

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

2010

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CLEVELAND SOCIETY FOR THE BLIND		D Employer identification number 34-0714652
	Doing Business As		E Telephone number (216) 791-8118
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 62,239,978.
	1909 EAST 101ST STREET		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 CLEVELAND, OH 44114		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: KEVIN R. KRENCISZ 1909 EAST 101ST STREET, CLEVELAND, OH 44114		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ CLEVELANDSIGHTCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1906
M State of legal domicile: OH			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AGENCY PROVIDES SERVICES FOR PEOPLE WHO ARE BLIND AND VISUALLY IMPAIRED.		
	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	77
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	77
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	259
	6 Total number of volunteers (estimate if necessary)	6	500
	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 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,075,309.	Current Year 7,156,351.
	9 Program service revenue (Part VIII, line 2g)	873,902.	394,290.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,147,573.	1,524,178.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	839,707.	701,367.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,936,491.	9,776,186.
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)	6,610,553.	6,450,555.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 481,377.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,608,401.	2,358,593.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,218,954.	8,809,148.	
19 Revenue less expenses. Subtract line 18 from line 12	1,717,537.	967,038.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 73,454,413.	End of Year 74,410,269.
	21 Total liabilities (Part X, line 26)	1,863,657.	2,889,163.
	22 Net assets or fund balances. Subtract line 21 from line 20	71,590,756.	71,521,106.

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		
	▶ KEVIN R. KRENCISZ, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO EMPOWER PEOPLE WITH VISION LOSS TO REALIZE THEIR FULL POTENTIAL, AND TO SHAPE THE COMMUNITY'S VISION OF THAT POTENTIAL.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 789,947. including grants of \$) (Revenue \$ 748,604.) BUSINESS ENTERPRISE DIVISION OPERATION OF CONCESSION STANDS AND FACILITIES: MANAGEMENT OF CAFETERIAS AND SNACK BARS IN NORTHEAST OHIO; EACH FACILITY IS OPERATED BY A LEGALLY BLIND OPERATOR. ESTABLISHED UNDER THE RANDOLPH-SHEPPARD ACT (9 LOCATIONS)

4b (Code:) (Expenses \$ 1,582,448. including grants of \$) (Revenue \$ 481,299.) CHILDRENS SERVICES PROGRAMMING: INFANTS TO PRESCHOOLERS LEARN COMPENSATORY TECHNIQUES TO DEVELOP SKILLS IN COMMUNICATION, INDEPENDENCE, AND MOVEMENT. SCHOOL-AGE CHILDREN ARE SERVED BY OUR CASE MANAGEMENT PROGRAM, HELPING FAMILIES ACCESS NEEDED RESOURCES AND LEARN ADVOCACY SKILLS. YOUNG ADULTS UP TO AGE 23 ACCESS PRE-EMPLOYMENT SKILLS TRAINING (13,006 HOURS)

4c (Code:) (Expenses \$ 1,003,341. including grants of \$) (Revenue \$ 142,382.) CASEWORK & SOCIAL SERVICES: PROVIDES ASSESSMENT, INTERVENTION, ADVOCACY, AND REFERRAL SERVICES TO ALL CLIENTS. ASSISTS CLIENTS IN NAVIGATING NETWORKS TO MEET INDIVIDUAL NEEDS. (9,513 HOURS)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 3,731,259. including grants of \$) (Revenue \$ 1,561,978.)

4e Total program service expenses 7,106,995.

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 Schedule B, Schedule of Contributors?	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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 11 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 to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (77); 1b Enter the number of voting members included in line 1a, above, who are independent (77); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KEVIN R. KRENCISZ - 216-791-8118 1909 EAST 101ST STREET, CLEVELAND, OH 44106

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
ANDREW L. SIKOROVSKY CHAIR	2.00	X					0.	0.	0.	
MICHAEL D. LUNDIN FIRST VICE CHAIR	2.00	X					0.	0.	0.	
THOMAS J. GIBBONS VICE CHAIR	2.00	X					0.	0.	0.	
WILLIAM L. SPRING VICE CHAIR	2.00	X					0.	0.	0.	
FRANCES R. ZVERINA VICE CHAIR	2.00	X					0.	0.	0.	
GARY W. POTH TREASURER	2.00	X					0.	0.	0.	
DAVID E. COOK ASSISTANT TREASURER	2.00	X					0.	0.	0.	
SHERYL BENFORD KING SECRETARY	2.00	X					0.	0.	0.	
KAREN ASSINK ASSISTANT SECRETARY	2.00	X					0.	0.	0.	
WALLY ANDERS VICE CHAIR	2.00	X					0.	0.	0.	
ANTHONY AVENI VICE CHAIR	2.00	X					0.	0.	0.	
ROBERT L. ENGLANDER VICE CHAIR	2.00	X					0.	0.	0.	
THOMAS P. FURNAS VICE CHAIR	2.00	X					0.	0.	0.	
ROBERT L. HARTFORD, III VICE CHAIR	2.00	X					0.	0.	0.	
PRICILLSA HOAG VICE CHAIR	2.00	X					0.	0.	0.	
JONATHAN H. LASS, MD VICE CHAIR	2.00	X					0.	0.	0.	
VICTOR F. LEANZA, PH.D. VICE CHAIR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
HOWARD A. LICHTIG VICE CHAIR	2.00	X					0.	0.	0.	
NATHAN S. LIPSYC VICE CHAIR	2.00	X					0.	0.	0.	
PRICILLA HOAG VICE CHAIR	2.00	X					0.	0.	0.	
CHARLES K. KOSTER, MD VICE CHAIR	2.00	X					0.	0.	0.	
JOHN M. KUNDTZ VICE CHAIR	2.00	X					0.	0.	0.	
VICTOR F. LEANZA, PH.D. VICE CHAIR	2.00	X					0.	0.	0.	
HOWARD A. LICHTIG VICE CHAIR	2.00	X					0.	0.	0.	
CAROLINE G. OBERNDORF VICE CHAIR	2.00	X					0.	0.	0.	
DOUGLAS A. PIPER VICE CHAIR	2.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							326,867.	0.	0.	
d Total (add lines 1b and 1c)							326,867.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARILYN TSIVITE VICE CHAIR	2.00	X						0.	0.	0.
JOAN U. ALLGOOD TRUSTEE	2.00	X						0.	0.	0.
JEFFREY BELLER TRUSTEE	2.00	X						0.	0.	0.
JACK D. BENNETT TRUSTEE	2.00	X						0.	0.	0.
IRV BERLINER TRUSTEE	2.00	X						0.	0.	0.
MARY H. BOOKMAN TRUSTEE	2.00	X						0.	0.	0.
LOIS G. BRUCKEN LIFE TRUSTEE	2.00	X						0.	0.	0.
THOMAS W. CRISTAL TRUSTEE	2.00	X						0.	0.	0.
THOMAS E. GALVIN TRUSTEE	2.00	X						0.	0.	0.
GARY GARDINER TRUSTEE	2.00	X						0.	0.	0.
CHRISTINE GIBBONS TRUSTEE	2.00	X						0.	0.	0.
THOMAS J. GIBBONS TRUSTEE	2.00	X						0.	0.	0.
BRADLEY G. GORMAN TRUSTEE	2.00	X						0.	0.	0.
MICHAEL H. GREENBERG, OD TRUSTEE	2.00	X						0.	0.	0.
SALLY K. GRISWOLD TRUSTEE	2.00	X						0.	0.	0.
CHARLES GUSTAFSON TRUSTEE	2.00	X						0.	0.	0.
SUSAN HARNDEN TRUSTEE	2.00	X						0.	0.	0.
ROBERT L. HARTFORD, III TRUSTEE	2.00	X						0.	0.	0.
ELIZABETH HELLMUTH TRUSTEE	2.00	X						0.	0.	0.
BRUCE HIGLEY TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARY KAY HOWARD, PHD TRUSTEE	2.00	X						0.	0.	0.
FREDERICK KRUPER JONES TRUSTEE	2.00	X						0.	0.	0.
FRED D. KIDDER TRUSTEE	2.00	X						0.	0.	0.
NEWTON S. KIMBERLY, JR. TRUSTEE	2.00	X						0.	0.	0.
KENNY KOBLITZ TRUSTEE	2.00	X						0.	0.	0.
KRISTIE KOHL TRUSTEE	2.00	X						0.	0.	0.
CHARLES K. KOSTER, MD TRUSTEE	2.00	X						0.	0.	0.
ANDREW J. KUNDITZ TRUSTEE	2.00	X						0.	0.	0.
JONATHAN H. LASS, MD TRUSTEE	2.00	X						0.	0.	0.
KATHY LEIDEN TRUSTEE	2.00	X						0.	0.	0.
FREDERICK J. LISY, PH.D. TRUSTEE	2.00	X						0.	0.	0.
JACK N. MANDEL TRUSTEE	2.00	X						0.	0.	0.
DAVE A. MARALDO TRUSTEE	2.00	X						0.	0.	0.
JILL B. MARCOTTE TRUSTEE	2.00	X						0.	0.	0.
RACHEL L. MILLER TRUSTEE	2.00	X						0.	0.	0.
SCOTT MUELLER TRUSTEE	2.00	X						0.	0.	0.
JOHN P. O'BRIEN TRUSTEE	2.00	X						0.	0.	0.
WILLIAM J. OCKINGTON TRUSTEE	2.00	X						0.	0.	0.
ALEC M. O'NEILL TRUSTEE	2.00	X						0.	0.	0.
DOUGLAS A. PIPER TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
STEVEN R. PRENGLER TRUSTEE	2.00	X					0.	0.	0.	
DOUGLAS A. PIPER TRUSTEE	2.00	X					0.	0.	0.	
BEVERLY J. ROACH TRUSTEE	2.00	X					0.	0.	0.	
JOHN M. SAADA, SR. TRUSTEE	2.00	X					0.	0.	0.	
JAMES P. SACHER TRUSTEE	2.00	X					0.	0.	0.	
GORDON H. SAFRAN TRUSTEE	2.00	X					0.	0.	0.	
MICHAEL P. SHERBAN TRUSTEE	2.00	X					0.	0.	0.	
LINDA CORNELL SMYTHE TRUSTEE	2.00	X					0.	0.	0.	
CHRISTINE A. SOMOSI TRUSTEE	2.00	X					0.	0.	0.	
THOMAS L. STEINEMANN, M.D. TRUSTEE	2.00	X					0.	0.	0.	
JAMES P. STORER TRUSTEE	2.00	X					0.	0.	0.	
ALEXANDER S. TAYLOR, III TRUSTEE	2.00	X					0.	0.	0.	
THEODORE G. THOBURN TRUSTEE	2.00	X					0.	0.	0.	
MARY E. TOOKMAN TRUSTEE	2.00	X					0.	0.	0.	
ELIAS I. TRABOULSI, MD TRUSTEE	2.00	X					0.	0.	0.	
RICHARD F. TRACANNA TRUSTEE	2.00	X					0.	0.	0.	
MARILYN TSIVITE TRUSTEE	2.00	X					0.	0.	0.	
STANLEY E. WERTHEIM TRUSTEE	2.00	X					0.	0.	0.	
STEVEN WILLENSKY TRUSTEE	2.00	X					0.	0.	0.	
CLYDE E. WILLIAMS, JR TRUSTEE	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	195,374.				
	b	Membership dues	1b					
	c	Fundraising events	1c	353,938.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,729,145.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,877,894.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		7,156,351.				
	Program Service Revenue	2 a	FEEES FROM GOVERNMENT	Business Code 624310	253,270.	253,270.		
b		FEEES FROM INDIVIDUALS	624310	126,452.	126,452.			
c		OTHER REVENUE	624310	14,568.	14,568.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		394,290.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,321,608.	3,321,608.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			-179,743.	-179,743.	
	8 a	Gross income from fundraising events (not including \$ 353,938. of contributions reported on line 1c). See Part IV, line 18	a		0.			
		b	Less: direct expenses	b	124,023.			
		c	Net income or (loss) from fundraising events			-124,023.	-124,023.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a		176,173.				
	b	Less: cost of goods sold	b	93,634.				
	c	Net income or (loss) from sales of inventory			82,539.	82,539.		
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			9,776,186.	2,743,858.	0.	-124,023.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	284,999.	123,750.	144,750.	16,499.
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	4,761,544.	3,812,554.	662,697.	286,293.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	462,118.	360,452.	73,939.	27,727.
9 Other employee benefits	482,633.	376,454.	77,221.	28,958.
10 Payroll taxes	459,261.	358,223.	73,482.	27,556.
11 Fees for services (non-employees):				
a Management				
b Legal	15,535.	13,671.	1,243.	621.
c Accounting	39,021.	34,338.	3,122.	1,561.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	701,251.	617,101.	56,100.	28,050.
12 Advertising and promotion				
13 Office expenses	243,739.	214,490.	19,499.	9,750.
14 Information technology				
15 Royalties				
16 Occupancy	426,216.	375,070.	34,097.	17,049.
17 Travel	182,892.	160,945.	14,632.	7,315.
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	318,040.	279,875.	25,443.	12,722.
23 Insurance	87,268.	76,796.	6,981.	3,491.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a RENT AT TEMP FACILITIES	228,929.	201,458.	18,314.	9,157.
b PHONES, RECOG, SVC FEES	110,979.	97,662.	8,878.	4,439.
c BAD DEBT EXPENSE	4,723.	4,156.	378.	189.
d	0.			
e	0.			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,809,148.	7,106,995.	1,220,776.	481,377.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,852,795.	1	544,848.	
	2 Savings and temporary cash investments	733,853.	2	4,650,552.	
	3 Pledges and grants receivable, net	1,053,189.	3	287,346.	
	4 Accounts receivable, net	472,923.	4	593,376.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	177,123.	8	132,250.	
	9 Prepaid expenses and deferred charges	420,973.	9	130,742.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,284,900.			
	b Less: accumulated depreciation	10b 6,693,801.	3,187,656.	10c	5,591,099.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	65,192,099.	12	62,116,254.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	363,802.	15	363,802.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	73,454,413.	16	74,410,269.		
Liabilities	17 Accounts payable and accrued expenses	387,557.	17	1,283,119.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	1,476,100.	25	1,606,044.	
	26 Total liabilities. Add lines 17 through 25	1,863,657.	26	2,889,163.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	31,661,790.	27	35,437,823.	
	28 Temporarily restricted net assets	13,858,380.	28	10,643,754.	
	29 Permanently restricted net assets	26,070,586.	29	25,439,529.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	71,590,756.	33	71,521,106.	
34 Total liabilities and net assets/fund balances	73,454,413.	34	74,410,269.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,776,186.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,809,148.
3	Revenue less expenses. Subtract line 2 from line 1	3	967,038.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,590,756.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,036,688.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	71,521,106.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4854102.	4103172.	4448770.	4535204.	6566521.	24507769.
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	4854102.	4103172.	4448770.	4535204.	6566521.	24507769.
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.						24507769.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4854102.	4103172.	4448770.	4535204.	6566521.	24507769.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1327393.	1686742.	1361370.	1050426.	2017242.	7443173.
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 IV.)	7,626.	4,826.	35,202.	32,495.	14,568.	94,717.
11 Total support. Add lines 7 through 10						32045659.
12 Gross receipts from related activities, etc. (see instructions)					12	11,424,037.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	76.48	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	78.09	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	65,218,536.	63,213,427.	65,752,878.		
b Contributions	127,642.	41,315.	786,035.		
c Net investment earnings, gains, and losses	761,249.	6,002,719.	1,379,239.		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,871,466.	4,038,925.	4,704,725.		
f Administrative expenses					
g End of year balance	62,235,961.	65,218,536.	63,213,427.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		995,722.		995,722.
b Buildings		4,660,533.	3,657,033.	1,003,500.
c Leasehold improvements		624,006.	489,646.	134,360.
d Equipment		3,246,060.	2,547,122.	698,938.
e Other		2,758,579.		2,758,579.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,591,099.

Part VII Investments - Other Securities. 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) LONG TERM INVESTMENTS	62,116,254.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	62,116,254.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITY FOR PENSION BENEFITS	1,079,718.
(3) CUSTODIAL ACCOUNTS	57,310.
(4) DEFERRED INCOME	32,000.
(5) OBLIGATIONS UNDER ANNUITY AGREEMENTS	437,016.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,606,044.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,776,186.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,809,148.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	967,038.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,036,688.
9	Total adjustments (net). Add lines 4 through 8	9	-1,036,688.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-69,650.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,930,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,930,306.
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 XIV.)	4b	-1,154,120.
c	Add lines 4a and 4b	4c	-1,154,120.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,776,186.

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

1	Total expenses and losses per audited financial statements	1	8,402,179.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,402,179.
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 XIV.)	4b	406,969.
c	Add lines 4a and 4b	4c	406,969.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,809,148.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO APPROPRIATE FOR DISTRIBUTION EACH YEAR 5% OF THE
ENDOWMENT'S AVERAGE FAIR VALUE OF THE PRIOR 36 MONTHS ENDING JUNE 30TH
PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. THE 5%
DISTRIBUTION WILL BE USED TO SUPPORT THE OPERATING ACTIVITIES OF THE
AGENCY.

PART XI, LINE 8:

CHANGE IN VALUE OF BENEFICIAL TRUSTS - \$758699

Part XIV Supplemental Information (continued)

EFFECT OF ACCOUNTING FOR RETIREMENT BENEFITS \$236,961

PART XII, LINE 4B:

CONTRIBUTIONS TO THE VISION 21 CAMPAIGN \$643,310

CHANGE IN VALUE OF ANNUITY AGREEMENTS -\$41,028

REALIZED AND UNREALIZED GAINS ON INVESTMENTS -\$1,797,430

PART XIII, LINE 2D:

CONTRIBUTIONS TO THE FUTURE -\$643,310

CHANGE IN VALUE OF ANNUITY AGREEMENT \$41,028

CHANGE IN VALUE OF BENEFICIAL TRUSTS \$758,699

EFFECT OF ACCOUNTING FOR RETIREMENT BENEFITS -\$236,961

NET REALIZED AND UNREALIZED GAINS(LOSSES) ON

INVESTMENT TRANSACTIONS \$1,797,430

Part II Fundraising Events. Complete if the organization answered "Yes" to 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))	
		WHITE CANE WALK	FUNDRAISING DINNER	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	57,401.	260,920.	35,617.	353,938.
	2	Less: Charitable contributions	57,401.	260,920.	35,617.	353,938.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,457.	110,041.	1,525.	124,023.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(124,023)
	11	Net income summary. Combine line 3, column (d), and line 10				-124,023.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in 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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2010

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN M. FRIEDMAN	(i)	185,502.	0.	13,801.	0.	0.	199,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

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

COMMUNITY REHABILITATION: TRAINING AND TECHNIQUES TO IMPROVE DAILY

LIVING SKILLS AND MOBILITY TO INCREASE INDEPENDENCE FOR CLIENTS OF ALL

AGES. (3,608 HOURS) PERSONAL REHABILITATION EMPLOYMENT TRAINING:

INSTRUCTION IN THE SKILLS OF DAILY LIVING (COOKING, CLEANING, PERSONAL

FINANCES) AND PRE-EMPLOYMENT SKILLS (NAVIGATION, TIME MANAGEMENT,

MOBILITY, COMMUNICATIONS). TAUGHT BY INSTRUCTORS WHO ARE LEGALLY BLIND.

(5,502 HRS) TALKING BOOKS: PROVIDES BOOKS TO CLIENTS WHO ARE BLIND OR

VISUALLY IMPAIRED IN AN ACCESSIBLE AUDIO FORMAT. (372 SERVICE HOURS)

EXPENSES \$ 586,279. INCLUDING GRANTS OF \$ 0. REVENUE \$ 347,413.

HIGHBROOK LODGE CAMP: ADA ACCESSIBLE RESIDENCE CAMP LOCATED IN CHARDON,

OHIO. ESTABLISHED IN 1928 Highbrook is the longest continuously

operating camp for people with blindness or vision-impairments.

ACCREDITED BY THE AMERICAN CAMP ASSOCIATION SINCE THE 1950S. (21,397

SERVICE HOURS)

EXPENSES \$ 561,431. INCLUDING GRANTS OF \$ 0. REVENUE \$ 33,514.

BUSINESS ENTERPRISE TRAINING: PREPARES PEOPLE WHO ARE LEGALLY BLIND TO

BECOME ENTREPRENEURS IN THE FOOD SERVICE INDUSTRY. WE ARE THE ONLY

PROVIDER OF THIS SERVICE IN THE STATE OF OHIO AND THE FIRST IN THE

NATION TO PROVIDE THIS PROGRAM ON THE INTERNET. (35 HOURS)

EXPENSES \$ 143,454. INCLUDING GRANTS OF \$ 0. REVENUE \$ 91,205.

STORER COMPUTER ACCESS CENTER: PROVIDES ASSISTIVE TECHNOLOGY SKILLS

TRAINING ON HIGH- AND LOW-TECH HARDWARE, SOFTWARE, AND INTERNET TOOLS.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization CLEVELAND SOCIETY FOR THE BLIND	Employer identification number 34-0714652
---	--

(5,178 HOURS)

EXPENSES \$ 320,307. INCLUDING GRANTS OF \$ 0. REVENUE \$ 89,553.

LOW VISION CLINIC: EVALUATES AND EDUCATES EACH CLIENT ABOUT THE OPTICAL AIDS NECESSARY TO USE REMAINING VISION MORE EFFECTIVELY. STAFFED BY LICENSED OPTOMETRISTS. (832 HOURS) PREVENTION AND EDUCATION: PROVIDES VISION SCREENINGS TO CHILDREN AND SENIORS IN THE COMMUNITY TO IDENTIFY CONDITIONS WHICH COULD LEAD TO PERMANENT VISION LOSS. INFORMATIONAL SEMINARS AVAILABLE UPON REQUEST FOR COMMUNITY GROUPS, SCHOOLS, AND OTHER ORGANIZATIONS IN THE COMMUNITY. (6,549 CLIENTS SERVED)

EXPENSES \$ 501,523. INCLUDING GRANTS OF \$ 0. REVENUE \$ 128,861.

RESIDENCE CENTER: AVAILABLE TO CLIENTS WHO HAVE NOT YET MASTERED TRAVELING SKILLS, ARE OUT-OF-STATE RESIDENTS, OR ARE PARTICIPATING IN OUR SUMMER YOUTH PROGRAM. (35 OCCUPANCY DAYS; NOTE: RESIDENCE CENTER CLOSED FOR MUCH OF THE YEAR FOR RENOVATION)

EXPENSES \$ 40,674. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,180.

RETAIL SALES OF AIDS AND APPLIANCES: THE EYE-DEA SHOP RETAIL STORE OFFERS USEFUL PRODUCTS TO HELP PEOPLE WITH VISION LOSS LIVE MORE SAFELY AND ACCOMPLISH DAILY TASKS WITH GREATER EASE. OPEN TO THE PUBLIC AND ONLINE. (52 WEEKS OPEN) BRAILLE SERVICES: TRANSCRIPTION SERVICES FOR BRAILLE AND LARGE PRINT TO ACCESS INFORMATION NEEDED FOR SCHOOL, BUSINESS, AND PERSONAL READING. STAFFED IN PART BY VOLUNTEERS TRAINED BY THE LIBRARY OF CONGRESS. (16,142 PAGES BRAILLED) RADIO READING SERVICE: CSCN BROADCASTS AS A SUBCARRIER OF WCPN 90.3, ON WVIZ-TV CHANNEL 25.9, AND ON CLEVELANDSIGHTCENTER.ORG. TWENTY-FOUR HOUR PROGRAMMING MONDAY-FRIDAY; 10 AM - 8 PM SATURDAY AND SUNDAY. ALSO

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PROVIDES CUSTOMIZED AUDIO FOR CLIENT NEEDS AT HOME, SCHOOL, AND WORK.

(6,816 BROADCASTING HOURS) CUSTOMER SERVICE TRAINING: CLASSROOM AND

ONLINE TRAINING FOR THE CUSTOMER SERVICE INDUSTRY THAT INCLUDES

COMMUNITY-BASED WORK EXPERIENCE. THIS PROGRAM IS DESIGNED TO TRAIN

PEOPLE WHO ARE BLIND OR VISUALLY-IMPAIRED FOR A SOURCE OF SUSTAINABLE

EMPLOYMENT. (5,373 HOURS)

EXPENSES \$ 588,586. INCLUDING GRANTS OF \$ 0. REVENUE \$ 292,623.

RECREATION SERVICES: ACTIVITIES INCLUDE SAILING, GOLF, TANDEM BIKING,

CRAFTS, LINE DANCING, SOCIAL CLUBS, BOOK DISCUSSION GROUPS, SCULPTURE

CLASSES, AUDIO-DESCRIBED THEATER, AND MUSIC STUDY GROUPS FOR PERSONS

WHO ARE BLIND OR VISUALLY IMPAIRED. (13,428 SERVICE HOURS)

EXPENSES \$ 156,961. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,199.

VOLUNTEER SERVICES: MANAGEMENT AND COORDINATION OF NEARLY 500 ACTIVE

VOLUNTEERS WHO ASSIST OUR CLIENTS IN A VARIETY OF WAYS. (20,000 SERVICE

HOURS)

EXPENSES \$ 86,420. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EMPLOYMENT SERVICES: ASSISTANCE IN JOB READINESS, JOB SEARCH, AND

EMPLOYMENT SKILLS. PROGRAM OFFERINGS INCLUDE SUPPORTED EMPLOYMENT,

CUSTOMER SERVICE TRAINING, AND THE BUSINESS ENTERPRISE PROGRAM FOR

EMPLOYMENT IN THE FOOD SERVICE INDUSTRY. (4,454 HOURS)

EXPENSES \$ 745,624. INCLUDING GRANTS OF \$ 0. REVENUE \$ 555,430.

FORM 990, PART VI, SECTION A, LINE 2: JOHN KUNDTZ IS THE SON OF ANDY

KUNDTZ

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FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR, CFO, AND KEY MEMBERS OF THE BUDGET AND FINANCE AND GOVERNANCE COMMITTEES OF THE BOARD OF DIRECTORS HAVE THE CHANCE TO REVIEW PRIOR TO THE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE AGENCY REQUIRES ALL OF ITS EMPLOYEES AND BOARD MEMBERS TO SIGN A CODE OF ETHICAL PRACTICE WHEN THEY ARE NEW TO THE ORGANIZATION AND ANNUALLY THEREAFTER. VOLUNTEERS SIGN A CODE OF ETHICS UPON THEIR START AS A VOLUNTEER. ADDITIONALLY, THE CORPORATE COMPLIANCE COMMITTEE MONITORS CONFLICTS OF INTEREST AMONG OTHER MATTERS SURROUNDING FRAUD, WASTE AND ABUSE.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCES DIRECTOR AND/OR A COMMITTEE WITHIN THE BOARD OF DIRECTORS, PERFORMS A COMPENSATION STUDY USING AVAILABLE MARKET DATA AND BASED ON THE TYPE OF POSITION, NEEDS OF THE ORGANIZATION AND LEVEL OF EXPERIENCE OF THE CANDIDATE/EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19: CERTAIN GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL TRUSTS	-758,699.
EFFECT OF ACCOUNTING FOR RETIREMENT BENEFITS	-236,961.
CHANGE IN VALUE OF ANNUITY AGREEMENTS	-41,028.
TOTAL TO FORM 990, PART XI, LINE 5	-1,036,688.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

CLEVELAND SOCIETY FOR THE BLIND

FORM 990 PAGE 10

Identifying number
 34-0714652

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	318,040.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use..... 25								
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven.....												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (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 CLEVELAND SOCIETY FOR THE BLIND	Employer identification number 34-0714652
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. 1909 EAST 101ST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44114	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

KEVIN R. KRENCISZ

- The books are in the care of ▶ **1909 EAST 101ST STREET - CLEVELAND, OH 44106**
 Telephone No. ▶ **216-791-8118** 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**.

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 Form 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 Form 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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.