

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2019**

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

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

**C** Name of organization  
 PERKINS SCHOOL FOR THE BLIND

% LYNN WOOD  
 Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 175 NORTH BEACON STREET

City or town, state or province, country, and ZIP or foreign postal code  
 WATERTOWN, MA 02472

**D** Employer identification number  
 04-2103616

**E** Telephone number  
 (617) 924-3434

**G** Gross receipts \$ 190,019,920

**F** Name and address of principal officer:  
 WILLIAM DAVID POWER  
 175 NORTH BEACON STREET  
 WATERTOWN, MA 02472

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

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.PERKINS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1829

**M** State of legal domicile:  
 MA

Part I **Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PERKINS SCHOOL FOR THE BLIND PROVIDES EDUCATION AND SERVICES FOR CHILDREN AND ADULTS AROUND THE WORLD WHO ARE BLIND, DEAF-BLIND OR VISUALLY IMPAIRED.		
	2 Check this box <input type="checkbox"/>		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	22
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	22
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	921
	<b>6</b>	Total number of volunteers (estimate if necessary)	657
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	77,822
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	15,961,936
	<b>9</b>	Program service revenue (Part VIII, line 2g)	38,098,568
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,212,349
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,337,178
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,610,031
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	157,652
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	51,032,668
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	227,902
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,547,438	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,694,916
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,113,138
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-9,503,107	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	381,825,466
	<b>21</b>	Total liabilities (Part X, line 26)	39,777,249
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	342,048,217

Part II **Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	2021-05-13
	WILLIAM DAVID POWER PRESIDENT AND CEO	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01643271
	Firm's name ▶ KPMG LLP	Firm's EIN ▶			
	Firm's address ▶ 60 South Street Boston, MA 02111	Phone no. (617) 988-1000			

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2019)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
 PERKINS SCHOOL FOR THE BLIND PROVIDES EDUCATION AND SERVICES FOR CHILDREN AND ADULTS AROUND THE WORLD WHO ARE BLIND, DEAF-BLIND OR VISUALLY DISABLED.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  **Yes**  **No**  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  **Yes**  **No**  
 If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **43,925,935** including grants of \$ ) (Revenue \$ **32,120,044** )  
 AT PERKINS SCHOOL FOR THE BLIND, WE PROVIDE UNPARALLELED EDUCATION SERVICES TO CHILDREN WITH VISUAL IMPAIRMENTS AND MULTIPLE DISABILITIES. WE TEACH CHILDREN ON OUR CAMPUS IN WATERTOWN, MASSACHUSETTS, AND SUPPORT STUDENTS AND TEACHERS IN PUBLIC SCHOOLS ACROSS THE U.S., FOCUSING ON ACADEMIC, SOCIAL AND SELF-ADVOCACY SKILL BUILDING. WE ALSO EMPHASIZE TRANSITION SERVICES TO PREPARE YOUNG ADULTS WITH VISION LOSS FOR LIFE AFTER SCHOOL. DURING FY20, WE EDUCATED 175 STUDENTS ON CAMPUS AND SUPPORTED APPROXIMATELY 1,200 STUDENTS IN COMMUNITY PROGRAMS, INCLUDING OUR INFANT-TODDLER PROGRAM, EDUCATIONAL PARTNERSHIPS WITH PUBLIC SCHOOLS AND OUTREACH PROGRAMS.

**4b** (Code: ) (Expenses \$ **4,147,812** including grants of \$ ) (Revenue \$ )  
 THE NATIONAL DEAF-BLIND EQUIPMENT DISTRIBUTION PROGRAM, KNOWN AS ICANCONNECT, PROVIDES FREE COMMUNICATIONS EQUIPMENT AND TRAINING TO PEOPLE WHO ARE DEAF-BLIND AND LOW INCOME. ADMINISTERED BY THE FCC AND MANAGED BY PERKINS IN 22 STATES ACROSS THE COUNTRY, ICANCONNECT HELPS PEOPLE WHO ARE DEAF-BLIND USE NEW TECHNOLOGIES TO LEAD LESS ISOLATED, MORE INDEPENDENT LIVES AND CONNECTS THEM WITH THEIR FRIENDS, FAMILY AND COMMUNITY. DURING FY20, PERKINS EQUIPPED AND TRAINED 969 CONSUMERS, HELPING THEM DEVELOP THE SKILLS NEEDED TO USE THE LIFE-CHANGING EQUIPMENT PROVIDED.

**4c** (Code: ) (Expenses \$ **3,012,551** including grants of \$ **157,652** ) (Revenue \$ **321,382** )  
 THERE ARE MILLIONS OF CHILDREN WITH VISUAL IMPAIRMENT AND MULTIPLE DISABILITIES (MDVI) AROUND THE WORLD WHO DON'T RECEIVE THE QUALITY EDUCATION THEY DESERVE. PERKINS INTERNATIONAL WORKS TO PUT THESE CHILDREN IN SCHOOL, EQUIP EDUCATORS WITH THE SPECIALIZED SKILLS THEY NEED TO TEACH THEM AND CONNECT THE MOST VULNERABLE FAMILIES WITH VITAL GOVERNMENTAL AND MEDICAL RESOURCES. DURING FY20, PERKINS INTERNATIONAL CONDUCTED THIS WORK IN OVER 20 COUNTRIES AND REGIONS. WE ARE LOOKING TO EXPAND OUR WORK IN CERTAIN COUNTRIES, SUCH AS INDIA WHICH HAS AS MANY AS 1 MILLION CHILDREN WITH MDVI, AND SEEK TO IMPROVE SCREENING AND ASSESSMENT, EARLY INTERVENTION PROGRAMS, SCHOOL-AGE EDUCATION AND FAMILY SUPPORT SERVICES.

(Code: ) (Expenses \$ **2,735,285** including grants of \$ ) (Revenue \$ **2,988,901** )  
 PERKINS SOLUTION

(Code: ) (Expenses \$ **2,959,122** including grants of \$ ) (Revenue \$ **4,981,933** )  
 Perkins Library

(Code: ) (Expenses \$ **948,344** including grants of \$ ) (Revenue \$ )  
 OTHER

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ **6,642,751** including grants of \$ ) (Revenue \$ **7,970,834** )

**4e Total program service expenses** ▶ **57,729,049**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question ID (e.g., 2a, 2b, 3a), question text, and response options (Yes/No). Includes questions about employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	No
If "Yes," complete Form 4720, Schedule O.		

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed▶	AK , CO , FL , KY , MD , MA , MI , NV , NH , NJ , NY , OK , OR , RI , SC , WA , WI
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.	

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶LYNN WOOD 175 NORTH BEACON STREET WATERTOWN, MA 02472 (617) 972-7219

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM DAVID POWER PRESIDENT AND CEO	50.0 ..... 0.5			X			434,315	0	48,498	
(2) EDWARD H BOSSO PRES OF EDUCATIONAL PROGRAMS	50.0 ..... 0.0				X		296,168	0	96,615	
(3) DAVID J WHALEN CHIEF DEVELOPMENT OFFICER	50.0 ..... 0.0				X		290,527	0	25,633	
(4) JOHN CZAJKOWSKI CFAO THRU 10/19	50.0 ..... 0.0			X			263,524	0	0	
(5) LUIZA R AGUIAR ED OF PERKINS SOLUTIONS	50.0 ..... 0.0				X		211,410	0	17,104	
(6) GARY W AUSSANT DIR OF DIGITAL ACCESSIBILITY	50.0 ..... 0.0					X	176,703	0	33,415	
(7) REBECCA FATER ED OF MARKETING	50.0 ..... 0.0					X	166,968	0	41,434	
(8) KATHRYN TODD DIRECTOR OF INDIVIDUAL GIVING	50.0 ..... 0.0					X	154,833	0	22,185	
(9) DAVID SATTERTHWAITE DIR OF INTL OPERATIONS	50.0 ..... 0.0					X	145,259	0	5,462	
(10) JONATHAN R LAPIERRE CHIEF INFORMATION OFFICER	50.0 ..... 0.0					X	143,509	0	4,068	
(11) CORINNE BASLER	50.0									

(11) CORINNE BASLER CHAIR OF THE BOARD	5.0 0.0	X	X						0	0	0
(12) GREG PAPPAS BOARD VICE CHAIR	5.0 0.0	X	X						0	0	0
(13) KATHERINE C STEMBURG CORP CHAIR/BOARD VICE CHAIR	5.0 0.0	X	X						0	0	0
(14) VAITHEHI MUTTULINGAM SEC OF THE BOARD AS OF 11/19	5.0 0.0	X	X						0	0	0
(15) RANDY E KINARD TREASURER OF THE BOARD	5.0 0.0	X	X						0	0	0
(16) ROANN COSTIN CORPORATION VICE CHAIR	5.0 0.0	X	X						0	0	0
(17) MICHAEL W SCHNITMAN TRUSTEE/SEC BOARD THRU 11/19	5.0 0.0	X	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE C ANDREWS TRUSTEE	5.0 0.0	X						0	0	0
(19) KEVIN BRIGHT TRUSTEE	5.0 0.0	X						0	0	0
(20) ANANTHA CHANDRAKASAN TRUSTEE	5.0 0.0	X						0	0	0
(21) FREDERIC M CLIFFORD TRUSTEE	5.0 0.5	X						0	0	0
(22) JAMES W DOWN TRUSTEE	5.0 0.0	X						0	0	0
(23) TOM HEHIR TRUSTEE	5.0 0.0	X						0	0	0
(24) RAYMOND W HEPPER TRUSTEE	5.0 0.0	X						0	0	0
(25) PHILIP L LADD TRUSTEE THRU 11/19	1.0 0.0	X						0	0	0
(26) HUNT LAMBERT TRUSTEE THRU 11/19	1.0 0.0	X						0	0	0
(27) JANET LABRECK TRUSTEE THRU 11/19	1.0 0.0	X						0	0	0
(28) ELENA MATLACK TRUSTEE	5.0 0.0	X						0	0	0
(29) KATHERINE MCGAUGH TRUSTEE	5.0 0.0	X						0	0	0
(30) JO FRANCES MEYER TRUSTEE	5.0 0.0	X						0	0	0



(31) OSWALD MONDEJAR	5.0	X								0	0	0
TRUSTEE	0.0											
(32) STEPHEN PELLETIER	5.0	X								0	0	0
TRUSTEE	0.0											
(33) PAUL PERRAULT	5.0	X								0	0	0
TRUSTEE	0.0											
(34) CYNTHIA STEAD	5.0	X								0	0	0
TRUSTEE	0.0											
(35) KATHERINE A SEARS	50.0			X						0	0	0
CFAO AS OF 4/20	0.0											
<b>1b Sub-Total</b>												
<b>c Total from continuation sheets to Part VII, Section A</b>												
<b>d Total (add lines 1b and 1c)</b>										2,283,216	0	294,414

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 31

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THOMAS GALLAGHER INC, 309 WAVERLY OAKS ROAD SUITE 200 WALTHAM, MA 02452	HVAC CONTRACTORS	383,068
KJ INTEGRATED SYSTEMS INC, 217 MIDDLESEX TURNPIKE SUITE 202 BURLINGTON, MA 01803	SECURITY MAINTENANCE	294,000
TCS ASSOCIATES LLC, 8757 GEORGIA AVENUE SUITE 500 SILVER SPRING, MD 20910	CONSUMER ASSESSMENT	253,886
ANNESE ELECTRICAL SERVICES INC, 280 LIBBEY INDUSTRIAL PARKWAY WEYMOUTH, MA 02189	REPAIR & MAINTENANCE	240,782
A BONADIO SONS INC, 35 R ALBERT STREET WALTHAM, MA 02453	LANDSCAPING	234,617

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 21

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Separate campaigns	<b>1a</b>			
Membership dues	<b>1b</b>			
Raising events	<b>1c</b>			
103,113				
Related organizations	<b>1d</b>			
Government grants (contributions)	<b>1e</b>			
4,993,958				
Other contributions, gifts, grants,				

Contributions, Gifts, Grants and Other Similar Amounts

and similar amounts not included above **1f**

10,864,865

**g** Noncash contributions included in lines 1a - 1f:\$ **1g**

994,852

**h Total.** Add lines 1a-1f . . . . . **15,961,936**

		Business Code			
<b>Program Service Revenue</b>	<b>2a</b> FEES FOR SERVICES	611600	35,109,667	35,109,667	
	LIBRARY SERVICES	900099	2,988,901	2,988,901	
	:				
	:				
	:				
	<b>f</b> All other program service revenue.				
<b>9 Total.</b> Add lines 2a-2f. . . . .			<b>38,098,568</b>		
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			5,390,351	-89,713	5,480,064
<b>4</b> Income from investment of tax-exempt bond proceeds			0		
<b>5</b> Royalties . . . . .			0		
<b>6a</b> Gross rents	(i) Real				
	<b>6a</b>	254,715			
	(ii) Personal				
	<b>6b</b> Less: rental expenses	185,501			
<b>6c</b> Rental income or (loss)	69,214	0			
<b>d</b> Net rental income or (loss) . . . . .			69,214		69,214
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
	<b>7a</b>	125,328,967			
	(ii) Other				
	<b>7b</b> Less: cost or other basis and sales expenses	119,506,969			
<b>7c</b> Gain or (loss)	5,821,998				
<b>d</b> Net gain or (loss) . . . . .			5,821,998	167,535	5,654,463
<b>8a</b> Gross income from fundraising events (not including \$ 103,113 of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>8a</b>	3,450			
	<b>8b</b> Less: direct expenses . . . . .	49,178			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-45,728		-45,728
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>9a</b>	0			
	<b>9b</b> Less: direct expenses . . . . .	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .					
	<b>10a</b>	4,981,933			
	<b>10b</b> Less: cost of goods sold . . . . .	2,668,241			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			2,313,692	2,313,692	
<b>11a</b> Miscellaneous Revenue		Business Code			
<b>b</b>					

<b>c</b>				
<b>d</b> All other revenue . . . . .				
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		0		
<b>12 Total revenue.</b> See instructions . . . . . ▶	67,610,031	40,412,260	77,822	11,158,013

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**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	157,652	157,652		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,117,321	366,368	685,732	65,221
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	39,555,568	32,818,699	5,085,147	1,651,722
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,412,010	2,002,431	308,984	100,595
<b>9</b> Other employee benefits . . . . .	4,681,537	3,886,575	599,715	195,247
<b>10</b> Payroll taxes . . . . .	3,266,232	2,711,594	418,417	136,221
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	463,731	24,429	439,302	
<b>c</b> Accounting . . . . .	271,800	8,000	263,800	
<b>d</b> Lobbying . . . . .	12,110	12,110		
<b>e</b> Professional fundraising services. See Part IV, line 17	227,902			227,902
<b>f</b> Investment management fees . . . . .	2,906,853		2,906,853	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,500,034	2,999,033	929,972	571,029
<b>12</b> Advertising and promotion . . . . .	254,653	192,247	61,888	518
<b>13</b> Office expenses . . . . .	1,830,258	1,055,977	658,025	116,256
<b>14</b> Information technology . . . . .	1,028,451	319,698	633,037	75,716
<b>15</b> Royalties . . . . .	19,050	19,050		
<b>16</b> Occupancy . . . . .	4,415,502	3,948,902	369,279	97,321
<b>17</b> Travel . . . . .	965,002	924,616	33,128	7,258
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	192,239	166,436	18,706	7,097
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,358,062	3,749,833	524,889	83,340
<b>23</b> Insurance . . . . .	293,577	2,529	291,048	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEAL/FOOD EXPENSE	698,192	562,967	89,223	46,002

<b>b</b> BAD DEBT EXPENSE	325,553	175,001		150,552
<b>c</b> MEMBERSHIPS	85,820	68,248	15,273	2,299
<b>d</b> PHOTOGRAPHY	29,259	14,012	15,247	
<b>e</b> All other expenses	3,044,770	1,542,642	1,488,986	13,142
<b>25 Total functional expenses.</b> Add lines 1 through 24e	77,113,138	57,729,049	15,836,651	3,547,438
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,503,497	<b>1</b>	5,995,265
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	2,095,660	<b>3</b>	3,263,157
	<b>4</b> Accounts receivable, net . . . . .	6,828,032	<b>4</b>	7,602,201
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	4,623,472	<b>8</b>	4,522,288
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,022,435	<b>9</b>	2,074,095
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 186,759,772		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 127,345,529	62,063,271	<b>10c</b> 59,414,243
	<b>11</b> Investments—publicly traded securities . . . . .	142,725,835	<b>11</b>	132,902,301
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	153,128,765	<b>12</b>	156,710,152
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	9,484,911	<b>15</b>	9,341,764
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	390,475,878	<b>16</b>	381,825,466	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,748,808	<b>17</b>	10,307,343
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	28,980,091	<b>20</b>	28,046,375
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,463,161	<b>25</b>	1,423,531
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	39,192,060	<b>26</b>	39,777,249
<b>or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	195,967,520	<b>27</b>	187,947,726
	<b>28</b> Net assets with donor restrictions . . . . .	155,316,298	<b>28</b>	154,100,491
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		

<b>Net Assets</b>	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b>	Total net assets or fund balances . . . . .	351,283,818	<b>32</b>	342,048,217
	<b>33</b>	Total liabilities and net assets/fund balances . . . . .	390,475,878	<b>33</b>	381,825,466

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Part XI **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	67,610,031
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	77,113,138
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-9,503,107
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	351,283,818
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	432,851
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-165,345
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	342,048,217

Part XII **Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

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**Additional Data**

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**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization  
PERKINS SCHOOL FOR THE BLIND

Employer identification number

04-2103616

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

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

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

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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not	11 531 106	12 609 792	17 701 898	15 767 534	15 961 936	73 572 266

2	Membership fees received. (Do not include any "unusual grant.") . . . . .	11,531,106	12,609,792	17,701,898	15,767,534	15,961,936	73,572,266
3	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
4	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
5	<b>Total.</b> Add lines 1 through 3	11,531,106	12,609,792	17,701,898	15,767,534	15,961,936	73,572,266
6	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).						362,146
7	<b>Public support.</b> Subtract line 5 from line 4.						73,210,120

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4. . . . .	11,531,106	12,609,792	17,701,898	15,767,534	15,961,936	73,572,266
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,634,811	4,791,976	5,869,811	5,788,265	5,734,779	26,819,642
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					77,822	77,822
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	198,175	0	0	198,175
11	<b>Total support.</b> Add lines 7 through 10						100,667,905
12	Gross receipts from related activities, etc. (see instructions) . . . . .				12		199,347,836
13	<b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	72.724 %
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	15	73.759 %
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .					
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .					
4	Tax revenues levied for the					

organization's benefit and either paid to or expended on its behalf. . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		



- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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).

<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  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.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer (a) and (b) below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

**b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. **Answer (a) and (b) below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

**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.

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

Schedule A (Form 990 or 990-EZ) 2019

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)			

4	Enter amount for exempt-use assets (if greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2020. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
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Schedule A (Form 990 or 990-EZ) 2019

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**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization  
 PERKINS SCHOOL FOR THE BLIND

**Employer identification number**

04-2103616

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**NOTE:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

Name of organization PERKINS SCHOOL FOR THE BLIND	Employer identification number 04-2103616
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**Part I**

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

**Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization PERKINS SCHOOL FOR THE BLIND	Employer identification number 04-2103616
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization PERKINS SCHOOL FOR THE BLIND	Employer identification number 04-2103616
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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<a href="#">efile Public Visual Render</a>	ObjectID: 202121349349304397 - Submission: 2021-05-14	TIN: 04-2103616
<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For Organizations Exempt From Income Tax Under section 501(c) and section 527	<b>2019</b> Open to Public Inspection
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization
PERKINS SCHOOL FOR THE BLIND

Employer identification number

04-2103616

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals (b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

12 110



- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

	42,110	
	12,110	
	57,716,939	
	57,729,049	
	1,000,000	

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

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....

	250,000	

Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	22,000	25,110	22,000	12,110	81,220
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Table with 3 rows and 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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

Table with 5 rows and 2 columns: Question, Answer. Questions about dues, lobbying expenditures, and carryover.

Part IV Supplemental Information

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

Table with 2 columns: Return Reference, Explanation.

Schedule C (Form 990 or 990EZ) 2019

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efile Public Visual Render ObjectID: 202121349349304397 - Submission: 2021-05-14 TIN: 04-2103616

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (PERKINS SCHOOL FOR THE BLIND), Employer identification number (04-2103616)

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.

Table with 4 rows and 2 columns: Question, (a) Donor advised funds, (b) Funds and other accounts.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 1 row and 2 columns: Question, Answer. Question about conservation easements.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

easement on the last day of the tax year.

Held at the End of the Year	
2a	
2b	
2c	
2d	

- a Total number of conservation easements . . . . .
- b Total acreage restricted by conservation easements . . . . .
- c Number of conservation easements on a certified historic structure included in (a) . . . . .
- d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 . . . . . ▶ \$ \_\_\_\_\_

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

Cat. No. 52283D **Schedule D (Form 990) 2019**

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c Beginning balance . . . . .
- d Additions during the year . . . . .
- e Distributions during the year . . . . .
- f Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No

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

**Part V Endowment Funds**

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	295,004,980	293,704,188	280,688,474	257,093,165	274,450,757
<b>b</b> Contributions . . . . .	1,852,053	4,221,529	3,513,214	2,846,184	217,192
<b>c</b> Net investment earnings, gains, and losses	8,721,040	12,885,712	27,139,375	34,522,302	-4,517,045
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	16,112,697	13,610,491	15,193,255	11,849,637	11,277,642
<b>f</b> Administrative expenses . . . . .	2,797,975	2,195,958	2,443,620	1,923,540	1,780,097
<b>g</b> End of year balance . . . . .	286,667,401	295,004,980	293,704,188	280,688,474	257,093,165

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

- a** Board designated or quasi-endowment ▶ 52.000 %
- b** Permanent endowment ▶ 23.000 %
- c** Term endowment ▶ 25.000 %

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

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		159,470,610	101,560,058	57,910,552
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		20,602,252	20,117,684	484,568
<b>e</b> Other . . . . .		6,686,910	5,667,787	1,019,123
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				59,414,243

Schedule D (Form 990) 2019

**Part VII Investments Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely-held equity interests . . . . .		
<b>(3)</b> Other _____		
(A) INTERNATIONAL BOND FUNDS	13,087,326	F
(B) PRIVATE EQUITY	55,671,495	F
(C) HEDGES	87,951,331	F
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	156,710,152	

**Part VIII Investments Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>(2)</b>		

(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

	(a) Description	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)		

**Part X Other Liabilities.**

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	0
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)		1,423,531

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

**Schedule D (Form 990) 2019**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	68,187,520
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	432,851

<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	291,680		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>			
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-143,109		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b>	581,422
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b>	67,606,098
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :				
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,906,853		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-2,902,920		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>	3,933
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b>	67,610,031

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .			<b>1</b>	77,435,508
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	291,680		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>			
<b>c</b>	Other losses . . . . .	<b>2c</b>			
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,937,543		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b>	3,229,223
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b>	74,206,285
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :				
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,906,853		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>			
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>	2,906,853
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b>	77,113,138

**Part XIII**

**Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	THE SCHOOL'S ENDOWMENT CONSISTS OF BOTH DONOR RESTRICTED FUNDS AND BOARD RESTRICTED (QUASI-ENDOWMENT) FUNDS. THE SCHOOL'S DONOR RESTRICTED ENDOWED FUNDS CONSIST OF APPROXIMATELY 100 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. A MAJORITY OF THE FUNDS SUPPORT THE SCHOOL'S EDUCATIONAL PROGRAMS, INTERNATIONAL PROGRAM, TEACHER TRAINING AND PROGRAMMATIC TECHNOLOGY NEEDS. THE SCHOOL'S ENDOWMENT INVESTMENT AND SPENDING ACTIVITIES AIM TO PROVIDE A PREDICTABLE STRATEGY OF FUNDING TO THE PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. PART X, LINE 2 THE SCHOOL IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(A) OF THE IRC AND APPLICABLE STATE LAWS. THE SCHOOL BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D	JOHN MILTON SOCIETY REVENUE 22,236 CHANGE IN VALUE OF SPLIT INTEREST (165,345) --- TOTAL (143,109)
PART XI, LINE 4B	RENTAL EXPENSES (185,501) FUNDRAISING EVENTS EXPENSES (49,178) COST OF GOODS SOLD (2,668,241) ----- TOTAL (2,902,920)
PART XII, LINE 2D	JOHN MILTON SOCIETY EXPENSES 34,623 RENTAL EXPENSES 185,501 FUNDRAISING EVENTS EXPENSES 49,178 COST OF GOODS SOLD 2,668,241 ----- TOTAL 2,937,543

Schedule D (Form 990) 2019

**Additional Data**

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<a href="#">efile Public Visual Render</a>	<b>ObjectID: 202121349349304397 - Submission: 2021-05-14</b>	<b>TIN: 04-2103616</b>
<b>SCHEDULE E</b> (Form 990 or 990-EZ)	<b>Schools</b>	OMB No. 1545-0047
<p>► Complete if the organization answered "Yes" on Form 990,</p>		<b>2019</b>

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990EZ for the latest information.



Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PERKINS SCHOOL FOR THE BLIND

Employer identification number

04-2103616

Part I

Table with 3 columns: Question, YES, NO. Rows include questions 1-7 regarding nondiscrimination policies, record keeping, and financial aid.

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

Cat. No. 50085D

Schedule E (Form 990 or 990-EZ) (2019)

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 3; PERKINS HAS PUBLICIZED ITS NOTICE OF NON-DISCRIMINATION ON PERKINS PUBLICATIONS...

PART I, LINE 6

Perkins receives government funds from cities and towns that are paying for student tuition.

Schedule E (Form 990 or 990-EZ) (2019)

**Additional Data**

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PERKINS SCHOOL FOR THE BLIND

**Employer identification number**

04-2103616

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Program Services	PERKINS SOLUTION COGS	11,287
East Asia and the Pacific			Program Services	PERKINS SOLUTION COGS	121,905
Europe (Including Iceland and Greenland)			Program Services	PERKINS SOLUTION COGS	343,177
Middle East and North Africa			Program Services	PERKINS SOLUTION COGS	78,886
North America			Program Services	PERKINS SOLUTION COGS	34,077
Russia and the Newly Independent States			Program Services	PERKINS SOLUTION COGS	75,770
South America			Program Services	PERKINS SOLUTION COGS	68,949
South Asia			Program Services	PERKINS SOLUTION COGS	71,302
Sub-Saharan Africa			Program Services	PERKINS SOLUTION COGS	85,218
South Asia			Program Services	PERKINS SOLUTION MFG	423,247
Central America and the Caribbean			Program Services	EDUCATIONAL SERVICES	6,275
East Asia and the Pacific		2	Program Services	EDUCATIONAL SERVICES	67,091
Europe (Including Iceland and Greenland)		1	Program Services	EDUCATIONAL SERVICES	186,475
Middle East and North Africa			Program Services	EDUCATIONAL SERVICES	14,333
North America		1	Program Services	EDUCATIONAL SERVICES	46,129
Russia and the Newly Independent States			Program Services	EDUCATIONAL SERVICES	70,355
South America	1	3	Program Services	EDUCATIONAL SERVICES	236,790
South Asia	1	4	Program Services	EDUCATIONAL SERVICES	131,444
Sub-Saharan Africa		1	Program Services	EDUCATIONAL SERVICES	154,846





**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answers Part III can be duplicated if additional space is needed.

Table with 7 columns: (a) Type of grant or assistance, (b) Region, (c) Number of recipients, (d) Amount of cash grant, (e) Manner of cash disbursement, (f) Amount of noncash assistance, (g) Total amount of cash and noncash assistance. The table is currently empty.

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . .  Yes  No
2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . . .  Yes  No
3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) . . . . .  Yes  No
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . . . . .  Yes  No
5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) . . . . .  Yes  No
6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). . . . .  Yes  No



- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAL WARWICK DONORDIGITAL 2550 NINTH STREET SUITE 130 BERKELEY, CA 94710	FUNDRAISING COUNSEL		No		227,902	
<b>Total</b> . . . . .					227,902	

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

AK, CO, FL, KY, MD, MA, MI, NV, NH, NJ, NY, OK, OR, RI, SC, WA, WI

.....

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TASTING EVENT (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	106,563			106,563
<b>2</b>	Less: Contributions . . . . .	103,113			103,113
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	3,450			3,450
<b>4</b>	Cash prizes . . . . .				
<b>5</b>	Net assets . . . . .				

Direct Expenses	6	Rent/facility costs . . . . .	654		654
	7	Food and beverages . . . . .	35,587		35,587
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	12,937		12,937
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			49,178
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			-45,728

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2019

**Additional Data**

Return to Form

**Software ID:**  
**Software Version:**

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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PERKINS SCHOOL FOR THE BLIND

**Employer identification number**  
04-2103616

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account         </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)         </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	<b>1a</b>	Yes	
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . .</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations         </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee         </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>					

- a Receive a severance payment or change-of-control payment? . . . . .
  - b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
  - c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
  - a The organization? . . . . .
  - b Any related organization? . . . . .
 If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
  - a The organization? . . . . .
  - b Any related organization? . . . . .
 If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. . . . .
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. . . . .
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

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

Cat. No. 50053T

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional individuals must be reported.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	
<b>1</b> WILLIAM DAVID POWER PRESIDENT AND CEO	(i)	384,315	50,000	0	24,859
	(ii)	0	0	0	0
<b>2</b> EDWARD H BOSSO PRES OF EDUCATIONAL PROGRAMS	(i)	281,168	15,000	0	24,615
	(ii)	0	0	0	0
<b>3</b> DAVID J WHALEN CHIEF DEVELOPMENT OFFICER	(i)	271,527	0	19,000	24,493
	(ii)	0	0	0	0
<b>4</b> JOHN CZAJKOWSKI CFAO THRU 10/19	(i)	241,803	0	21,721	0
	(ii)	0	0	0	0
<b>5</b> LUIZA R AGUIAR ED OF PERKINS SOLUTIONS	(i)	211,410	0	0	17,104
	(ii)	0	0	0	0
<b>6</b> GARY W AUSSANT DIR OF DIGITAL ACCESSIBILITY	(i)	176,703	0	0	7,042
	(ii)	0	0	0	0
<b>7</b> REBECCA FATER ED OF MARKETING	(i)	166,968	0	0	14,690
	(ii)	0	0	0	0
<b>8</b> KATHRYN TODD DIRECTOR OF INDIVIDUAL GIVING	(i)	154,833	0	0	12,909
	(ii)	0	0	0	0

	(ii)	0	0	0	0
9DAVID SATTERTHWAITE DIR OF INTL OPERATIONS	(i)	145,259	0	0	5,462
	(ii)	0	0	0	0

Schedule J (Form 990) 2019

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	Perkins may provide housing to employees when it is determined to be a requirement of the position. Perkins det rates for comparable properties in the area. During 2019, out of the employees listed on Schedule J, ONLY EDWAF BOSSO'S housing was valued at \$72,000.
PART I, LINE 4B	DAVID WHALEN PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER IRS COD OF \$19,000 UNDER THIS PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).
PART I, LINE 7	WILLIAM DAVID POWER RECEIVED One Time Recognition Bonus for Superior Contribution From 5/1/14-6/30/18 I

**Additional Data**

**Software ID:**  
**Software Version:**

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**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
PERKINS SCHOOL FOR THE BLIND

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description c
<b>A</b> MASS DEVELOPMENT FINANCE AGENCY SERIES 2010	04-3431814		02-12-2010	30,000,000	CONSTRUCTION
<b>B</b> MASS	04-3431814		09-09-2016	4,100,000	IMPROVEMENTS



DEVELOPMENT  
FINANCE  
AGENCY  
SERIES 2016

**Part II Proceeds**

	A		B	
	Yes	No	Yes	No
<b>1</b> Amount of bonds retired . . . . .		5,139,770		913,854
<b>2</b> Amount of bonds legally defeased . . . . .		0		0
<b>3</b> Total proceeds of issue . . . . .		30,000,000		4,100,000
<b>4</b> Gross proceeds in reserve funds . . . . .		0		0
<b>5</b> Capitalized interest from proceeds . . . . .		0		0
<b>6</b> Proceeds in refunding escrows . . . . .		0		0
<b>7</b> Issuance costs from proceeds . . . . .		185,000		78,238
<b>8</b> Credit enhancement from proceeds . . . . .		0		0
<b>9</b> Working capital expenditures from proceeds . . . . .		0		0
<b>10</b> Capital expenditures from proceeds . . . . .		29,815,000		4,021,762
<b>11</b> Other spent proceeds . . . . .		0		0
<b>12</b> Other unspent proceeds . . . . .		0		0
<b>13</b> Year of substantial completion . . . . .	2011		2016	
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		X
<b>15</b> Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	

**Part III Private Business Use**

	A		B	
	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X

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

Cat. No. 50193E

Schedule K (Form 990) 2019

**Part III Private Business Use (Continued)**

	A		B	
	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶				
<b>6</b> Total of lines 4 and 5 . . . . .				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .				
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X	

**Part IV Arbitrage**

	A		B		Y
	Yes	No	Yes	No	
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X	
<b>2</b> If "No" to line 1, did the following apply? . . . . .					
<b>a</b> Rebate not due yet? . . . . .		X		X	
<b>b</b> Exception to rebate? . . . . .	X		X		
<b>c</b> No rebate due? . . . . .		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .					
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	
<b>b</b> Name of provider . . . . .	0		0		
<b>c</b> Term of hedge . . . . .					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X	
<b>e</b> Was the hedge terminated? . . . . .		X		X	

Schedule K (Form 990) 2019

**Part IV Arbitrage (Continued)**

	A		B		Y
	Yes	No	Yes	No	
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	
<b>b</b> Name of provider . . . . .	0		0		
<b>c</b> Term of GIC . . . . .					
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .					
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X	
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		

**Part V Procedures To Undertake Corrective Action**

	A		B		Y
	Yes	No	Yes	No	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instruction)

Return Reference	Explanation
SCHEDULE K	PART III, LINE 3A THE SCHOOL HAS INCIDENTAL SERVICE CONTRACTS THAT DO NOT RESULT IN PRIVATE BENEFIT. PART IV, LINE 7 THE SCHOOL HAS ESTABLISHED WRITTEN PROCEDURES TO MONITOR THE REQUIREMENTS OF IRC SECTION 148.

**Additional Data**

**Software ID:**  
**Software Version:**

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<a href="#">efile Public Visual Render</a>	<b>ObjectID: 202121349349304397 - Submission: 2021-05-14</b>	<b>TIN: 04-2103616</b>
<b>SCHEDULE M (Form 990)</b>	<b>Noncash Contributions</b>	
Department of the Treasury Internal Revenue Service	<p>▶ <b>Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.</b></p> <p>▶ <b>Attach to Form 990.</b></p> <p>▶ <b>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</b></p>	
		OMB No. 1545-0047  <b>2019</b>  Open to Public Inspection

Name of the organization  
PERKINS SCHOOL FOR THE BLIND

Employer identification number

04-2103616

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	11	971,579	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( SILENT AUCTIONS ) . . . . .	X	37	23,273	FMV
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Schedule M (Form 990) (2019)** Page 2

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

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ObjectID: 202121349349304397 - Submission: 2021-05-14

TIN: 04-2103616

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete 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](http://www.irs.gov/Form990) for the latest information.Name of the organization  
PERKINS SCHOOL FOR THE BLIND

Employer identification number

04-2103616

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PERKINS SOLUTIONS PERKINS SOLUTIONS DEPLOYS TECHNOLOGY TO OVERCOME LONGSTANDING AND EMERGING ACCESSIBILITY BARRIERS. SINCE THE 1950S, WE'VE MANUFACTURED AND DISTRIBUTED THE WORLD'S MOST POPULAR, MOST DEPENDABLE BRAILLE TYPEWRITER. TODAY OUR EXPERTISE IN INCLUSIVE DESIGN SOLUTIONS IS AVAILABLE VIA PERKINS ACCESS, A CONSULTING SERVICE THAT HELPS BUSINESSES ENSURE THEIR DIGITAL PRODUCTS AND SERVICES ARE USABLE BY EVERYONE. DURING FY20, PERKINS SOLUTIONS DISTRIBUTED 5,167 BRAILLERS WORLDWIDE, AND ASSISTED OVER 27 ORGANIZATIONS WITH TECHNOLOGY ASSESSMENTS AND MODIFICATIONS. REGIONAL LIBRARY PERKINS LIBRARY HAS PROVIDED ACCESSIBLE READING MATERIAL TO PEOPLE WITH VISUAL IMPAIRMENT AND OTHER DISABILITIES SINCE 1837. SINCE THEN, WE'VE SIGNIFICANTLY EXPANDED OUR OFFERINGS TO SERVE MORE PEOPLE WITH MORE NUANCED NEEDS. TODAY, WE DISTRIBUTE APPROXIMATELY 492,000 ACCESSIBLE BOOKS, MAGAZINES, NEWSPAPERS, DVDS AND MORE, AT NO COST TO THE ESTIMATED 24,000 PATRONS WE SERVICE ANNUALLY. WE'VE ALSO LED THE CHARGE IN DISTRIBUTING ASSISTIVE TECHNOLOGIES LIKE REFRESHABLE BRAILLE DISPLAYS WHILE PROVIDING A WEBSITE THAT ENABLES PEOPLE TO DOWNLOAD ACCESSIBLE READING MATERIAL.
FORM 990, PART VI, SECTION A, LINE 6	THE SCHOOL HAS 142 MEMBERS OF THE CORPORATION AS OF JUNE 30, 2020.
FORM 990, PART VI, SECTION A, LINE 7A	EACH YEAR AT PERKINS' ANNUAL MEETING THE MEMBERS OF THE CORPORATION VOTE ON THE TRUSTEES FOR THE FOLLOWING YEAR AND THE TRUSTEES ELECT THE OFFICERS OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B	INFORMATION REPORTED ON FORM 990 IS REVIEWED BY THE Manager of Fiscal Compliance PRIOR TO SUBMITTING THE INFORMATION TO KPMG FOR PREPARATION AND REVIEW. THE FORM 990 IS ALSO REVIEWED BY THE CONTROLLER BEFORE IT IS SENT TO THE AUDIT COMMITTEE. PRIOR TO FILING, A SUBCOMMITTEE OF THE AUDIT COMMITTEE REVIEWS FORM 990 PRIOR TO IT BEING SENT TO THE FULL BOARD FOR REVIEW AND COMMENT.
FORM 990, PART VI, SECTION B, LINE 12C	PERKINS HAS AN ESTABLISHED CONFLICT OF INTEREST POLICY. PURSUANT TO THE CONFLICT OF INTEREST POLICY, TRUSTEES, OFFICERS, SENIOR MANAGEMENT, AND OTHER PERSONS WHO PERFORM SIMILAR POLICY-MAKING FUNCTIONS ARE REQUIRED TO SUBMIT ANNUALLY A CONFLICT OF INTEREST CERTIFICATION ("CERTIFICATION") AND CONFLICT OF INTEREST DISCLOSURE FORM ("DISCLOSURE FORM"). THE CERTIFICATION REQUIRES CERTIFICATION OF COMPLIANCE WITH THE PERKINS CONFLICT OF INTEREST POLICY AND ALSO REQUIRES THE INDIVIDUAL TO DISCLOSE RELATED PARTY TRANSACTIONS. PERKINS LEGAL COUNSEL IS RESPONSIBLE FOR DISTRIBUTING THE CERTIFICATION AND DISCLOSURE FORM TO THE AFOREMENTIONED INDIVIDUALS AND FOR MAINTAINING THE RESPONSES. PURSUANT TO THE CONFLICT OF INTEREST POLICY, WHETHER A PERSONAL RELATIONSHIP AMONG TRUSTEES, OFFICERS, SENIOR MANAGEMENT, AND VOLUNTEER LEADERSHIP POSES A CONFLICT OF INTEREST WILL BE VOTED ANNUALLY BY THE BOARD OF TRUSTEES, WITH THE TRUSTEES, OFFICERS, AND/OR SENIOR MANAGEMENT THAT ARE INVOLVED IN THE RELATIONSHIP RECUSED FROM THAT PORTION OF THE MEETING AND VOTE.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES HAS A COMPENSATION COMMITTEE THAT REVIEWS THE PRESIDENT'S COMPENSATION AND THE BOARD REVIEWS THE PRESIDENT'S RECOMMENDATION FOR SENIOR STAFF COMPENSATION. PERKINS' WAGE AND SALARY STRUCTURE IS RELATED TO THE DUTIES AND RESPONSIBILITIES OF ITS POSITIONS AND STRIVES TO BE COMPETITIVE FOR THE AREA, CONSISTENT WITH PERKINS' FINANCIAL RESOURCES. PERKINS PERIODICALLY CONDUCTS WAGE AND SALARY SURVEYS TO DETERMINE THE PREVAILING WAGES AND SALARIES PAID FOR SIMILAR POSITIONS IN THE AREA AND AT SIMILAR SCHOOLS AND AGENCIES. PERKINS REVIEWS THE WAGE AND SALARY STRUCTURE ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19	PERKINS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST WITH THE SCHOOL.
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST 165,345

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PERKINS SCHOOL FOR THE BLIND **Emp**  
04-2

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part I related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ (if se)
<b>(1)</b> KILIMANJARO BLIND TRUST INC 175 NORTH BEACON STREET  WATERTOWN, MA 02472 20-8038262	GEN SUPPORT	MA	501(C)(3)	12A
<b>(2)</b> JOHN MILTON SOCIETY FOR THE BLIND 175 NORTH BEACON STREET  WATERTOWN, MA 02472 13-5562284	GEN SUPPORT	MA	501(C)(3)	12A

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

Cat. No. 50135Y

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Fo one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets


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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tot income

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 3

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .





Schedule R (Form 990) 2019

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**Part VII Supplemental Information**

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

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Return Reference	Explanation
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