

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.		D Employer identification number 59-0637847
	Doing business as		E Telephone number 305-856-2288
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	601 S.W. 8TH AVENUE		G Gross receipts \$ 16,514,616.
	City or town, state or province, country, and ZIP or foreign postal code MIAMI, FL 33130		
F Name and address of principal officer: VIRGINIA JACKO 601 SW 8TH AVENUE, MIAMI, FL 33130		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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.MIAMILIGHTHOUSE.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1931** **M** State of legal domicile: **FL**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AS A CENTER OF LEARNING, THE MISSION OF THE ORGANIZATION IS, "THROUGH EDUCATION, TRAINING,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	137
	6 Total number of volunteers (estimate if necessary)	6	53
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,042,999.	14,739,910.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,848,645.	911,471.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	451,034.	482,874.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,342,678.	16,134,255.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,072,036.	5,656,350.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 557,531.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,959,134.	4,378,112.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,031,170.	10,034,462.	
19 Revenue less expenses. Subtract line 18 from line 12	7,311,508.	6,099,793.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 33,844,567.	End of Year 41,743,315.
	21 Total liabilities (Part X, line 26)	2,161,932.	1,428,646.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,682,635.	40,314,669.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	VIRGINIA JACKO, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PEDRO DE ARMAS	Preparer's signature	Date 06/01/20	Check if self-employed <input type="checkbox"/>	PTIN P00440261
	Firm's name ▶ VERDEJA, DE ARMAS & TRUJILLO, LLP	Firm's EIN ▶ 20-4989621	Firm's address ▶ 255 ALHAMBRA CIR STE 560 CORAL GABLES, FL 33134-7417		
			Phone no. 305-446-3177		

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

MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.

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:
AS A CENTER OF LEARNING, THE MISSION OF THE ORGANIZATION IS, "THROUGH EDUCATION, TRAINING, RESEARCH AND VISION ENHANCEMENT, MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED PROVIDES HOPE, CONFIDENCE, AND INDEPENDENCE TO PEOPLE OF ALL AGES."

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 \$ 2,221,741. including grants of \$) (Revenue \$)
OUR FLORIDA HEIKEN CHILDREN'S VISION PROGRAM, LLC, PROVIDES SERVICE THROUGH OUR STATEWIDE NETWORK OF 1,073 OPTOMETRISTS IN THEIR MEDICAL OFFICES OR BY TAKING PRIMARY EYE HEALTH CARE DIRECTLY TO OVER 500 SCHOOLS USING OUR FOUR MOBILE EYE CARE UNITS. 15,260 LOW-INCOME SCHOOLCHILDREN RECEIVED A DILATED EYE EXAM AND GLASSES WHEN PRESCRIBED AT NO COST TO THEIR PARENTS.

OUR LOW VISION PROGRAM PROVIDES COMPREHENSIVE FUNCTIONAL ASSESSMENTS AND EYE EXAMINATIONS AND INSTRUCTION ON ASSISTIVE DEVICES AND OPTICS FOR SENIORS WITH AGE-RELATED VISION LOSS. THESE LOW VISION SERVICES ARE SPECIFICALLY DESIGNED TO ASSIST INDIVIDUALS IN UTILIZING THEIR REMAINING VISION TO ACHIEVE AN ACTIVE LIFESTYLE AND MAINTAIN THEIR

4b (Code:) (Expenses \$ 1,116,648. including grants of \$) (Revenue \$)
PRE-EMPLOYMENT TRANSITION SERVICES AND VOCATIONAL REHABILITATION CLIENTS

OUR PRE-EMPLOYMENT TRANSITION SERVICES PROGRAM IS A YEAR-ROUND PROGRAM THAT PROVIDES YOUTH 14-22 THE OPPORTUNITY TO DEVELOP SKILLS TO ENTER THE WORKFORCE OR POST-SECONDARY EDUCATION. THE PRIMARY PURPOSE OF THIS PROGRAM IS TO INCREASE THE NUMBER OF BLIND AND VISUALLY IMPAIRED STUDENTS AND YOUTH WHO ENTER COMPETITIVE INTEGRATED EMPLOYMENT, TRAINING AND/OR POST-SECONDARY EDUCATION. THESE OBJECTIVES ARE FULFILLED BY THE PROVISION OF HIGH-QUALITY COMPREHENSIVE AND COORDINATED PRE-EMPLOYMENT TRANSITION INSTRUCTION THAT ENHANCES EACH INDIVIDUAL'S ABILITIES TO BE SUCCESSFUL IN COMPETITIVE EMPLOYMENT, TRAINING AND ACADEMIC SETTINGS. STUDENTS ARE TAUGHT LIFE SKILLS LIKE

4c (Code:) (Expenses \$ 3,908,760. including grants of \$) (Revenue \$)
EARLY INTERVENTION AND LIGHTHOUSE LEARNING CENTER FOR CHILDREN PROGRAMS

THE MIAMI LIGHTHOUSE EARLY INTERVENTION PROGRAM PROVIDES HIGH QUALITY SERVICES FOR VISUALLY IMPAIRED BLIND BABIES, TODDLERS, AND THEIR PARENTS/CAREGIVERS IN THE CHILD'S NATURAL ENVIRONMENT WHICH TYPICALLY IS IN THE CHILD'S HOME. THE PROGRAM UTILIZES PARENTS AS TEACHERS, AN EVIDENCE-BASED MODEL TO SUPPORT FAMILIES IN THE HOME AND IN THEIR LOCAL COMMUNITY. THROUGH INDIVIDUALIZED CHILD AND FAMILY PLANS, THIS PROGRAM PROVIDES DEVELOPMENTAL EDUCATION FOR YOUNG CHILDREN AS WELL AS ADDRESSING THEIR UNIQUE NEEDS AND BUILDS UPON THE ASSETS OF THE ADULTS IN EACH CHILD'S LIFE. PROGRAM GOALS INCLUDE FACILITATING DEVELOPMENTAL FUNCTIONING OF PARTICIPATING CHILDREN (AGES BIRTH TO FIVE); INCREASING

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,369,419. including grants of \$) (Revenue \$)

4e Total program service expenses **8,616,568.**

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	137
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**MIAMI LIGHTHOUSE FOR THE BLIND
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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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	1a		23
b	Enter the number of voting members included on line 1a, above, who are independent	1b		23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **▶**
VIRGINIA JACKO - 305-856-2288
601 SW 8TH AVENUE, MIAMI, FL 33130

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 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) WILL BECKHAM DIRECTOR	1.00	X					0.	0.	0.	
(2) PETER R HARRISON TREASURER	1.00	X					0.	0.	0.	
(3) DONNA ABOOD ASSISTANT TREASURER	1.00	X					0.	0.	0.	
(4) DR HARRY FLYNN JR DIRECTOR	1.00	X					0.	0.	0.	
(5) RAMON F CASAS SECRETARY	1.00	X					0.	0.	0.	
(6) JOSE ABRANTE COSIO ASSISTANT SECRETARY	1.00	X					0.	0.	0.	
(7) SHEILA FREED DIRECTOR	1.00	X					0.	0.	0.	
(8) ANNE HELLIWELL DIRECTOR	1.00	X					0.	0.	0.	
(9) GARY FOX DIRECTOR	1.00	X					0.	0.	0.	
(10) LOUIS NOSTRO ESQ IMMEDIATE PAST CHAIR	1.00	X					0.	0.	0.	
(11) CHRISTIAN INFANTE DIRECTOR	1.00	X					0.	0.	0.	
(12) STACEY JONES, PID DIRECTOR	1.00	X					0.	0.	0.	
(13) CHARLES NIELSON CHAIR ELECT	1.00	X					0.	0.	0.	
(14) SCOTT RICHEY EXTERNAL COMM CHAIR	1.00	X					0.	0.	0.	
(15) ANGELA WHITMAN DIRECTOR	1.00	X					0.	0.	0.	
(16) GEORGE W FOYO CHAIRMAN	1.00	X					0.	0.	0.	
(17) ALAN P LEVITT OD DIRECTOR	1.00	X					0.	0.	0.	

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

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 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) FRANK VOYTEK DIRECTOR	1.00	X					0.	0.	0.	
(19) JOHN HARRIMAN DIRECTOR	1.00	X					0.	0.	0.	
(20) ALEX SUAREZ DIRECTOR	1.00	X					0.	0.	0.	
(21) THOMAS E JOHNSON, MD DIRECTOR	1.00	X					0.	0.	0.	
(22) STEPHEN A MORRIS, O.D. DIRECTOR	1.00	X					0.	0.	0.	
(23) TOMAS REGALADO DIRECTOR	1.00	X					0.	0.	0.	
(24) VIRGINIA JACKO PRESIDENT/CEO	37.50			X			.	0.	.	
(25) RICHARD FERNANDEZ CFO	37.50			X			.	0.	.	
(26) CAROL BRADY SIMMONS CPO	37.50			X			.	0.	.	
1b Subtotal							.	0.	.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							.	0.	.	

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 **3**

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

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
DR. EDMOND GARDNER 1028 RUSSELL DR, HIGHLAND BEACH, FL 33487	OPTOMETRIST	108,160.
DR. WHITNEY MCCORY, 15649 71ST DR N, PALM BEACH GARDENS, FL 33418	OPTOMETRIST	103,747.

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 **2**

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,849,918.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,889,992.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			14,739,910.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,857.			22,857.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	888,614.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
c Gain or (loss)	7c	888,614.					
d Net gain or (loss)			888,614.	888,614.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		344,893.				
b Less: direct expenses	8b	197,451.					
c Net income or (loss) from fundraising events			147,442.		147,442.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		195,817.				
b Less: cost of goods sold	10b	182,910.					
c Net income or (loss) from sales of inventory			12,907.	12,907.			
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	322,525.	322,525.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			322,525.			
12 Total revenue. See instructions			16,134,255.	1,224,046.	0.	170,299.	

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	468,499.	313,780.	98,702.	56,017.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,229,776.	3,557,129.	355,151.	317,496.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,376.	55,457.	6,606.	5,313.
9 Other employee benefits	548,040.	451,530.	52,941.	43,569.
10 Payroll taxes	342,659.	282,317.	33,101.	27,241.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,868,728.	1,734,136.	95,696.	38,896.
12 Advertising and promotion				
13 Office expenses	552,388.	498,468.	23,993.	29,927.
14 Information technology				
15 Royalties				
16 Occupancy	479,747.	459,083.	19,764.	900.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	651,199.	529,530.	103,669.	18,000.
23 Insurance	162,756.	104,059.	58,697.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	462,446.	452,907.	4,172.	5,367.
b PUBLIC AND COMMUNITY RE	200,848.	178,172.	7,871.	14,805.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,034,462.	8,616,568.	860,363.	557,531.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year			(B) End of year	
Assets	1 Cash - non-interest-bearing	4,097,770.	1		4,299,952.	
	2 Savings and temporary cash investments		2			
	3 Pledges and grants receivable, net	22,950.	3		21,861.	
	4 Accounts receivable, net	640,709.	4		766,605.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use	104,092.	8		107,528.	
	9 Prepaid expenses and deferred charges	46,634.	9		51,302.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21,165,133.	10a			
	b Less: accumulated depreciation	8,306,201.	10b			
	11 Investments - publicly traded securities	12,243,877.	10c		12,858,932.	
	12 Investments - other securities. See Part IV, line 11	16,537,495.	11		23,432,622.	
	13 Investments - program-related. See Part IV, line 11		12			
	14 Intangible assets		13			
	15 Other assets. See Part IV, line 11	151,040.	14			
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,844,567.	15		204,513.		
		16		41,743,315.		
Liabilities	17 Accounts payable and accrued expenses	487,229.	17		599,809.	
	18 Grants payable		18			
	19 Deferred revenue	1,674,703.	19		828,837.	
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
	26 Total liabilities. Add lines 17 through 25	2,161,932.	26		1,428,646.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	24,917,061.	27		25,036,504.	
	28 Net assets with donor restrictions	6,765,574.	28		15,278,165.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	31,682,635.	32		40,314,669.	
33 Total liabilities and net assets/fund balances	33,844,567.	33		41,743,315.		

Form **990** (2019)

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,134,255.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,034,462.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,099,793.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,682,635.
5	Net unrealized gains (losses) on investments	5	2,532,241.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,314,669.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

MIAMI LIGHTHOUSE FOR THE BLIND

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	9537149.	8322846.	8027681.	13749729.	14785833.	54423238.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9537149.	8322846.	8027681.	13749729.	14785833.	54423238.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						54423238.

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	9537149.	8322846.	8027681.	13749729.	14785833.	54423238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	270,526.	5,972.	4,036.	12,274.	22,857.	315,665.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	146,363.	170,597.	245,900.	400,230.	322,525.	1285615.
11 Total support. Add lines 7 through 10						56024518.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<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	97.14 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.43 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

MIAMI LIGHTHOUSE FOR THE BLIND

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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Schedule A (Form 990 or 990-EZ) 2019 **AND VISUALLY IMPAIRED, INC.**

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

MIAMI LIGHTHOUSE FOR THE BLIND

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.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

Employer identification number

59-0637847

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 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 1/3% 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUNTRUST DELAWARE TRUST COMPANY 201 ALHAMBRA CRICLE, SUITE 1402 CORAL GABLES, FL 33134	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SPENCER DECLARATION OF TRUST 450 EAST LAS OLAS BOULEVARD, SUITE 1400 FORT LAUDERDALE, FL 33301	\$ 839,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF HILDEGARDE FRIEDHOFF 17345 SOUTH DIXIE HIGHWAY MIAMI, FL 33157	\$ 547,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE HUTSON-WILEY AND ECHEVARRIA FOUNDATION, INC. 60 EDGEWATER DRIVE, APT 9E CORAL GABLES, FL 33133	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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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 info. once.) ▶ \$ _____
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
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div>	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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 organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

MIAMI LIGHTHOUSE FOR THE BLIND

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 (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	36,000.													
c Total lobbying expenditures (add lines 1a and 1b)	36,000.													
d Other exempt purpose expenditures	9,998,462.													
e Total exempt purpose expenditures (add lines 1c and 1d)	10,034,462.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	651,723.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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)	162,931.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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
2a Lobbying nontaxable amount	498,906.	565,776.	601,437.	651,723.	2,317,842.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,476,763.
c Total lobbying expenditures	33,000.	36,000.	36,000.	36,000.	141,000.
d Grassroots nontaxable amount	124,727.	141,444.	150,359.	162,931.	579,461.
e Grassroots ceiling amount (150% of line 2d, column (e))					869,192.
f Grassroots lobbying expenditures					

MIAMI LIGHTHOUSE FOR THE BLIND

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.** **Employer identification number** **59-0637847**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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)?

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

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

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

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

1 Total revenue, gains, and other support per audited financial statements	1	19,360,327.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	2,478,767.
b Donated services and use of facilities	2b	313,470.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	433,835.
e Add lines 2a through 2d	2e	3,226,072.
3 Subtract line 2e from line 1	3	16,134,255.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,134,255.

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

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

1 Total expenses and losses per audited financial statements	1	10,728,293.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	313,470.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	380,361.
e Add lines 2a through 2d	2e	693,831.
3 Subtract line 2e from line 1	3	10,034,462.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,034,462.

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.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC NO 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC NO 740"). ASC 740 REQUIRED THAT THE IMPACT OF TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS. AT 12/31/19, THERE WERE NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES TAX RETURNS WITH US FEDERAL AND OTHER TAX AUTHORITIES FOR WHICH STATUE LIMITATIONS MAY GO BACK TO THE YEAR ENDED 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN INVESTMENT 53,474.

MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.

Part XIII Supplemental Information *(continued)*

COST OF GOODS SOLD	182,910.
SPECIAL EVENT EXPENSES	197,451.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	433,835.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	182,910.
SPECIAL EVENT EXPENSES	197,451.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	380,361.

MIAMI LIGHTHOUSE FOR THE BLIND

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNIVERSARY GALA (event type)	SEE THE LIGHT (event type)	2 (total number)	
Revenue	1 Gross receipts	157,892.	91,603.	95,398.	344,893.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	157,892.	91,603.	95,398.	344,893.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	97,649.	29,901.	69,901.	197,451.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				197,451.
11 Net income summary. Subtract line 10 from line 3, column (d)				147,442.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.** Employer identification number **59-0637847**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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 on lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.

59-0637847

Schedule J (Form 990) 2019

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VIRGINIA JACKO PRESIDENT/CEO	(i)	.	0.	0.	.	0.	.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.

Employer identification number
59-0637847

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH AND VISION ENHANCEMENT, MIAMI LIGHTHOUSE FOR THE BLIND AND
VISUALLY IMPAIRED PROVIDES HOPE, CONFIDENCE, AND INDEPENDENCE TO PEOPLE
OF ALL AGES."

MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED CONSISTENTLY
DEMONSTRATES IT IS WORTHY OF DONORS' PHILANTHROPIC INVESTMENTS AND IS
AMONG THE ELITE 35 CHARITIES IN THE NATION HAVING RECEIVED 11
CONSECUTIVE 4-STAR RATING, THE HIGHEST RATING POSSIBLE, FROM CHARITY
NAVIGATOR, THE NATION'S PREMIER INDEPENDENT NONPROFIT EVALUATOR, BASED
UPON OUR TRANSPARENCY AND SOUND FISCAL MANAGEMENT. CURRENTLY MIAMI
LIGHTHOUSE IS THE ONLY MIAMI NONPROFIT ORGANIZATION TO HAVE ATTAINED
THIS COVETED STATUS.

MIAMI LIGHTHOUSE PROGRAMS ARE ACCREDITED BY THE NATIONAL ACCREDITATION
COUNCIL FOR BLIND AND LOW VISION SERVICES AND PRE-KINDERGARTEN IS
ACCREDITED BY APPLE, THE ACCREDITED PROFESSIONAL PRESCHOOL LEARNING
ENVIRONMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MAXIMUM INDEPENDENCE. EXAMS ARE PROVIDED UNDER THE SUPERVISION OF OUR
LOW VISION CONSULTING OPTOMETRIST ASSISTED BY OUR CERTIFIED LOW VISION
OCCUPATIONAL THERAPIST AND LICENSED DISPENSING OPTICIAN. IN 2019, WE
WERE THE RECIPIENT OF A COVETED INNOVATIONS IN HEALTHCARE GRANT FROM
THE FLORIDA BLUE FOUNDATION AS FOLLOW UP TO A PROJECT THEY FUNDED
INITIALLY IN 2015. THAT INITIATIVE RESULTED IN A PEER-REVIEWED

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MANUSCRIPT "BRINGING LOW-VISION ASSESSMENTS AND INTERVENTIONS TO
UNDERSERVED SENIORS AFFECTED BY AGE-RELATED EYE DISEASE" PUBLISHED IN
THE BRITISH JOURNAL OF VISUAL IMPAIRMENT, DECEMBER 2019. IN 2019 WE
PROVIDED 6,411 COMMUNITY MEMBERS PRIMARILY AFFECTED BY AGE-RELATED EYE
DISEASE WITH "LEARNING TO LIVE WITH LOW VISION" PRESENTATIONS,
ADMINISTERED 362 LOW VISION EXAMS, AND 246 PATIENTS RECEIVED VISION
REHABILITATION FROM OUR CERTIFIED LOW VISION OCCUPATIONAL THERAPIST AND
AN ADDITIONAL 1,442 PEOPLE VISITED OUR SOLUTIONS CENTER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
HOME AND PERSONAL MANAGEMENT, COMPUTER/ADAPTIVE TECHNOLOGY, JOB
READINESS, ORIENTATION AND MOBILITY, SOCIAL SKILLS AND COMMUNITY
INTEGRATION. STUDENTS LEARN ESSENTIAL SKILLS THAT PREPARE THEM FOR THE
WORKFORCE AND ARE EXPOSED TO MANY CAREER OPTIONS THROUGH THE WORK
EXPERIENCE ASPECT OF OUR PROGRAM. IN 2019 WE PLACED 40 CLIENTS IN
INTERNSHIPS.

DURING OUR 2019 SUMMER CAMP, 30 STUDENTS HAD PAID EMPLOYMENT
EXPERIENCES, SUCH AS WORKING AT MIAMI CHILDREN'S MUSEUM, LA PODEROSA
RADIO STATION, WALGREENS AND SMART BITES. THESE POSITIONS HELP STUDENTS
PREPARE FOR COMPETITIVE INTEGRATED EMPLOYMENT. ADDITIONALLY, STUDENTS
IN OUR ABLE TRUST HIGH SCHOOL HIGH TECH COMPONENT OF THE PRE-EMPLOYMENT
TRANSITION PROGRAM WERE TAUGHT HOW TO PREPARE RESUMES, PARTICIPATE IN
MOCK JOB INTERVIEWS AND CAREER PREPARATION THROUGH ON-THE-JOB TRAINING.
OUR GOAL IS TO HELP THESE YOUNG ADULTS REACH THEIR FULL POTENTIAL. 42
YOUTH WERE SERVED IN OUR PRE-EMPLOYMENT TRANSITION PROGRAM.

OUR VOCATIONAL REHABILITATION PROGRAM IS FOR VISUALLY IMPAIRED ADULTS

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THAT ARE EITHER WORKING OR WANT TO GO BACK TO WORK. THE PROGRAM PROVIDES COMPREHENSIVE TRAINING IN SELF-HELP SKILLS, COMPUTER/ADAPTIVE TECHNOLOGY, AND JOB READINESS. OTHER TOPICS COVERED IN THE PROGRAM INCLUDE ORIENTATION AND MOBILITY, LOW VISION SERVICES, AND PERSONAL AND HOME MANAGEMENT. IN 2019, WE SECURED A GRANT FROM THE FLORIDA DIVISION OF BLIND SERVICES ENABLING US TO PAIR EMPLOYED OR RETIRED MENTORS WHO ARE BLIND WITH MENTEES WHO ARE ALSO BLIND AND SEEKING EMPLOYMENT. THIS INNOVATIVE CONCEPT ALLOWED BLIND INDIVIDUALS DIRECT ACCESS TO OTHER ADULTS WHO HAD SIMILAR EXPERIENCES AND COULD OFFER INSIGHT ABOUT BEING EMPLOYED DESPITE THEIR VISION IMPAIRMENT. WE PROVIDED 160 CLIENTS THIS SPECIALIZED INSTRUCTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE LEVEL OF PARENT INVOLVEMENT IN THEIR CHILD'S DEVELOPMENT; INCREASING THE CAPACITY OF OTHER SERVICE PROVIDERS TO ADDRESS VISUAL IMPAIRMENT PROBLEMS; AND PREPARING CHILDREN TO ENTER ELEMENTARY SCHOOL SUCCESSFULLY. OUR BLIND BABIES EARLY INTERVENTION HAS BEEN RECOGNIZED AS CHILDREN'S PROGRAM OF THE YEAR BY THE CHILDREN'S TRUST OF MIAMI-DADE COUNTY. 113 CHILDREN WERE ENROLLED IN THIS PROGRAM, AND SUPPORT WAS PROVIDED TO THEIR FAMILIES.

OUR MIAMI LIGHTHOUSE LEARNING CENTER FOR CHILDREN IS AN ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT (APPLE). OUR LEARNING CENTER FOR CHILDREN CONTINUES TO EXPAND ITS PROGRAMS FOR YOUNG CHILDREN. IN 2019 A KINDERGARTEN WAS ADDED FOR VISUALLY IMPAIRED CHILDREN AND, IN 2020 WE WILL BEGIN OFFERING FIRST GRADE FOR BLIND CHILDREN.

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WITH EIGHTY ENROLLED STUDENTS WE ARE OUT OF CLASSROOM SPACE. IN OCTOBER OF 2019, WE ANNOUNCED OUR "LIGHT THE WAY" MATCHING CHALLENGE TO RAISE \$9 MILLION IN CAPITAL FUNDS TO EXPAND OUR LEARNING CENTER CLASSROOM CAPACITY. OUR PRE-KINDERGARTEN IS THE ONLY FULLY INCLUSIVE PROGRAM IN THE U.S. THIS PROGRAM MODEL IS UNIQUE IN MIAMI-DADE COUNTY AND IS PARTIALLY SUPPORTED BY MIAMI-DADE COUNTY PUBLIC SCHOOLS (M-DCPS). 80 PRE-SCHOOL, PRE-KINDERGARTEN AND KINDERGARTEN STUDENTS WERE ENROLLED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALTERNATIVE REHABILITATION PROGRAMS

MIAMI LIGHTHOUSE PROVIDES A VARIETY OF ALTERNATIVE SERVICES THAT ARE FUNDED BY NUMEROUS SOURCES. THESE PROGRAMS INCLUDE SENIOR GROUP HEALTH AND ACTIVITIES, MUSIC PERFORMANCE AND PRODUCTION, INDEPENDENT LIVING, ADULT BASIC EDUCATION AND ENGLISH AS A SECOND LANGUAGE (ESOL) IN COLLABORATION WITH M-DCPS ADULT EDUCATION.

OUR SENIOR GROUP HEALTH AND ACTIVITIES (SGA) PROGRAM TARGETS FINANCIALLY DISADVANTAGED BLIND ADULTS PRIMARILY OVER 55 YEARS OF AGE TO DEVELOP A FULLER, MORE WELL-BALANCED LIFE. OUR SGA PROGRAM INCLUDES GROUP DISCUSSIONS, LANGUAGE AND COMPUTER CLASSES, FITNESS, NUTRITION MANAGEMENT, AND MUSIC INSTRUCTION AS WELL AS FIELD TRIPS TO LOCAL PARKS, MUSEUMS, MALLS AND OTHER AREAS OF INTEREST. ART CREATION AND MUSIC APPRECIATION ARE INTEGRATED INTO THIS COMPREHENSIVE PROGRAMMING. CLIENTS MAY ALSO PARTICIPATE IN THE GED/ADULT EDUCATION AND MUSIC PROGRAMS. THIS IMPORTANT PROGRAM ENABLES BLIND SENIORS TO STAY OUT OF EXPENSIVE ASSISTED LIVING FACILITIES AND REDUCES MEDICAL COSTS. THESE CLIENTS ALSO BECOME PART OF A PEER COMMUNITY, WHICH RESEARCH HAS SHOWN

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INCREASES FEELINGS OF SELF-ESTEEM REFLECTING A MORE POSITIVE
SELF-IMAGE, A GREATER ACCEPTANCE OF THEIR BLINDNESS AND A WILLINGNESS
TO HELP THEIR PEERS OVERCOME SIMILAR OBSTACLES. THIS PROGRAM ALSO
FOCUSES ON DEVELOPING BLIND ARTISTS UNDER THE LEADERSHIP OF OUR ART
INSTRUCTORS. IN 2019, OUR CLIENTS' ART WAS DISPLAYED AT ART BASEL AND
AT A CORAL GABLES MUSEUM ART EXHIBIT. WE PROVIDED INSTRUCTION TO A
TOTAL OF 182 CLIENTS.

OUR MUSIC PROGRAM PROVIDES AN INNOVATIVE YEAR-ROUND MUSIC EDUCATION
INITIATIVE TARGETING SIGHTED AND VISUALLY IMPAIRED YOUNG ADULTS
UTILIZING MUSIC APPRECIATION, INSTRUCTION, AND EXPLORATION AS TOOLS TO
FOSTER WORK READINESS SKILLS AND ENHANCE SELF-EFFICACY AND POSITIVE
PEER RELATIONS. TEENS AND ADULTS LEARN MUSIC COMPOSITION, PERFORMANCE,
RECORDING, SOUND ENGINEERING AND BUSINESS SKILLS. TRAINING INCLUDES THE
USE OF JAWS AND ZOOMTEXT SOFTWARE TO ACCESS STANDARD MUSIC INDUSTRY
SOFTWARE SUCH AS MIDI (MUSICAL INSTRUMENT DIGITAL INTERFACE) AND
PROTOOLS ON THE MAC COMPUTER. LAST SUMMER ONE OF OUR STUDENTS LEARNED
HOW TO OPERATE A PROFESSIONAL-LEVEL SOUND SYSTEM FOR LIVE PERFORMANCE
USING AN APP ON HIS IPAD AND VOICE OVER TECHNOLOGY. HE SUBSEQUENTLY RAN
THE LIVE SOUND FOR OUR MUSICIANS' YOUNGARTS FOUNDATION PERFORMANCE.

BRILLE MUSIC IS TAUGHT THROUGH DISTANCE LEARNING TO STUDENTS AROUND
THE GLOBE. OUR MIAMI LIGHTHOUSE UNITED VOICES CHOIR, WHICH HAS
PERFORMED AT NUMEROUS COMMUNITY VENUES, WAS ALSO ESTABLISHED. MUSIC
APPRECIATION FOR THE CHILDREN IN OUR LIGHTHOUSE LEARNING CENTER IS ALSO
PROVIDED. THERE WERE 253 CLIENT PARTICIPANTS IN OUR MUSIC PROGRAM.

OUR INDEPENDENT LIVING PROGRAM IS FOR VISUALLY IMPAIRED INDIVIDUALS WHO

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ARE NOT EMPLOYED AND INTEND TO REMAIN IN THEIR HOMES. THESE CLIENTS RECEIVE ORIENTATION AND MOBILITY TRAINING AND PERSONAL MANAGEMENT INSTRUCTION WHICH OFFERS HELP IN SUCH AREAS AS HOME AND KITCHEN SAFETY, BASIC MEAL PREPARATION, NUTRITION, GROOMING, PERSONAL HYGIENE, MONEY IDENTIFICATION, ORGANIZATION, LABELING AND MEDICATION MANAGEMENT. CLIENTS ALSO LEARN BRAILLE AS NEEDED TO IMPROVE COMMUNICATION SKILLS. THEY CAN ALSO ENROLL IN BASIC COMPUTER TRAINING AND ADULT BASIC EDUCATION/GED/ESOL, PARTICIPATE IN OUR SENIOR GROUP HEALTH AND ACTIVITIES PROGRAM AND RECEIVE LOW VISION SERVICES AS WELL AS COUNSELING SESSIONS. OUR INDEPENDENT LIVING PROGRAM CONSISTS OF TWO AGE GROUPS: INDEPENDENT LIVING ADULT PROGRAM (AGE 54 AND UNDER) AND INDEPENDENT LIVING OLDER BLIND (AGE 55 AND OVER). THE TWO INDEPENDENT LIVING PROGRAMS ENROLLED 194 CLIENTS.

THE MIAMI LIGHTHOUSE SUMMER TRAINING AND RECREATION PROGRAM (STAR) IS AN EIGHT-WEEK SUMMER CAMP PROVIDING PROGRAMS FOR BLIND OR VISUALLY IMPAIRED CHILDREN AGES 5-13 DESIGNED TO ENHANCE LITERACY SKILLS, ENCOURAGE PHYSICAL FITNESS, AND PROMOTE SOCIAL INTERACTION. THE PROGRAM OFFERS AN ENRICHED LEARNING ENVIRONMENT FOCUSING ON LITERACY, TECHNOLOGY, PHYSICAL FITNESS, SOCIAL SKILLS DEVELOPMENT, ART, AND MUSIC. THE BRIGHT BEACONS PROGRAM OFFERS INSTRUCTION DEVOTED TO BRAILLE AND TECHNOLOGY LITERACY ON SATURDAYS AND HOLIDAYS DURING THE SCHOOL YEAR. THE GOAL OF THESE PROGRAMS IS EDUCATION, THE DEVELOPMENT OF THE SCHOLASTIC SKILLS OF THESE STUDENTS, AND CONTINUOUS REINFORCEMENT OF THEIR BRAILLE KNOWLEDGE. WE HAVE ALSO ADDED AN EARLY INTERVENTION SUMMER CAMP FOR YOUNG CHILDREN AGES 1-4 TO PREVENT THE "SUMMER LEARNING REGRESSION" THAT OFTEN HAPPENS TO CHILDREN WITH DISABILITIES WHEN THEY ARE NOT IN SCHOOL. 110 STUDENTS WERE ENROLLED IN THESE PROGRAMS.

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OUR ADULT EDUCATIONAL PROGRAM IS MADE UP OF TWO COMPONENTS. OFFERED IN COLLABORATION WITH MIAMI-DADE COUNTY PUBLIC SCHOOLS ADULT EDUCATION.

OUR ADULT BASIC EDUCATION/GED AND ESOL PROGRAMS PROVIDE ADULT CLIENTS THE EDUCATION TO EMPOWER THEM TO EARN THEIR GED IN ORDER TO PURSUE HIGHER EDUCATION AND TO POSITION THEMSELVES FOR EMPLOYMENT. OUR ESOL PROGRAM GIVES ADULTS THE OPPORTUNITY TO MASTER THE ENGLISH LANGUAGE WHICH IS REQUIRED IN ORDER TO MOVE INTO THE GED PROGRAM. IN 2019, TWO OF THESE ADULT LEARNERS SUCCESSFULLY RECEIVED THEIR GED DIPLOMA AFTER HAVING STUDIED DILIGENTLY TO ACHIEVE THIS LIFE-LONG GOAL. OVERALL, 67 ADULTS PARTICIPATED IN THESE PROGRAMS.

EXPENSES \$ 1,369,419. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

REASON FOR AMENDING THE RETURN

INFORMATION ON SCHEDULE L, PART IV WAS CORRECTED.

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

THE 990 INFORMATION IS GATHERED BY MANAGEMENT. ONCE THE TAX RETURN IS PREPARED, MANAGEMENT PRESENTS IT TO THE BOARD OF DIRECTORS WHO REVIEW IT THOROUGHLY AND APPROVE IT.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF

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THE FINANCIAL INTEREST AND ALL MATERIALS FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON. HE/SHE SHALL RECUES HIMSELF/HERSELF FROM THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULT IN THE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT AD IS INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

FORM 990, PART VI, SECTION B, LINE 15A:

DETERMINED THE COMPENSATION OF THE PRESIDENT/CEO IS PART OF THE BOARD GOVERNANCE INITIATIVES. THE BOARD OPERATIONS COMMITTEE IS RESPONSIBLE FORTHE CEO'S SALARY/PERFORMANCE. ON AN ANNUAL BASIS PERFORMANCE AND SALARY REVIEW IS CONDUCTED. CEO PERFORMANCE TARGETS ARE REVIEWED QUARTERLY. CEO

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CONTRACT WAS DEVELOPED IN 2005, REVISED IN 2007 AND EXTENDED IN 2009, 2010, 2014 AND 2017. SALARY AND ANY INCREASE IS BASED UPON A REVIEW OF OTHER LEADING AGENCIES SERVING THE BLIND AS WELL AS EQUIVALENT LOCAL AND NATIONAL NONPROFITS. CFO: THE ORGANIZATION WORKED WITH AN OUTSIDE PLACEMENT FIRM AND CONSIDERED JOB DUTIES AND MARKET CONDITIONS AND COMPENSATION IN OTHER LEADING AGENCIES AS WELL AS EQUIVALENT LOCAL NONPROFITS.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE MOST CURRENT STATEMENTS AND TAX DOCUMENT ARE AVAILABLE UNDER CORPORATE DOCUMENTS ON THE WEBSITE. THEY ARE ALSO READILY AVAILABLE THROUGH OTHER WEBSITES LIKE CHARITY NAVIGATOR AND GUIDESTAR. THE BOARD GOVERNING DOCUMENTS, THE MINUTES FROM THE BOARD MEETINGS AND THE NOTES FROM BOARD COMMITTEE MEETINGS ARE AVAILABLE TO OUR AUDITORS, PROGRAM MONITORS AND TO THE NATIONAL ACCREDITATION COUNCIL FOR BLIND AND LOW VISION SERVICES (NAC).

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,734,136.
MANAGEMENT AND GENERAL EXPENSES	95,696.
FUNDRAISING EXPENSES	38,896.
TOTAL EXPENSES	1,868,728.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,868,728.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Taxpayer identification number (TIN) 59-0637847
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 601 S.W. 8TH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33130	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

VIRGINIA JACKO

- The books are in the care of ▶ **601 SW 8TH AVENUE - MIAMI, FL 33130**
Telephone No. ▶ **305-856-2288** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.