered "Yes" o | on Form | 990, Par | t IV, line 9, | or rep | orted an amou | int on Fo | rm | |
| _ | 990, Part X, line 21 | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | lian or other ii | ntermedia | rv for cont | tributions or c | ther as | sets not | | | |
| | included on Form 990, Part X? | | | | | | | Пү | es 🗀 | No |
| b | If "Yes," explain the arrangement in Part XII | I and complet | e the follo | wing table | a. | | | ' لــا | | , |
| ~ | ii 100, oxpidii tio difangoment ii i dit xii | r dirid complet | | wing table | • | | | Amount | | |
| _ | Beginning balance | | | | | _ ⊢₄ | c | Antount | | 0 |
| C C | = | | | | • | _ | | | | |
| ď | Additions during the year | | • | | • | | d | | | |
| e | Distributions during the year | | • | | | _ | <u>e</u> | | | |
| t | Ending balance | | • | • | | | lf | | | 0 |
| 2a | Did the organization include an amount on F | Form 990, Par | t X, line 2 | 1, for escr | ow or custod | ial acc | ount liability? | [] Y | es [X | No |
| b | If "Yes," explain the arrangement in Part XIII | I Check here | If the exp | lanation h | as been prov | ided or | n Part XIII | | | Ì |
| Pari | | | | | | | | | | |
| Par | | | | 000 | N/ l 40 | | | | | |
| | Complete if the organization answer | | Y | | | | | | | |
| | | Current year | | or year | (c) Two years | s back | (d) Three years ba | ck (e) Fo | our years | back |
| 1a | Beginning of year balance | 0 | | | | | | | | |
| b | Contributions | | | | | | <u> </u> | | | |
| C | Net investment earnings, gains, | | | | | | | | | |
| | and losses | | | | _ | | | | | |
| d | Grants or scholarships | | | | | | | | _ | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | } | | 1 | | | | | |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | 0 | | 0 | | 0 | - | 0 | | 0 |
| g | | | | | | | | | | _ |
| 2 | Board designated or quasi-endowment | • | | iiiie ig, cc | namm (a)) ne | iu as | | | | |
| a | | | <u>%</u> | | | | | | | |
| b | Permanent endowment | <u></u> | | | | | | | | |
| С | Term endowment \(\bigsim \frac{\pi}{2} \) | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the o | organizatio | on that are | held and ad | ministe | red for the | | _ | |
| | organization by | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | • | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(II), are the related organize | ations listed a | is required | d on Sche | dule R? | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | e organization | 's endowr | nent funds | S. | | | | | |
| Part | | | | _ | | | | | | _ |
| · arc | Complete if the organization answer | | n Form 9 | 90 Part | IV line 11a | See | Form 990 Pa | rt X line | 10 | |
| | | | | | or other basis | | | | | |
| | Description of property | (a) Cost or ot (investm | | | or other basis other) | , , |) Accumulated depreciation | (a) B(| ook value | 5 |
| | | (iiivestiii | | ļ <u>"</u> | | ļ <u>'</u> | | | | |
| 1a | Land | | 0 | | 0 | L | | | | 0 |
| b | Buildings | | 0 | | 0 | | 0 | | | 0 |
| С | Leasehold improvements | ļ | 0 | | 0 | | 0 | | | 0 |
| d | Equipment | <u> </u> | 0 | | 1,006 | | 1,006 | | | 0 |
| e | Other | L | 0 | | 0 | | 0 | | | 0 |
| Total | . Add lines 1a through 1e. (Column (d) must e | qual Form 99 | 0, Part X. | column (E | 3), line 10c) . | | . ▶ | | | 0 |

| Part) | · | - | Return. | |
|---------------|---|----------------------------|--|--------------|
| 1 T | Complete if the organization answered "Yes" on Form 990, Part otal revenue, gains, and other support per audited financial statements | IV, line 12a. | 1 | |
| | mounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| | let unrealized gains (losses) on investments | 20 | | |
| | Conated services and use of facilities | 2a 2b | - | |
| | Recoveries of prior year grants | 2c 2c | ⊣ · | |
| | Other (Describe in Part XIII.) | 2d | - | |
| | dd lines 2a through 2d | | - _{2e} | (|
| | Subtract line 2e from line 1 | | 3 | |
| | mounts included on Form 990, Part VIII, line 12, but not on line 1. | i | | |
| | ovestment expenses not included on Form 990, Part VIII, line 7b. | 4a | | |
| | Other (Describe in Part XIII.) | 4b | - | |
| | dd loon do and dh | | | C |
| | otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |
| Part X | | | | |
| i ait A | Complete if the organization answered "Yes" on Form 990, Part | • | i itetuiii. | |
| 1 T | otal expenses and losses per audited financial statements | 17, 1110 120. | 1 1 | |
| | mounts included on line 1 but not on Form 990, Part IX, line 25 | | - - - - - - - - - - | |
| | onated services and use of facilities |] 2a] | J j | |
| | rior year adjustments | 2b | 7 | |
| | ther losses | 2c | 7 | |
| | ther (Describe in Part XIII) | 2d | 7 | |
| e A | dd lines 2a through 2d | | 2e | C |
| 3 S | ubtract line 2e from line 1 | | 3 | 0 |
| 4 A | mounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| a In | vestment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b O | ther (Describe in Part XIII.) | 4b | | |
| c A | dd lines 4a and 4b | | 4c | 0 |
| 5 _ To | otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | <u> </u> | 5 | 0 |
| | Supplemental Information. | · | | |
| Provide | the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | art IV, lines 1b and 2b, P | art V, line 4, Par | t X, line |
| 2, Part X | (I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro- | vide any addıtıonal ınforn | nation | |
| Part X P | art X, Generally Accepted Accounting Principles require that a tax position be | | | |
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| recogniz | ed or derecognized based on a "more likely than not" threshold. This applies to |) | | |
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| positions | taken or expected to be taken in a tax return. The adoption of this guidance d | ıd | | |
| | | | | |
| not have | an impact on F.Y. Eye, Inc. financial statements, as management believes tha | <u>it</u> | · | |
| | | | | |
| there are | e no uncertain tax positions within its financials statements F.Y. Eye, Inc. has | · | | |
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| processe | es presently in place to ensure the maintenance of its tax-exempt status, to | | | |
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| identify a | and report unrelated income, determine its filing and tax obligations in | | | |
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| jurisdiction | ons for which it has nexus, and to review other matters that may be considered | | | |
| | | | | |
| tax posit | ions. F.Y. Eye, Inc. Form 990, return of organization exempt from income tax, f | or | | - |
| 41 | anded line 20, 2017, 2018 and 2010 are subject to examination by the IPS | | | |
| uie years | s ended June 30, 2017, 2018 and 2019 are subject to examination by the IRS, | | | · |
| generally | of for three years after they were filed. | | | |
| Acrieran) | r for three years after they were filed. | | | |
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| Schedule D (Fo | orm 990) 2019 F.Y Eye, Inc. | 04-3815653 | Page 5 |
|-----------------|--------------------------------------|------------|----------|
| Part XIII | Supplemental Information (continued) | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

FY Eye, Inc 04-3815653 Form 990, Part III, Line 1 F.Y. Eye is a nonprofit media agency that works with other nonprofits and government organizations to build public awareness about important social, civic, technological, and educational resources that can enhance the lives of the most vulnerable. F Y. Eye achieves its mission by developing and disseminating PSAs (Public Service Announcements) that generate attention and action on issues of public concern. Their signature program is a community media cooperative (the digital PSA Network), an ecosystem of over 100 indoor and outdoor digital billboards strategically placed in high-visibility public and nonprofit spaces. This growing network of screens was created specifically and exclusively for social impact messaging; and they offer nonprofits ad space on this media channel for free Current media venues include, billboards, telephone kiosks, bus shelters and transit ads, internet, movie threatre pre-film advertising, events, radio ads and plasma video displays in libraries, colleges and nonprofit locations. In addition to message distribution, F.Y. Eye offers affordable creative support through their F.Y. Eye Impact Artist Collective—a community of civic-minded artists interested in using their skills for the public good Form 990, Part VI, Line 11B. The organization has provided a copy of Form 990 to all board members prior to filing. Form 990, Part VI, Line 12C F.Y Eye, Inc. has a written conflict of interest policy which it enforces by having its directors complete and sign an annual conflict of interest questionnaire. Form 990, Part VI, Line 15A[.] The board reviews salary and benefit package to comparables to industry on an ongoing basis. Form 990, Part VI, Line 19. The organization's financial statements, document retention policy, conflict of interest policy, and whisteblowers policies are all available upon request. Form 990, Part VI, Section A, Line 2. In a separate capacity, Mark Cohen (as an attorney)

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| F Y. Eye, Inc. | 04-3815653 |
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| Sılverman has an ownership ınterest | |
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