

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation LAVELLE FUND FOR THE BLIND INC		A Employer identification number 13-1740463	
Number and street (or P.O. box number if mail is not delivered to street address) 307 WEST 38TH STREET SUITE 1905		Room/suite	B Telephone number (see instructions) (212) 668-9801
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 145,360,122		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Other (specify) MODIFIED CASH (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ▶ <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	3,780	3,780		
	4 Dividends and interest from securities . . . . .	1,762,590	1,762,590		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,316,667			
	b Gross sales price for all assets on line 6a				
	23,078,583				
	7 Capital gain net income (from Part IV, line 2) . . . . .		3,316,667		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
Operating and Administrative Expenses	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	62,941	3,052		
	12 Total. Add lines 1 through 11 . . . . .	5,145,978	5,086,089		
	13 Compensation of officers, directors, trustees, etc.	277,030	13,851		263,179
	14 Other employee salaries and wages . . . . .	336,145	39,488		296,657
	15 Pension plans, employee benefits . . . . .	169,669	16,284		153,385
	16a Legal fees (attach schedule) . . . . .	9,787	0		9,787
	b Accounting fees (attach schedule) . . . . .	37,617	20,703		16,914
	c Other professional fees (attach schedule) . . . . .	333,991	313,476		20,515
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	90,312	9,730		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .	124,347	6,217		118,130
	21 Travel, conferences, and meetings . . . . .	17,631	0		17,631
	22 Printing and publications . . . . .	366	0		366
	23 Other expenses (attach schedule) . . . . .	60,765	1,380		59,385
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	1,457,660	421,129		955,949
	25 Contributions, gifts, grants paid . . . . .	5,036,617			5,036,617
	26 Total expenses and disbursements. Add lines 24 and 25	6,494,277	421,129		5,992,566
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,348,299			
	b Net investment income (if negative, enter -0-)		4,664,960		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	108,064	138,234	138,234
	<b>2</b> Savings and temporary cash investments . . . . .	22,299,251	28,754,823	28,754,823
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ 240,000 Less: allowance for doubtful accounts ▶ _____ 0	38,301	240,000	240,000
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	105,594,715	112,039,057	112,039,057
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	4,559,186	4,188,008	4,188,008
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	132,599,517	145,360,122	145,360,122	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	132,599,517	145,360,122	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	132,599,517	145,360,122	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	132,599,517	145,360,122		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	132,599,517
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-1,348,299
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	14,108,904
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	145,360,122
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	145,360,122

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a PUBLICLY TRADED SECURITIES</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 23,078,583		19,761,916	3,316,667
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			3,316,667
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	3,316,667
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved . . . . .		<b>2</b>	
<b>3</b> Reserved . . . . .		<b>3</b>	
<b>4</b> Reserved . . . . .		<b>4</b>	
<b>5</b> Reserved . . . . .		<b>5</b>	
<b>6</b> Reserved . . . . .		<b>6</b>	
<b>7</b> Reserved . . . . .		<b>7</b>	
<b>8</b> Reserved , . . . .		<b>8</b>	

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	64,843
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	64,843
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	64,843
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	70,000
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	70,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	5,157
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 5,157 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>Yes</b>	<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1a</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1b</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0	<b>1c</b>		<b>No</b>
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>		<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>		<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>		<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>6</b>	<b>Yes</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) ► NY			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	<b>Yes</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>		<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>		<b>No</b>

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.LAVELLEFUND.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>LAVELLE FUND FOR THE BLIND INC</u> Telephone no. ► <u>(212) 668-9801</u>			

Located at ► 307 WEST 38TH STREET SUITE 1905 NEW YORK NY ZIP+4 ► 10018



<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**


**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . . <input type="checkbox"/>	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <input type="checkbox"/>	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . . <input type="checkbox"/>	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .  <input type="checkbox"/>			
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i> 			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>6b</b>	<b>No</b>
	<i>If "Yes" to 6b, file Form 8870.</i>			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MANNHI CHAU 307 W 38TH ST STE 1905 NEW YORK, NY 10018	CONTROLLER 45.00	131,625	33,339	0
KHANH PHAN 307 W 38TH ST STE 1905 NEW YORK, NY 10018	GRANT PROGRAM MANAGE 45.00	111,064	42,164	0
KATE MORRIS 307 W 38TH ST STE 1905 NEW YORK, NY 10018	SCHOLARSHIP PROGRAM 17.50	54,000	263	0
<b>Total number of other employees paid over \$50,000.</b> . . . . . 				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
AMERICAN CAPITAL MANAGEMENT 551 MADISON AVENUE SUITE 902 NEW YORK, NY 10022	INVESTMENT MGMT FEES	172,423
UBS 750 WASHINGTON BOULEVARD 11TH FLOOR STAMFORD, CT 06901	INVESTMENT MGMT FEES	113,532

**Total** number of others receiving over \$50,000 for professional services. . . . . **0**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> THE BROTHER JAMES KEARNEY SCHOLARSHIP PROGRAM FOR THE BLIND AIMS TO HELP MAKE QUALITY UNDERGRADUATE AND GRADUATE EDUCATION AFFORDABLE FOR U.S. RESIDENTS WHO ARE LEGALLY BLIND AND FINANCIALLY NEEDY. BY ASSISTING INDIVIDUALS WHO ARE LEGALLY BLIND OR VISUALLY IMPAIRED IN ATTAINING QUALITY EDUCATION, THE SCHOLARSHIP PROGRAM FURTHERS THE FUND'S EXEMPT PURPOSE BY ASSISTING INDIVIDUALS WHO ARE LEGALLY BLIND OR VISUALLY-IMPAIRED LIVE INDEPENDENT AND PRODUCTIVE LIVES. THE SCHOLARSHIP PROGRAM IS INTENDED TO SUPPORT A LEGALLY BLIND OR VISUALLY IMPAIRED STUDENT'S FULL-TIME PROGRAM OF STUDY LEADING TO A 4-YEAR (BACHELOR'S) DEGREE OR GRADUATE DEGREE PROGRAM. IN 2020, THE FUND AWARDED A TOTAL OF \$349,770 IN SCHOLARSHIP GRANTS. THE COST OF ADMINISTERING THE SCHOLARSHIP PROGRAM WAS \$54,263.	54,263
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> PROGRAM-RELATED INVESTMENT LOAN TO THE LAVELLE SCHOOL FOR THE BLIND. THE LOAN BEARS AN ANNUALIZED 1% INTEREST RATE WITH ALL PRINCIPAL AND INTEREST OUTSTANDING DUE BY DECEMBER 15, 2021, AND WITH PROCEEDS BEING USED TOWARD ANY OF THE SCHOOL'S GENERAL CORPORATE PURPOSES OR OPERATING EXPENSES.	240,000
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . .	240,000

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	101,896,183
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	28,977,084
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	130,873,267
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	130,873,267
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,963,099
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	128,910,168
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	6,445,508

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	6,445,508
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	64,843
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	64,843
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	6,380,665
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	98,190
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	6,478,855
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	6,478,855

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	5,992,566
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	240,000
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	6,232,566
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	6,232,566

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				6,478,855
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	694,859			
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .	1,029,184			
<b>d</b> From 2018. . . . .	734,824			
<b>e</b> From 2019. . . . .	140,701			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	2,599,568			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 6,232,566				
<b>a</b> Applied to 2019, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				6,232,566
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	246,289			246,289
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,353,279			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	448,570			
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	1,904,709			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .	1,029,184			
<b>c</b> Excess from 2018. . . . .	734,824			
<b>d</b> Excess from 2019. . . . .	140,701			
<b>e</b> Excess from 2020. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2020	<b>(b)</b> 2019	<b>(c)</b> 2018	<b>(d)</b> 2017	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SUSAN G OLIVO EXECUTIVE DIRECTOR  
LAVELLE FUND FOR THE BLIND INC 307  
WEST 38TH ST STE 1905  
NEW YORK, NY 10018  
(212) 668-9801  
SOLIVO@LAVELLEFUND.ORG

**b** The form in which applications should be submitted and information and materials they should include:

IF YOUR ORGANIZATION IS SEEKING A GRANT, THE BEST PLACE TO START IS TO REVIEW GRANT GUIDELINES. PLEASE REFER TO WWW.LAVELLEFUND.ORG/PROPOSAL-GUIDELINES FOR INFORMATION. IF YOU HAVE QUESTIONS, CONTACT THE FUND AT WWW.LAVELLEFUND.ORG/GENERAL-INQUIRIES. AFTER REVIEWING THE GUIDELINES, APPLICATION LINKS CAN BE ACCESSED THROUGH THE APPLICATION SECTION OF THE ABOVE REFERENCED WEBSITE.

**c** Any submission deadlines:

PLEASE REFER TO DETAILS INDICATED ON WWW.LAVELLEFUND.ORG/HOW-TO-APPLY.

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE LAVELLE FUND FOR THE BLIND PROVIDES FUNDING TO ORGANIZATIONS WITH U.S. 501(C)(3) TAX-EXEMPT STATUS OR VERIFIABLE NON-U.S. CHARITABLE STATUS (IN THE CASE OF FOREIGN-BASED, NON-PROFIT ORGANIZATIONS WITHOUT A U.S.-BASED 501(C)(3) FISCAL INTERMEDIARY). SEE WWW.LAVELLEFUND.ORG/PROPOSAL-GUIDELINES/ FOR ADDITIONAL RESTRICTIONS.

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				5,036,617
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3b</b>				11,947,575

Enter gross amounts unless otherwise indicated.

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
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Form **990-PF** (2020)

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-04-19	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00183769
	JAMES J REILLY				
	Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP				Firm's EIN ▶ 13-3628255
	Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004				Phone no. (212) 661-7777

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DANIEL M CALLAHAN	PRESIDENT & DIRECTOR 10.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
LOUIS D PIZZARELLO MD MPH	VICE PRESIDENT & DIRECTOR 4.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
JOHN L CORCORAN CPA	TREASURER & DIRECTOR 4.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
HON KEVIN B MCGRATH JR	SECRETARY & DIRECTOR 2.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
MARGARET DUFFY	DIRECTOR 1.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
SISTER MARY FLOOD OP MD PHD	DIRECTOR 1.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
JANE B O'CONNELL	DIRECTOR 2.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
PAUL A SIDOTI MD	DIRECTOR 1.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
JOHN J CAFFREY	DIRECTOR 4.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
MARIO M KRANJAC	DIRECTOR 1.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
ALEXANDER G LUNNEY	DIRECTOR 1.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
JOSE M ROMAN DMIN JD MA	DIRECTOR 1.00	0	0	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
SUSAN G OLIVO	EXECUTIVE DIRECTOR 45.00	218,308	41,064	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				
ANDREW S FISHER PHD	FMR EXEC DIR & SEC (RETIRED 2/28/20) 45.00	58,722	10,126	0
307 WEST 38TH STREET SUITE 1905 NEW YORK, NY 10018				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALPHAPOINTE7501 PROSPECT KANSAS CITY, MO 64132	N/A	PC	DEVELOPING INDEPENDENCE THAT WORKS!	94,000
AMERICAN PRINTING HOUSE FOR THE BLIND 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206	N/A	PC	SPANISH EDITION OF PHYSICAL EDUCATION AND SPORTS FOR PEOPLE WITH VISUAL IMPAIRMENTS AND DEAF BLINDNESS	48,082
AMERICAN PRINTING HOUSE FOR THE BLIND 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206	N/A	PC	SUPPORTING FAMILIES BY GROWING APH FAMILY CONNECT	124,021
<b>Total . . . . . ▶ 3a</b>				5,036,617

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARAVIND EYE FOUNDATION 447 EAST 57TH STREET NEW YORK, NY 10022	N/A	PC	LEAP TOGETHER TOWARDS EXCELLENCE LAICOS COLLABORATIVE DEVELOPMENT SERIES TO ENHANCE EYE CARE	158,718
AURORA OF CENTRAL NEW YORK 518 JAMES STREET SUITE 100 SYRACUSE, NY 13203	N/A	PC	LIBERTY-AURORA EYE CENTER	185,645
BENETECH INITIATIVE 480 S CALIFORNIA AVENUE SUITE 201 PALO ALTO, CA 94306	N/A	PC	BOOKSHARE IN INDIA: SCALING CONTENT AND DEEPENING IMPACT	163,563
<b>Total . . . . . ▶ 3a</b>				5,036,617



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CANCER CARE INC275 7TH AVE FL 22 NEW YORK, NY 10001	N/A	PC	FINANCIAL ASSISTANCE AND SUPPORT FOR PEOPLE WITH OCULAR CANCERS (AND OTHER CANCERS AFFECTING VISION)	127,290
CANDID32 OLD SLIP 24TH FLOOR NEW YORK, NY 10005	N/A	PC	GENERAL OPERATING SUPPORT	2,000
CATHOLIC CHARITIES COMMUNITY SERVICES 1011 FIRST AVENUE NEW YORK, NY 10023	N/A	PC	CATHOLIC GUILD FOR THE BLIND STAFF DEVELOPMENT	34,998
<b>Total . . . . . ▶ 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CHARITIES COMMUNITY SERVICES 1011 FIRST AVENUE NEW YORK, NY 10024	N/A	PC	CATHOLIC GUILD FOR THE BLIND TRANSITION	37,073
CHRISTIAN BLIND MISSION (USA) 228 ADLEY WAY GREENVILLE, SC 29601	N/A	PC	SIMULATED OPHTHALMIC SURGICAL TRAINING	50,000
CITY ACCESS NEW YORK INC 1207 CASTLETON AVENUE STATEN ISLAND, NY 10310	N/A	PC	CAREER DEVELOPMENT PROJECT	85,103
<b>Total . . . . . ▶ 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DR SHROFF'S CHARITY EYE HOSPITAL 5027 KEDARNATH ROAD DARYAGANJ, NEW DELHI 11002 IN	N/A	NC	DEVELOPMENT OF ACCESSIBLE, HIGH QUALITY AND EFFICIENT EYE CARE DELIVERY SYSTEM THROUGH A SCALABLE AND REPLICABLE MODEL OF ALLIED EYE HEALTH PERSONNEL (AEHP)	135,235
HEALTH MANAGEMENT ASSOCIATES 120 N WASHINGTON SQUARE SUITE 705 LANSING, MI 48933	N/A	NC	DEVELOPING A STRATEGY FOR CATALYZING SUSTAINABLE CARE MODELS FOR NEW YORKERS WHO ARE BLIND OR LOW-VISION	20,000
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA 2ND FLOOR NEW YORK, NY 10017	N/A	PC	CHILDSIGHT NEW YORK	355,760
<b>Total . . . . . ► 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HELEN KELLER SERVICES FOR THE BLIND 57 WILLOUGHBY STREET BROOKLYN, NY 11201	N/A	PC	NATIONAL BUSINESS AND EMPLOYERS RELATIONS SERVICE (NEBRs)	50,000
INTERNATIONAL EYE FOUNDATION 10801 CONNECTICUT AVENUE KENSINGTON, MD 20895	N/A	PC	ADVANCING PUBLIC SECTOR EYE HOSPITALS IN PERU (APSP)	117,480
LV PRASAD EYE INSTITUTE OF THE INDO-AMERICAN EYE CARE SOCIETY 44 MONTREAL PLACE ROCHESTER, NY 14618	N/A	PC	FUTURISTIC VISION CENTERS	90,310
<b>Total . . . . . ▶ 3a</b>				5,036,617

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAVELLE SCHOOL FOR THE BLIND 3830 PAULDING AVENUE BRONX, NY 10469	N/A	PC	CAPITAL EXPENSES AND FACILITY CONDITION ASSESSMENT STUDY	89,575
LAVELLE SCHOOL FOR THE BLIND 3830 PAULDING AVENUE BRONX, NY 10469	N/A	PC	COVID-19 PROTECTIVE EQUIPMENT AND MEASURES; TECHNOLOGY UPGRADE AND SECURITY SYSTEM; GENERAL CLASSROOM AND STUDENT EQUIPMENT; SPACE PROGRAMMING	423,000
LEARNING ALLY20 ROSZEL ROAD PRINCETON, NJ 08540	N/A	PC	LEARNING ALLY'S COLLEGE SUCCESS PROGRAM	200,000
<b>Total . . . . .</b> ► <b>3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIGHTHOUSE GUILD INTERNATIONAL 250 WEST 64TH STREET NEW YORK, NY 10023	N/A	PC	LGI REMOTE CARE NETWORK	188,215
ORBIS INTERNATIONAL 520 8TH AVE 12TH FL NEW YORK, NY 10018	N/A	PC	SITAPUR EYE HOSPITAL - ORBIS COMPREHENSIVE CHILDHOOD BLINDNESS PROJECT	166,969
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	N/A	PC	BRINGING THE EDUCATION OF CHILDREN WITH VISION IMPAIRMENT AND MULTIPLE DISABILITIES TO SCALE IN LATIN AMERICA	250,117
<b>Total . . . . . ▶ 3a</b>				5,036,617

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	N/A	PC	BUILDING CAPACITY FOR EDUCATIONAL LEADERSHIP IN LATIN AMERICA 2020-2021	50,000
RESEARCH FOUNDATION OF CUNY ON BEHALF OF HUNTER COLLEGE OF CUNY 695 PARK AVENUE NEW YORK, NY 10065	N/A	PC	ORIENTATION AND MOBILITY GRANT	161,467
SAFE TODDLES INC 1140W 695 PARK AVENUE NEW YORK, NY 10065	N/A	PC	ZOOM INTO THE FUTURE OF VISION REHABILITATION	5,000
<b>Total . . . . .</b> ► <b>3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	N/A	PC	BENNY JOB PLACEMENT INITIATIVE	239,144
THE FILOMEN M D'AGOSTINO GREENBERG MUSIC SCHOOL 2130 BROADWAY SUITE 1904 NEW YORK, NY 10023	N/A	PC	GENERAL SUPPORT	1,000
THE FILOMEN M D'AGOSTINO GREENBERG MUSIC SCHOOL 2130 BROADWAY SUITE 1904 NEW YORK, NY 10023	N/A	PC	MUSIC TRANSCRIPTION	10,000
<b>Total . . . . . ▶ 3a</b>				5,036,617



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE FRED HOLLOWS FOUNDATION USA 115 FIFTH AVENUE 6TH FLOOR NEW YORK, NY 10003	N/A	PC	SUPPORT FOR FREE AND SUBSIDIZED CATARACT SURGERY BY ALINA EYE HOSPITAL SOCIAL ENTERPRISE (VIETNAM)	50,000
VISIONSSERVICES FOR THE BLIND AND VISUALLY IMPAIRED 500 GREENWICH STREET 3RD FLOOR NEW YORK, NY 10013	N/A	PC	EXPANSION OF VISIONS SERVICES IN WESTCHESTER COUNTY, ROCKLAND COUNTY AND THE HUDSON VALLEY	175,000
VISIONSSERVICES FOR THE BLIND AND VISUALLY IMPAIRED 500 GREENWICH STREET 3RD FLOOR NEW YORK, NY 10013	N/A	PC	LAVELLE SCHOLARS ASSISTANCE PROGRAM 2020-2024	115,543
<b>Total</b> . . . . .			▶ <b>3a</b>	5,036,617

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VISUALLY IMPAIRED ADVANCEMENT 1170 MAIN STREET BUFFALO, NY 14209	N/A	PC	JOB PLACEMENT MENTORING INITIATIVE PHASE 3	100,000
VISUALLY IMPAIRED ADVANCEMENT 1170 MAIN STREET BUFFALO, NY 14209	N/A	PC	PHASE III ADMINISTRATIVE LEAD	47,975
AURORA OF CENTRAL NEW YORK 518 JAMES STREET SUITE 100 SYRACUSE, NY 13203	N/A	PC	COVID-19 RESPONSE	1,000
<b>Total . . . . . ▶ 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CHARITIES COMMUNITY SERVICES 1011 FIRST AVENUE NEW YORK, NY 10022	N/A	PC	COVID-19 RESPONSE	2,000
HELEN KELLER SERVICES FOR THE BLIND 57 WILLOUGHBY STREET BROOKLYN, NY 11201	N/A	PC	COVID-19 RESPONSE	105,640
OPTOMETRIC CENTER OF NY STATE COLLEGE OF OPTOMETRY-SUNY 33 W 42ND STREET NEW YORK, NY 10036	N/A	PC	COVID-19 RESPONSE	2,000
<b>Total . . . . . ▶ 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE FILOMEN M D'AGOSTINO GREENBERG MUSIC SCHOOL 2130 BROADWAY SUITE 1904 NEW YORK, NY 10023	N/A	PC	COVID-19 RESPONSE	1,500
VISUALLY IMPAIRED ADVANCEMENT 1170 MAIN STREET BUFFALO, NY 14209	N/A	PC	COVID-19 RESPONSE	2,000
ASSOCIATION FOR VISION REHABILITATION AND EMPLOYMENT 174 COURT STREET BINGHAMTON, NY 13905	N/A	PC	COVID-19 RESPONSE: AVRE'S TECHNOLOGY UPGRADE	25,000
<b>Total . . . . . ▶ 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FUNDACION GUATEMALTECA PARA NINOS CON SORDOCEGUERA ALEX (FUNDAL) 1A CALLE Y CARRETERA INTERAMERICANA 0-20 ZONA 1 DE MIXCO GUATEMALA CITY 01057 GT	N/A	NC	COVID-RELATED EMERGENCY FUNDING	307,000
CANISIUS COLLEGE2001 MAIN STREET BUFFALO, NY 14208	N/A	PC	SCHOLARSHIP	12,690
DOMINICAN COLLEGE OF BLAUVELT 470 WESTERN HWY ORANGEBURG, NY 10962	N/A	PC	SCHOLARSHIP	88,423
<b>Total . . . . .</b>			<b>▶ 3a</b>	5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DOMINICAN COLLEGE OF BLAUVELT 470 WESTERN HWY ORANGEBURG, NY 10962	N/A	PC	SCHOLARSHIP	34,447
FAIRFIELD UNIVERSITY 1073 N BENSON RD FAIRFIELD, CT 06824	N/A	PC	SCHOLARSHIP	7,232
FORDHAM UNIVERSITY OFFICE OF FINANCIAL SERVICES THEIBAUD HALL ROOM 211E BRONX, NY 10458	N/A	PC	SCHOLARSHIP	95,646
<b>Total . . . . . ▶ 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LE MOYNE COLLEGE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	N/A	PC	SCHOLARSHIP	10,338
MANHATTANVILLE COLLEGE 2900 PURCHASE STREET PURCHASE, NY 10577	N/A	PC	SCHOLARSHIP	35,195
MARIST COLLEGE3399 NORTH ROAD POUGHKEEPSIE, NY 12601	N/A	PC	SCHOLARSHIP	45,000
<b>Total . . . . . ▶ 3a</b>				5,036,617

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARYMOUNT MANHATTAN COLLEGE 221 EAST 71ST STREET NEW YORK, NY 10021	N/A	PC	SCHOLARSHIP	29,998
MOLLOY COLLEGE 1000 HEMPSTEAD AVE ROCKVILLE CENTRE, NY 11571	N/A	PC	SCHOLARSHIP	20,544
SETON HALL UNIVERSITY 457 CENTRE STREET SOUTH ORANGE, NJ 07079	N/A	PC	SCHOLARSHIP	36,181
<b>Total . . . . . ▶ 3a</b>				5,036,617



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JOHN'S UNIVERSITY CORPORATE AND FOUNDATIONS RELATIONS 308 MARILLAC HALL QUEENS, NY 11439	N/A	PC	SCHOLARSHIP	22,500
<b>Total . . . . .</b> ► <b>3a</b>				5,036,617

**TY 2020 Accounting Fees Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONDON O'MEARA MCGINTY & DONNELLY LLP - AUDIT & TAX SERVICES	37,617	20,703		16,914

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

## TY 2020 Expenditure Responsibility Statement

**Name:** LAVELLE FUND FOR THE BLIND INC

**EIN:** 13-1740463

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
DR SHROFF'S CHARITY EYE HOSPITAL	5027 KEDARNATH ROAD DARYAGANJ, NEW DELHI 110002 IN	2017-07-12	679,116	TO ESTABLISH A SCALABLE AND REPLICABLE TRAINING MODEL FOR MID-LEVEL EYE CARE PROFESSIONALS THAT, BY PLACING MORE SUCH TRAINED PHYSICIANS AT DR. SHROFF'S AND OTHER NORTH INDIAN EYE HOSPITALS, WILL HELP INCREASE THE VOLUME, EFFICIENCY, ACCESSIBILITY, AND SUSTAINABILITY OF EYE CARE IN THE REGION'S HIGH-NEED SETTINGS.NOTE: THIS IS A MULTI-YEAR GRANT APPROVED FOR \$679,116 OF WHICH THE LAVELLE FUND FOR THE BLIND, INC. HAS PAID \$135,235 IN 2020, \$125,333 IN 2019 AND \$340,362 IN 2017. THE LAVELLE FUND IS MONITORING THE GRANT CAREFULLY TO ENSURE THAT MONIES ARE SPENT AS PLANNED. THE REMAINING FUTURE COMMITMENT ON THIS GRANT IS \$78,186.	451,064	TO KNOWLEDGE OF THE FUND, NO GRANTEE DIVERSION OF FUNDS FROM GRANT PURPOSE.	7/31/20, 8/14/19, 11/30/18		THE LAVELLE FUND HAD NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS RECEIVED, THEREFORE NO INDEPENDENT VERIFICATION IS REQUIRED TO BE UNDERTAKEN.
FUNDACION GUATEMALTECA PARA NINOS CON SORDOCEGUERA ALEX (FUNDAL)	1A CALLE Y CARRETERA INTERAMERICANA 0-20 ZONA 1 DE MIXCO GUATEMALA CITY 01057 GT	2020-06-01	307,000	TO (1) PROVIDE OPERATING EXPENSES IN RESPONSE TO THE COVID-19 CRISIS, (2) SUPPORT THE CREATION OF A NEW DIGITAL TRANSFORMATION INITIATIVE LEADING TO EQUAL ACCESS TO TRAINING MATERIALS AND MORE EFFICIENT ONLINE SERVICES FOR ALL FUNDAL'S FAMILIES, AS WELL AS AN INTERNET-BASED SUSTAINABILITY MODEL FOR THE FUTURE, AND (3) ALLOW FUNDAL TO REPAY A REVOLVING BANK LOAN MATURING IN JUNE.	77,933	TO KNOWLEDGE OF THE FUND, NO GRANTEE DIVERSION OF FUNDS FROM GRANT PURPOSE.	10/19/20		THE LAVELLE FUND HAD NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORTS RECEIVED, THEREFORE NO INDEPENDENT VERIFICATION IS REQUIRED TO BE UNDERTAKEN.
HEALTH MANAGEMENT ASSOCIATES	120 NORTH WASHINGTON LANSING, MI 48933	2020-10-12	20,000	TO IDENTIFY STRATEGIC OPPORTUNITIES FOR FOUNDATIONS TO SUPPORT THE ESTABLISHMENT OF SUSTAINABLE MODELS OF CARE FOR NEW YORKERS WHO ARE BLIND OR LOW VISION.		LAVELLE FUND UNAWARE OF ANY DIVERSION BY GRANTEE FROM GRANT PURPOSES.	INITIAL REPORT DUE 12/31/21		NOT APPLICABLE AS THE GRANTEE HAS NOT YET SUBMITTED ANY PROGRESS REPORTS. THIS IS A 12-MONTH GRANT WITH THE FINAL REPORT SCHEDULED TO BE SUBMITTED BY 12/31/2021.

**TY 2020 Investments Corporate Bonds Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
BALL CORP	133,125	133,125
MARRIOTT INTL INC NEW	206,524	206,524
WISDOMTREE US SHRT	531,443	531,443
TD FDG CORP SR	76,329	76,329
NORTHROP GRUMMAN CORP	201,238	201,238
SPDR BLOOMBERG BARCLAYS EMERGING MARKETS LOCAL BOND ETF	709,407	709,407
BROOKFIELD FIN INC	219,538	219,538
SEAGATE HDD CAYMAN	36,726	36,726
CITIGROUP INC	105,749	105,749
SCHWAB US AGGREGATE BOND ETF	790,499	790,499
NEWELL RUBBERMAID INC	205,750	205,750
WISDOMTREE YIELD ENHANCED US AGGREGATE BOND FUND	971,680	971,680

**TY 2020 Investments Corporate Stock Schedule**

**Name:** LAVELLE FUND FOR THE BLIND INC  
**EIN:** 13-1740463

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABIOMED INC	489,219	489,219
REPLIGEN CORP	249,502	249,502
REALPAGE INC	703,765	703,765
RBC BEARINGS INC	198,376	198,376
QUIDEL CORP	338,820	338,820
QUALYS INC	638,477	638,477
PROOFPOINT INC	249,767	249,767
PIMCO RAFI DYN MLT FCTR	771,239	771,239
PARKER HANNIFIN CORP	357,947	357,947
ORASURE TECHNOLOGIES INC	424,787	424,787
O REILLY AUTOMOTIVE INC	401,430	401,430
NICE LTD	1,386,794	1,386,794
MORNINGSTAR INC	641,449	641,449
MONDELEZ INTL INC	369,881	369,881
MICROSOFT CORP	1,768,017	1,768,017
MEDTRONIC PLC	503,233	503,233
WISDOMTREE US SMALL CAP QUALITY DIVIDEND GROWTH FUND	626,615	626,615
MANHATTAN ASSOCS INC	788,850	788,850
LOWES COMPANIES INCE	473,986	473,986
RESMED INC	875,747	875,747
ROCKWELL AUTOMATION INC NEW	272,881	272,881
S&P 500 VALUE INDEX INST	5,702,849	5,702,849
SALESFORCE.COM INC	368,955	368,955
WISDOMTREE US QUALITY DIVIDEND GROWTH FUND	1,057,128	1,057,128
WISDOMTREE INTERNATIONAL HEDGED QUALITY DIVIDEND GROWTH FUND	1,069,562	1,069,562
VISA INC CL A	677,407	677,407
VERINT SYS INC	675,831	675,831
VEEVA SYS INC	765,839	765,839
VANGUARD TOTAL INTERNATIONAL STOCK ETF	3,307,183	3,307,183
VANGUARD FTSE EUROPE ETF	6,679,827	6,679,827

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
UNITEDHEALTH GROUP INC	917,379	917,379
LAUDER ESTEE COS CL A	296,536	296,536
THERMO FISHER SCIENTIFIC INC	717,301	717,301
SPDR MSCI EAFE STRATEGICFACTORS ETF	1,069,023	1,069,023
SHERWIN WILLIAMS CO	333,649	333,649
SEI INVESTMENTS CO	402,290	402,290
SCHWAB US BROAD MARKET ETF	4,083,432	4,083,432
SCHWAB FUNDAMENTAL US SMALL COMPANY INDEX ETF	622,924	622,924
SCHWAB FUNDAMENTAL EMERGING MARKETS LARGE COMPANY INDEX ETF	761,194	761,194
TJX COS INC NEW	457,680	457,680
KRATOS DEFENSE & SECURITY	311,056	311,056
MEDPACE HOLDINGS INC	375,840	375,840
ISHARES MSCI	5,011,489	5,011,489
DANAHER CORP	556,683	556,683
CYBER-ARK SOFTWARE LTD	908,136	908,136
COSTCO WHOLESALE CORP	354,550	354,550
COSTAR GROUP	702,453	702,453
KORNIT DIGITAL LTD	1,659,155	1,659,155
COGNEX CORP	717,748	717,748
BLACKROCK ULTRA SHORT	262,500	262,500
BLACKBAUD INC	372,413	372,413
BIO-TECHNE CORP	806,577	806,577
APPLE INC	465,477	465,477
ANSYS INC	1,065,934	1,065,934
AMERIPRISE FINANCIAL INC	349,794	349,794
AMERICAN TOWER CORP REIT	333,098	333,098
AMAZON.COM INC	2,185,400	2,185,400
ALPHABET INC CL A	1,624,697	1,624,697
AEROVIRONMENT INC	875,952	875,952
ADOBE INC.	784,688	784,688

## Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ACCENTURE PLC IRELAND CL A	642,315	642,315
DEXCOM INC	272,853	272,853
DOLLAR GENERAL CORP	248,364	248,364
COMCAST CORP NEW CL A	546,898	546,898
FACEBOOK INC CL A	1,134,160	1,134,160
HMS HLDGS CORP	790,125	790,125
HOME DEPOT INC	449,429	449,429
HONEYWELL INTL INC	374,352	374,352
HENRY JACK & ASSOC INC	515,128	515,128
ICON PLC	930,055	930,055
IDEXX LABS INC	1,192,122	1,192,122
INST INDEX FUND INST	37,784,796	37,784,796
ILLUMINIA INC	939,800	939,800
GOLDMAN SACHS ACTIVEBETA US LARGE CAP EQUITY ETF	1,062,043	1,062,043
GENTEX CORP	311,240	311,240
FORTINET INC	1,216,758	1,216,758
FIDELITY NATL INFORMATION SVCS	406,132	406,132
FACTSET RESH SYS INC	691,600	691,600
INTERCONTINENTALEXCHANGE GROUP	310,476	310,476

**TY 2020 Legal Fees Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CARTER LEDYARD & MILBURN LLP	9,787	0		9,787



**TY 2020 Other Expenses Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	2,722	135		2,587
OFFICE SUPPLIES	3,431	172		3,259
COMPUTER AND TECHNOLOGY EXPENSES	21,451	1,073		20,378
BUSINESS INSURANCE	2,325	0		2,325
POSTAGE AND DELIVERY	360	0		360
FILING FEES	500	0		500
OFFICE EQUIPMENT, FURNITURE, AND ENHANCEMENTS	8,006	0		8,006
OTHER	6,554	0		6,554
DUES AND SUBSCRIPTIONS	14,914	0		14,914
PROFESSIONAL DEVELOPMENT	502	0		502

**TY 2020 Other Income Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	2,854	2,854	2,854
INTEREST EARNED ON PRI	198	198	198
RETURNED GRANT	59,889		59,889

**TY 2020 Other Increases Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463**Other Increases Schedule**

Description	Amount
CHANGE IN UNREALIZED VALUE OF INVESTMENTS	14,108,904

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Other  
Notes/Loans Receivable  
Long Schedule

Name: LAVELLE FUND FOR THE BLIND INC  
EIN: 13-1740463

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
CENTRAL ASSOC FOR THE BLIND & VISUALLY IMPAIRED (CABVI)	NONE	250,000	0	2015-08	2020-08	EQUAL QUARTERLY INSTALLMENTS OF PRINCIPAL AND INTEREST AT A FIXED RATE OF 1%	100.0000000000 %	SECOND MORTGAGE ON PROPERTY OWNED BY CABVI	WAREHOUSE CONSTRUCTION PROJECT	NOT APPLICABLE	0
LAVELLE SCHOOL FOR THE BLIND	NONE	240,000	240,000	2020-03	2021-12	ALL PRINCIPAL AND INTEREST DUE 12/15/21	100.0000000000 %	NONE	SCHOOL'S GENERAL CORPORATE PURPOSES OR OPERATING EXPENSES	NOT APPLICABLE	0

**TY 2020 Other Professional Fees Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	0	0		0
- KASTEL CAPITAL ADVISORS	27,521	27,521		0
- AMERICAN CAPITAL MGMT.	172,423	172,423		0
- UBS	113,532	113,532		0
CONSULTING FEES	0	0		0
- VANGUARD	2,500	0		2,500
- FLYLEAF CREATIVE, INC.	2,000	0		2,000
- THE BENEFIT PRACTICE	2,355	0		2,355
- VENTUCOM	8,160	0		8,160
- PKF O' CONNOR DAVIES	5,500	0		5,500

**TY 2020 Taxes Schedule****Name:** LAVELLE FUND FOR THE BLIND INC**EIN:** 13-1740463**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAXES	80,582	0		0
FOREIGN TAXES	9,730	9,730		0