

Form **8879-TE**

IRS E-file Signature Authorization for a Tax-Exempt Entity

OMB No. 1545-0047

For calendar year 2025, or fiscal year beginning 2025, and ending 20

2025

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	EIN or SSN 59-0637847
Name and title of officer or person subject to tax VIRGINIA JACKO PRESIDENT/CEO	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	14,794,015
<input type="checkbox"/> 2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **GARCIA SANTA MARIA DE ARMAS TRUJILL** to enter my PIN **37847** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **05/31/26**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60291388660

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **05/31/26**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025
Open to Public Inspection

A For the 2025 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 S.W. 8TH AVENUE City or town, state or province, country, and ZIP or foreign postal code MIAMI FL 33130	D Employer identification number 59-0637847 E Telephone number 305-856-2288 G Gross receipts \$ 14,794,015
F Name and address of principal officer: VIRGINIA JACKO 601 SW 8TH AVENUE MIAMI FL 33130		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
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		H(c) Group exemption number
J Website: WWW.MIAMILIGHTHOUSE.ORG		L Year of formation: 1931 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	130
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	11,335,640
	9 Program service revenue (Part VIII, line 2g)	Current Year	12,426,890
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,635,266	1,841,417
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	620,963	525,708
		13,591,869	14,794,015
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)	6,667,957	6,924,539
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	956,964	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,267,423	6,991,923
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,935,380	13,916,462	
19 Revenue less expenses. Subtract line 18 from line 12	656,489	877,553	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	65,748,942
	21 Total liabilities (Part X, line 26)	End of Year	71,015,305
	22 Net assets or fund balances. Subtract line 21 from line 20	3,081,626	3,421,862
	62,667,316	67,593,443	

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 VIRGINIA JACKO	Date			
	Type or print name and title PRESIDENT/CEO				
Paid Preparer Use Only	Preparer's name PEDRO DE ARMAS	Preparer's signature	Date 05/19/26	Check <input type="checkbox"/> if self-employed	PTIN P00440261
	Firm's name GARCIA SANTA MARIA DE ARMAS TRUJILLO	Firm's EIN 65-0118209			
	Firm's address 135 SAN LORENZO AVE STE 660 CORAL GABLES, FL 33146	Phone no. 305-448-0404			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **11,695,492** including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **11,695,492**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	130		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	24	
b	Enter the number of voting members included on line 1a, above, who are independent	24	
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, 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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

VIRGINA A. JACKO
MIAMI

601 SW 8TH AVENUE

FL 33130

786-362-7475

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE SOLOMON	1.00									
CHAIRMAN	0.00	X					0	0	0	
(2) CHARLES J. NIELSON	1.00									
IMMEDIATE PAST CHAIR	0.00	X					0	0	0	
(3) LOUIS NOSTRO ESQ	1.00									
SECRETARY	0.00	X					0	0	0	
(4) JOSE ABRANTE	1.00									
ASSISTANT SECRETARY	0.00	X					0	0	0	
(5) DAVID HARRISON	1.00									
TREASURER	0.00	X					0	0	0	
(6) ANNE E. HELLIWELL	1.00									
ASSISTANT TREASURER	0.00	X					0	0	0	
(7) JILL GRANAT	1.00									
COMMITTEE CHAIR	0.00	X					0	0	0	
(8) STACEY W. JONES, PID	1.00									
COMMITTEE CHAIR	0.00	X					0	0	0	
(9) FABIENNE CADET-LABORDE	1.00									
COMMITTEE CHAIR	0.00	X					0	0	0	
(10) VIRGINIA JACKO	37.50									
PRESIDENT/CEO	0.00			X				0		
(11) RICHARD FERNANDEZ	37.50									
CFO	0.00			X				0		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) CAMERON SISSER										
(12) VICE PRESIDENT FOR E	37.50 0.00					X		0		
(13) CAROL BRADY SIMMONS										
(13) CPO	37.50 0.00			X				0		
(14) MARA GONZALEZ										
(14) DIR. OF MLH ACADEMY	40.00 0.00					X		0	0	
(15) ALI MANDSAURWALA										
(15) DIRECTOR	1.00 0.00	X						0	0	
(16) STEPHEN A. MORRIS, O.D.										
(16) DIRECTOR	1.00 0.00	X						0	0	
(17) CRAIG MCKEOWN										
(17) DIRECTOR	1.00 0.00	X						0	0	
(18) DEBORAH A. MONTILLA										
(18) DIRECTOR	1.00 0.00	X						0	0	
(19) RALPH NIEBLES										
(19) DIRECTOR	1.00 0.00	X						0	0	
1b Subtotal								923,751	83,052	
c Total from continuation sheets to Part VII, Section A								136,781	20,517	
d Total (add lines 1b and 1c)								1,060,532	103,569	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
I CARE HEALTH SOLUTIONS MIAMI FL 33126	7600 CORPORATE CENTER DR, SUITE 200 VISION SERVICE	705,401
EYECARE NOW, LLC BOYNTON BEACH FL 33437	10833 LAKE WYNDS CT OPTOMETRIST	152,880
GABLES THERAPY AND WELLNESS CENTER L CORAL GABLES FL 33134	126 MADEIRA AVE MEDICAL	146,065
OPTILAB, LLC MIAMI FL 33126	7600 CORPORATE CENTER DR SUIT 200 MEDICAL	103,526

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

4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,046,130				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,380,760				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			12,426,890			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,582,158			1,582,158	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	259,259			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c	259,259				
d Net gain or (loss)			259,259	259,259			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	186,216					
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			186,216				
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a		174,485				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			174,485	174,485			
Miscellaneous Revenue	11a OTHER REVENUES	Business Code	165,007			165,007	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			165,007			
12 Total revenue. See instructions			14,794,015	433,744	0	1,747,165	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	658,153	553,886	54,868	49,399
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	5,196,494	4,373,247	433,218	390,029
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	641,813	540,135	53,506	48,172
10 Payroll taxes	428,079	360,261	35,688	32,130
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,023,674	2,506,882	256,421	260,371
12 Advertising and promotion				
13 Office expenses	752,903	722,066	9,717	21,120
14 Information technology				
15 Royalties				
16 Occupancy	844,908	778,212	58,738	7,958
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	638,517	484,475	134,042	20,000
23 Insurance	594,374	375,574	218,800	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	610,105	596,705	9,008	4,392
b OTHER	298,890	298,890		
c PUBLIC AND COMMUNITY RELA	228,552	105,159		123,393
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,916,462	11,695,492	1,264,006	956,964
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,658,174	1	7,606,616
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	571,052	3	492,775
	4 Accounts receivable, net	1,049,938	4	2,148,581
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	5,735,700	7	5,735,700
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	460,675	9	601,160
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,786,501		
	b Less: accumulated depreciation	10b 11,610,784	10c 11,415,467	11,175,717
	11 Investments—publicly traded securities	37,622,424	11	40,028,052
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,235,512	15	3,226,704
16 Total assets. Add lines 1 through 15 (must equal line 33)	65,748,942	16	71,015,305	
Liabilities	17 Accounts payable and accrued expenses	1,073,940	17	1,303,000
	18 Grants payable		18	
	19 Deferred revenue	507,686	19	618,862
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,500,000	24	1,500,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,081,626	26	3,421,862
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	38,029,312	27	42,047,245
	28 Net assets with donor restrictions	24,638,004	28	25,546,198
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	62,667,316	32	67,593,443
33 Total liabilities and net assets/fund balances	65,748,942	33	71,015,305	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,794,015
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,916,462
3	Revenue less expenses. Subtract line 2 from line 1	3	877,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,667,316
5	Net unrealized gains (losses) on investments	5	4,048,574
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,593,443

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(20) ROBIN SHELLY	1.00									
(12) DIRECTOR	0.00	X						0	0	0
(21) ALAN P LEVITT	1.00									
(13) DIRECTOR	0.00	X						0	0	0
(22) SCOTT J RICHEY	1.00									
(14) DIRECTOR	0.00	X						0	0	0
(23) ANGELA WHITMAN	1.00									
(15) DIRECTOR	0.00	X						0	0	0
(24) LAURA LAGOMASINO-SABO	1.00									
(16) DIRECTOR	0.00	X						0	0	0
(25) THOMAS E. JOHNSON	1.00									
(17) DIRECTOR	0.00	X						0	0	0
(26) RODRICK T. MILLER	1.00									
(18) DIRECTOR	0.00	X						0	0	0
(27) JEAN PUTMAN	1.00									
(19) DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	4	
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	5	

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(28) CATERINA SASTRI	1.00									
(12) DIRECTOR	0.00	X						0	0	
(29) MAURICIO VILASUSO	1.00									
(13) DIRECTOR	0.00	X						0	0	
(30) JOSE J. RIOPEBRE CUEVAS	40.00									
(14) SENIOR DIRECTOR HR	0.00					X			0	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								136,781	20,517	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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		
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		

Section B. Independent Contractors

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

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,832,753	10,498,366	12,028,718	11,335,640	12,426,890	62,122,367
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	15,832,753	10,498,366	12,028,718	11,335,640	12,426,890	62,122,367
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						62,122,367

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	15,832,753	10,498,366	12,028,718	11,335,640	12,426,890	62,122,367
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	36	33		1,415,865	1,582,158	2,998,092
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,389,150	492,554	711,355	117,482	165,007	2,875,548
11 Total support. Add lines 7 through 10						67,996,007
12 Gross receipts from related activities, etc. (see instructions)					12	5,562,953
13 First 5 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 2025 (line 6, column (f), divided by line 11, column (f))	14	91.36%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	89.64%
16a 33 1/3% support test — 2025. 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 — 2024. 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 — 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2025. 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 — 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>	3a		
b Did the organization direct the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3c		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2025		
a	From 2020		
b	From 2021		
c	From 2022		
d	From 2023		
e	From 2024		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2025 distributable amount		
i	Carryover from 2020 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2025 from Section D, line 6: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2025 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2026. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2021		
b	Excess from 2022		
c	Excess from 2023		
d	Excess from 2024		
e	Excess from 2025		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 2,710,541

Schedule B
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Name of the organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SPENCER DONOR 600 BRICKELL AVENUE, SUITE 3500 MIAMI FL 33131	\$ 1,000,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE BATCHELOR FOUNDATION, INC. 1680 MICHIGAN AVENUE PENTHOUSE 1 MIAMI BEACH FL 33139	\$ 425,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE WILDFLOWER FOUNDATION, INC. 1450 BRICKELL AVENUE, SUITE 2700 MIAMI FL 33131	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2025

Open to Public Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	60,000													
c	Total lobbying expenditures (add lines 1a and 1b)	60,000													
d	Other exempt purpose expenditures	13,856,462													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,916,462													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	845,823													
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	211,456													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount	733,564	738,636	796,769	845,823	3,114,792
b Lobbying ceiling amount (150% of line 2a, column (e))					4,672,188
c Total lobbying expenditures	60,180	70,720	60,000	60,000	250,900
d Grassroots nontaxable amount	183,391	184,659	199,192	211,456	778,698
e Grassroots ceiling amount (150% of line 2d, column (e))					1,168,047
f Grassroots lobbying expenditures				0	

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, publications, grants, and direct contact with legislators.

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

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

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

Table with 5 rows and 2 columns (Question, Amount). Questions about dues, lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

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

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values. Rows 5-6 for Yes/No questions regarding donor property and private benefit.

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

Form with multiple rows for conservation easement details, including checkboxes for purpose, a table for 'Held at the End of the Tax Year' (rows 2a-2d), and Yes/No questions for monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-1b and 2a-2b for reporting on art and historical treasures, including revenue and asset amounts.

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 make 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 program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,253,863	34,852,925	31,472,155	38,514,733	31,463,225
b Contributions	2,577,748	1,893,381	2,618,568	1,945,833	9,903,205
c Net investment earnings, gains, and losses	5,093,160	2,707,557	3,715,612	-5,514,126	3,101,017
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,945,756	-2,200,000	-2,953,410	-3,474,285	5,952,714
f Administrative expenses					
g End of year balance	40,979,015	37,253,863	34,852,925	31,472,155	38,514,733

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **40.93 %**
 - b Permanent endowment **59.07 %**
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| 3b | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,118,926		2,118,926
b Buildings		16,401,329	8,224,374	8,176,955
c Leasehold improvements				
d Equipment		2,658,797	2,131,826	526,971
e Other		1,607,449	1,254,584	352,865
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11,175,717

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements		1	
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 XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

PART X - LINE 2 - FIN 48 FOOTNOTE

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC NO 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC NO 740"). ASC 740 REQUIRED THAT THE IMPACT OF TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS. AT 12/31/25, THERE WERE NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES TAX RETURNS WITH US FEDERAL AND OTHER TAX AUTHORITIES FOR WHICH STATUE LIMITATIONS MAY GO BACK TO THE YEAR ENDED 2022.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

59-0637847

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>MUSIC UNDER THE</u> (event type)	<u>SHARE THE VISIO</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	99,401	47,941	34,938	182,280
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	99,401	47,941	34,938	182,280
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					182,280

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____ Yes No
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE J

(Form 990)
(Rev. December 2024)

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" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.**

Employer identification number
59-0637847

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Schedule J (Form 990) (Rev. 12-2024) **MIAMI LIGHTHOUSE FOR THE BLIND 59-0637847**

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	VIRGINIA JACKO PRESIDENT/CEO	0	0	0	0	0	0	0
2	RICHARD FERNANDEZ CFO	0	0	0	0	0	0	0
3	CAMERON SISSER VICE PRESIDENT FOR E	0	0	0	0	0	0	0
4	CAROL BRADY SIMMONS CPO	0	0	0	0	0	0	0
5	JOSE J. RIOPEDERE CUEVAS SENIOR DIRECTOR HR	0	0	0	0	0	0	0
6		0	0	0	0	0	0	0
7		0	0	0	0	0	0	0
8		0	0	0	0	0	0	0
9		0	0	0	0	0	0	0
10		0	0	0	0	0	0	0
11		0	0	0	0	0	0	0
12		0	0	0	0	0	0	0
13		0	0	0	0	0	0	0
14		0	0	0	0	0	0	0
15		0	0	0	0	0	0	0
16		0	0	0	0	0	0	0

Part III Supplemental Information

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

Area with horizontal dotted lines for supplemental information.

SCHEDULE L

(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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Name of the organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, and (e) Sharing of org. revenues? (Yes/No). Rows include SFM SERVICES, JANITORIAL, SECURITY, and LANDSCAPE.

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART V - ADDITIONAL INFORMATION

(A) NAME OF PERSON: SFM SERVICES

(D) DESCRIPTION OF TRANSACTION: JANITORIAL, LANDSCAPE AND SECURITY SERVICES

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES AS A CENTER OF LEARNING, THE MISSION OF THE ORGANIZATION IS, "THROUGH EDUCATION, TRAINING, RESEARCH AND VISION ENHANCEMENT, MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED PROVIDES HOPE, CONFIDENCE, AND INDEPENDENCE TO PEOPLE OF ALL AGES."

FORM 990 - ORGANIZATION'S MISSION MIAMI LIGHTHOUSE THROUGH EDUCATION, TRAINING, RESEARCH, VISION ENHANCEMENT AND AS A CENTER FOR LEARNING PROVIDES HOPE, CONFIDENCE, AND INDEPENDENCE FOR PEOPLE OF ALL AGES. FOR NEARLY A CENTURY, MIAMI LIGHTHOUSE FOR THE BLIND HAS BEEN WORKING TO BUILD A MORE INCLUSIVE SOCIETY FOR THE BLIND AND VISUALLY IMPAIRED. OUR INNOVATIVE PROGRAMMING REMOVES BARRIERS TO EDUCATION, JOBS AND CRITICAL EYE CARE. NO ONE'S POTENTIAL SHOULD BE DEFINED BY ABILITY, AGE, ZIP CODE, INCOME, RACE OR ETHNICITY. OUR PROGRAM OFFERINGS REFLECT THE DIVERSITY OF THE COMMUNITIES WE SERVE AND THEIR UNIQUE NEEDS WHILE REINFORCING OUR MOTTO THAT "IT'S POSSIBLE TO SEE WITHOUT SIGHTTM". THROUGH OUR STATEWIDE FLORIDA HEIKEN CHILDREN'S VISION PROGRAM, WE ENSURE TITLE I STUDENTS AND UNDERSERVED SCHOOLCHILDREN CAN ACCESS THE EYE CARE THEY NEED TO SUCCEED IN THE CLASSROOM AND LATER IN THE WORKFORCE. MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED CONSISTENTLY DEMONSTRATES IT IS WORTHY OF DONORS' PHILANTHROPIC INVESTMENTS. WE HAVE RECEIVED 14 CONSECUTIVE 4-STAR RATINGS, THE HIGHEST RATING POSSIBLE, FROM THE NATION'S PREMIER INDEPENDENT NONPROFIT EVALUATOR CHARITY NAVIGATOR. MIAMI LIGHTHOUSE HAS ALSO COMPLETED ALL FOUR OF THE NEW ENCOMPASS BEACONS WITH NEARLY PERFECT SCORES INDICATING THAT MIAMI LIGHTHOUSE OUTPERFORMS MOST OTHER CHARITIES IN AMERICA. THESE BEACONS PROVIDE A COMPREHENSIVE ANALYSIS OF OUR PERFORMANCE ACROSS FOUR KEY DOMAINS: ACCOUNTABILITY AND FINANCE, WHICH PROVIDES AN ASSESSMENT OF A CHARITY'S FINANCIAL HEALTH (FINANCIAL EFFICIENCY, SUSTAINABILITY AND TRUSTWORTHINESS) AND ITS COMMITMENT TO GOVERNANCE PRACTICES AND POLICIES; LEADERSHIP; ADAPTABILITY, WHICH PROVIDES AN ASSESSMENT OF THE ORGANIZATION'S LEADERSHIP CAPACITY, STRATEGIC THINKING AND PLANNING, AND ABILITY TO INNOVATE OR RESPOND TO CHANGES IN CONSTITUENT DEMAND/NEED OR OTHER RELEVANT SOCIAL AND ECONOMIC CONDITIONS TO ACHIEVE THE ORGANIZATION'S MISSION; IMPACT AND MEASUREMENT, WHICH ESTIMATES THE ACTUAL IMPACT A CHARITY HAS ON THE LIVES OF THOSE IT SERVES AND DETERMINES WHETHER IT IS MAKING GOOD USE OF DONOR RESOURCES TO ACHIEVE THAT IMPACT; AND CULTURE AND COMMUNITY, PROVIDES AN ASSESSMENT OF THE ORGANIZATION'S CULTURE AND CONNECTEDNESS TO THE COMMUNITY IT SERVES. THESE BEACONS REFLECT THAT OUR ORGANIZATION EXECUTES ITS MISSION IN A FISCALLY RESPONSIBLE WAY WHILE ADHERING TO GOOD GOVERNANCE AND OTHER BEST PRACTICES THAT MINIMIZE THE CHANCE OF UNETHICAL ACTIVITIES AND ARE TESTAMENT TO OUR TRADITION OF SOUND FISCAL MANAGEMENT, TRANSPARENCY AND RESPONSIBLE USE OF DONOR DOLLARS-ONLY EIGHT CENTS OF EVERY DOLLAR RECEIVED GOES TO ADMINISTRATION. MIAMI LIGHTHOUSE HAS BEEN CONTINUOUSLY ACCREDITED SINCE 1978, HAVING BEEN FIRST ACCREDITED BY THE NATIONAL ACCREDITATION COUNCIL FOR BLIND AND LOW VISION SERVICES (NAC). IN 2017, NAC ACCREDITATION CAME UNDER THE EXECUTIVE MANAGEMENT OF THE ASSOCIATION FOR EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY IMPAIRED (AER). ACCREDITATION IS A VALUE-ADDED PROCESS THAT ENSURES THAT CONSUMERS (I.E., CLIENTS AND STUDENTS) ARE PROVIDED WITH

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

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

SERVICES UNDER QUALITY-BASED CONDITIONS AND OPERATIONS. IN DECEMBER 2020 WE RECEIVED ACCREDITATION FROM AER. ADDITIONAL ACCREDITATIONS INCLUDE DEPARTMENT OF CHILDREN AND FAMILIES GOLD SEAL QUALITY PROGRAM AND ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT (APPLE). OUR LEARNING CENTER PROGRAMS SPAN CHILDREN'S AGES FROM EARLY INTERVENTION FOR BLIND BABIES; A FIRST-OF-ITS KIND IN THE NATION, FULLY INCLUSIVE PRE-K (AGES ONE THROUGH FOUR) OFFERED BY A VISION REHABILITATION INSTITUTION WITH ALL CLASSES COMPOSED OF 50% VISUALLY IMPAIRED AND 50% SIGHTED STUDENTS; AS WELL AS KINDERGARTEN, FIRST AND SECOND GRADES FOR VISUALLY IMPAIRED STUDENTS. WE COLLABORATE ON OUR EDUCATIONAL OFFERINGS WITH THE EARLY LEARNING COALITION, MIAMI-DADE COUNTY PUBLIC SCHOOLS (M-DCPS) AND THE CHILDREN'S TRUST. AT THE OTHER END OF THE AGE SPECTRUM, WE OFFER ADULT BASIC EDUCATION CLASSES, INCLUDING GED AND ESOL CLASSES, ALSO IN COLLABORATION WITH M-DCPS.

OUR SUBSIDIARY, THE FLORIDA HEIKEN CHILDREN'S VISION PROGRAM, LLC, A BLINDNESS PREVENTION PROGRAM, ADDRESSES EYE HEALTH EQUITY FOR UNDERSERVED SCHOOLCHILDREN BY PROVIDING DILATED EYE EXAMINATIONS AND PRESCRIPTION GLASSES THROUGHOUT FLORIDA AT NO COST TO PARENTS. OUR HEIKEN PROGRAM HAS RECEIVED NUMEROUS AWARDS FOR EXCELLENCE IN EYE HEALTH CARE FOR SCHOOLCHILDREN FROM UNDERSERVED COMMUNITIES. THIS INCREDIBLY SUCCESSFUL PROGRAM HAS BEEN CITED IN OPTOMETRY: JOURNAL OF THE AMERICAN OPTOMETRIC ASSOCIATION AS A NATIONAL MODEL WHICH OTHER STATES SHOULD ADOPT. IT CONTINUES TO HAVE DOCUMENTED IMPACT ON SCHOOL PERFORMANCE, AND WE ARE COMMITTED TO ADDRESSING THE UNMET NEED.

OUR PROGRAM ENROLLMENT HAS NOW RETURNED TO PRE-PANDEMIC LEVELS WITH 8,560 ADULT PROGRAM PARTICIPANTS AND 19,814 CHILDREN, FOR A TOTAL OF 28,374 WHICH IS OVER 50 TIMES AS MANY PROGRAM PARTICIPANTS AS WE SERVED IN 2004 WHEN THE TOTAL WAS 487.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

OUR FLORIDA HEIKEN CHILDREN'S VISION PROGRAM, LLC, TAKES PRIMARY EYE HEALTH CARE DIRECTLY TO FLORIDA SCHOOLCHILDREN TARGETING TITLE ONE SCHOOLS USING OUR FIVE MOBILE EYE CARE UNITS THAT VISIT OVER 500 SCHOOLS ANNUALLY AS WELL AS PROVIDING VOUCHERS IN COLLABORATION WITH OUR NETWORK OF OVER 1,100 OPTOMETRISTS. DURING 2024, 19,161 LOW-INCOME SCHOOLCHILDREN RECEIVED A DILATED EYE EXAM AND 64% REQUIRED AND RECEIVED PRESCRIPTION GLASSES AT NO COST TO THEIR PARENTS. IN OUR 2020 MARKET RESEARCH SURVEY FUNDED BY THE HEALTH FOUNDATION OF SOUTH FLORIDA, NEARLY 80% OF RESPONDENTS REPORTED THAT THEIR CHILD HAD IMPROVED ACADEMICALLY AT THEIR SCHOOL BECAUSE OF THE SERVICES PROVIDED BY OUR HEIKEN PROGRAM.

OUR LOW VISION PROGRAM PROVIDES COMPREHENSIVE FUNCTIONAL ASSESSMENTS AND EYE EXAMINATIONS AS WELL AS INSTRUCTION ON ASSISTIVE DEVICES AND OPTICS FOR SENIORS WITH AGE-RELATED VISION LOSS. THESE LOW VISION SERVICES ARE SPECIFICALLY DESIGNED TO ASSIST INDIVIDUALS IN UTILIZING THEIR REMAINING VISION TO ACHIEVE AN ACTIVE LIFESTYLE AND MAINTAIN THEIR MAXIMUM INDEPENDENCE. EXAMS ARE PROVIDED UNDER THE SUPERVISION OF OUR LOW VISION CONSULTING OPTOMETRIST ASSISTED BY OUR CERTIFIED LOW VISION OCCUPATIONAL THERAPIST, CERTIFIED OCCUPATIONAL THERAPY ASSISTANT, AND LICENSED DISPENSING OPTICIAN. IN 2019, WE WERE THE RECIPIENT OF A COVETED INNOVATIONS IN HEALTHCARE FOUR-YEAR RENEWAL GRANT FROM THE FLORIDA BLUE

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

**Open to Public
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Name of the organization	MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number	59-0637847
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FOUNDATION AS AN EXPANSION TO A PROJECT THEY FUNDED INITIALLY IN 2015. THE ORIGINAL INITIATIVE RESULTED IN PUBLICATION OF A PEER-REVIEWED, ARCHIVAL JOURNAL ARTICLE "BRINGING LOW VISION ASSESSMENTS AND INTERVENTIONS TO UNDERSERVED SENIORS AFFECTED BY AGE-RELATED EYE DISEASE" IN THE BRITISH JOURNAL OF VISUAL IMPAIRMENT. THE FOUR-YEAR GRANT RENEWAL ENABLES MIAMI LIGHTHOUSE TO PROVIDE LOW-VISION PROGRAMS FOR SENIORS (55+) IN VULNERABLE, LOW-INCOME NEIGHBORHOODS IN ALLAPATTAH, BROWNSVILLE, LIBERTY CITY, AND OVERTOWN.

IN 2024 WE PROVIDED 6,128 COMMUNITY MEMBERS PRIMARILY AFFECTED BY AGE-RELATED EYE DISEASE WITH "LEARNING TO LIVE WITH LOW VISION" PRESENTATIONS AND ADMINISTERED 398 LOW VISION EXAMS, 329 PATIENTS (302 ADULTS + 27 ACADEMY STUDENTS) RECEIVED OCCUPATIONAL THERAPY, 25 PATIENTS RECEIVED SPEECH THERAPY, 123 PATIENTS RECEIVED PHYSICAL THERAPY, 1,123 PEOPLE VISITED OUR SOLUTIONS CENTER, AND MORE THAN 8,000 VISITS WERE MADE TO OUR ONLINE LIGHTHOUSESHOP.ORG PLATFORM SEEKING DEVICES TO ASSIST WITH EVERYDAY ACTIVITIES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PRE-EMPLOYMENT TRANSITION SERVICES AND VOCATIONAL REHABILITATION CLIENTS OUR PRE-EMPLOYMENT TRANSITION SERVICES PROGRAM IS A YEAR-ROUND PROGRAM THAT PROVIDES YOUTH 14-22 THE OPPORTUNITY TO DEVELOP SKILLS TO ENTER THE WORKFORCE OR POST-SECONDARY EDUCATION. THE PRIMARY PURPOSE OF THIS FLORIDA DIVISION OF BLIND SERVICES FUNDED PROGRAM IS TO INCREASE THE NUMBER OF BLIND AND VISUALLY IMPAIRED STUDENTS AND YOUTH WHO ENTER COMPETITIVE INTEGRATED EMPLOYMENT, TRAINING AND/OR POST-SECONDARY EDUCATION. THESE OBJECTIVES ARE FULFILLED BY THE PROVISION OF HIGH-QUALITY COMPREHENSIVE AND COORDINATED PRE-EMPLOYMENT TRANSITION INSTRUCTION THAT ENHANCES EACH INDIVIDUAL'S ABILITIES TO BE SUCCESSFUL IN COMPETITIVE EMPLOYMENT, TRAINING AND ACADEMIC SETTINGS. STUDENTS ARE TAUGHT LIFE SKILLS LIKE HOME AND PERSONAL MANAGEMENT, COMPUTER/ADAPTIVE TECHNOLOGY, JOB READINESS, ORIENTATION AND MOBILITY, SOCIAL SKILLS AND COMMUNITY INTEGRATION. STUDENTS LEARN ESSENTIAL SKILLS THAT PREPARE THEM FOR THE WORKFORCE. ADDITIONALLY, STUDENTS IN OUR ABLE TRUST HIGH SCHOOL HIGH TECH COMPONENT OF THE PRE-EMPLOYMENT TRANSITION PROGRAM ARE TAUGHT HOW TO PREPARE RESUMES, PARTICIPATE IN MOCK JOB INTERVIEWS AND CAREER PREPARATION. OUR GOAL IS TO HELP THESE YOUNG ADULTS REACH THEIR FULL POTENTIAL. MIAMI LIGHTHOUSE RECEIVED RECOGNITION FROM THE ABLE TRUST FOR EXCEEDING THE FAMILY INVOLVEMENT GUIDEPPOST IN OUR HIGH SCHOOL HIGH TECH PROGRAM FOR OUR PRE-EMPLOYMENT TRANSITION PROGRAM STUDENTS. WE EXCEEDED THE SERVICES PROVIDED AMONG ALL THE HIGH SCHOOL HIGH TECH PROGRAMS IN FLORIDA AND ARE HONORED TO HAVE BEEN RECOGNIZED FOR PROVIDING HIGH QUALITY PROGRAM SERVICE TO OUR STUDENTS IN 2024. 41 YOUTH WERE SERVED IN OUR PRE-EMPLOYMENT TRANSITION PROGRAM. AS OUR WORLD EXAMINES THE IDEA OF INCLUSION AND EQUITY, IT IS IMPORTANT WE USE THE TOOLS AVAILABLE TO US TO ENSURE THAT THOSE WITH VISUAL IMPAIRMENTS ARE NOT LEFT BEHIND IN THESE CONVERSATIONS. TWO OF THE GREATEST EQUALIZERS WE HAVE AT OUR DISPOSAL ARE TECHNOLOGY AND EDUCATION. THROUGH TECHNOLOGY MANY PEOPLE WITH A VISUAL IMPAIRMENT CAN PERFORM JOBS AS WELL AS OR BETTER THAN THEIR SIGHTED PEERS AND EDUCATION IS PIVOTAL FOR TEENS TO UNDERSTAND THEIR VARIED CAREER OPTIONS AS THEY TRANSITION OUT OF SCHOOL. THROUGH OUR TRANSITION PROGRAM OUR FOCUS IS TO REMOVE THE CONVENTIONAL

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

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

LIMITATIONS THAT ARE OFTEN IMPOSED ON SOMEONE WITH A VISUAL IMPAIRMENT. WE WANT TO CREATE A GENERATION OF VISUALLY IMPAIRED LAWYERS, ARTISTS, TEACHERS, RESEARCHERS AND OTHER PROFESSIONALS TO CREATE A MORE INCLUSIVE WORKFORCE THAT REFLECTS DIVERSE ABILITIES. OUR VOCATIONAL REHABILITATION PROGRAM IS FOR VISUALLY IMPAIRED ADULTS THAT ARE EITHER WORKING OR WANT TO GO BACK TO WORK. THE PROGRAM PROVIDES COMPREHENSIVE TRAINING IN SELF-HELP SKILLS, COMPUTER/ADAPTIVE TECHNOLOGY, AND JOB READINESS. OTHER TOPICS COVERED IN THE PROGRAM INCLUDE ORIENTATION AND MOBILITY, LOW VISION SERVICES, AND PERSONAL AND HOME MANAGEMENT. OUR JOB READINESS PROGRAM PROVIDES VISUALLY IMPAIRED INDIVIDUALS WITH THE SKILLS NEEDED TO ENTER, REMAIN IN OR RETURN TO THE WORKFORCE IN A VARIETY OF FOR-PROFIT AND NONPROFIT ENTITIES, AND WE CONTINUE TO EXPAND OUR NETWORK OF EMPLOYERS. DURING 2024, WE PROVIDED 191 CLIENTS WITH VOCATIONAL REHABILITATION TRAINING. IN A DIGITALLY DEPENDENT WORLD, ACCESSIBLE WEBSITE DESIGN HAS NEVER BEEN MORE VITAL. UNFORTUNATELY, NOT ALL WEBSITES ARE ACCESSIBLE. OUR WEB AUDITING SERVICES HELP ENSURE THAT ENTITIES WITH ONLINE PRESENCE HAVE ACCESSIBLE WEBSITES THAT ARE IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA). FOR EXAMPLE, MIAMI LIGHTHOUSE HAS PROVIDED ASSESSMENTS FOR LOCAL GOVERNMENT AND EDUCATIONAL INSTITUTIONS, LAW FIRMS, HOTELS, RESTAURANTS, SUPERMARKETS, ENTERTAINMENT VENUES, HOSPITALS AND AIRLINES. IN 2024, WE PROVIDED 40 WEBSITE AUDITS TO MAKE WEBSITES FULLY ACCESSIBLE. MORE THAN 250 COMPANIES HAVE UTILIZED OUR WEBSITE AUDITING SERVICES. EXPERTISE ALONG WITH ACCESSIBLE WEBSITE AUDITING HAS BROUGHT SIGNIFICANT NATIONAL MEDIA ATTENTION TO MIAMI LIGHTHOUSE BY ENTITIES SUCH AS TIME INC., FORBES, AND NATIONAL PUBLIC RADIO.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT
EARLY INTERVENTION AND LIGHTHOUSE LEARNING CENTER FOR CHILDREN PROGRAMS
THE MIAMI LIGHTHOUSE EARLY INTERVENTION PROGRAM PROVIDES HIGH QUALITY SERVICES FOR VISUALLY IMPAIRED BLIND BABIES, TODDLERS, AND THEIR PARENTS/CAREGIVERS IN THE CHILD'S NATURAL ENVIRONMENT WHICH TYPICALLY IS IN THE CHILD'S HOME. 119 CHILDREN WERE ENROLLED IN THIS PROGRAM, AND SUPPORT WAS PROVIDED TO THEIR FAMILIES. THE PROGRAM UTILIZES PARENTS AS TEACHERS, AN EVIDENCE-BASED MODEL TO SUPPORT FAMILIES IN THE HOME AND IN THEIR LOCAL COMMUNITY. THROUGH INDIVIDUALIZED CHILD AND FAMILY PLANS, THIS PROGRAM PROVIDES DEVELOPMENTAL EDUCATION FOR YOUNG CHILDREN AS WELL AS ADDRESSING THEIR UNIQUE NEEDS AND BUILDS UPON THE ASSETS OF THE ADULTS IN EACH CHILD'S LIFE. PROGRAM GOALS INCLUDE FACILITATING DEVELOPMENTAL FUNCTIONING OF PARTICIPATING CHILDREN (AGES BIRTH TO FIVE); INCREASING THE LEVEL OF PARENT INVOLVEMENT IN THEIR CHILD'S DEVELOPMENT; INCREASING THE CAPACITY OF OTHER SERVICE PROVIDERS TO ADDRESS VISUAL IMPAIRMENT PROBLEMS; AND PREPARING CHILDREN TO ENTER ELEMENTARY SCHOOL SUCCESSFULLY. OUR MIAMI LIGHTHOUSE ACADEMY, LLC WAS CREATED AS A SEPARATE LEGAL ENTITY, REPLACING THE MIAMI LIGHTHOUSE LEARNING CENTER FOR CHILDREN TRADEMARKED PROGRAM NAME. WITH AN ENROLLMENT OF 70 STUDENTS, OUR EARLY LEARNING PROGRAM FOR STUDENTS AGES ONE UP TO AGE FIVE, IS AN ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT (APPLE) FOR EARLY LEARNERS. THIS PROGRAM, USING THE HIGHSOPE CURRICULUM, IS THE ONLY FULLY INCLUSIVE PROGRAM IN THE

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

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

U.S. THE PROGRAM MODEL IS UNIQUE IN MIAMI-DADE COUNTY AND IS PARTIALLY SUPPORTED BY MIAMI-DADE COUNTY PUBLIC SCHOOLS (M-DCPS). OUR MIAMI LIGHTHOUSE ACADEMY INCLUSION MODEL HAS DEMONSTRATED BENEFITS FOR STUDENTS, TEACHERS, AND PARENTS. IN AN ONGOING LONGITUDINAL STUDY, RESEARCHERS AT THE UNIVERSITY OF MIAMI FOUND THAT THE QUALITY OF TEACHER-CHILD INTERACTIONS IN EMOTIONAL AND BEHAVIORAL SUPPORT ONCE AGAIN EXCEEDED THE NATIONAL AVERAGE OF THE CLASSROOM ASSESSMENT SCORING SYSTEM (CLASS), AN INDUSTRY STANDARD RATING SCALE. NOTABLY, OUR EMOTIONAL SUPPORT DOMAIN FOR TODDLERS SCORED 6.8 OUT OF 7-MORE THAN TWO POINTS ABOVE THE NATIONAL AVERAGE OF 4.62 OUT OF 7.

AN IMPORTANT COMPONENT OF OUR SERVICES FOR CHILDREN IS OUR CORTICAL VISUAL IMPAIRMENT COLLABORATIVE CENTER. CORTICAL VISUAL IMPAIRMENT (CVI), THE LEADING CAUSE OF PEDIATRIC VISUAL DISABILITIES IN DEVELOPED COUNTRIES. APPROXIMATELY 30-40% OF CHILDREN WITH VISUAL IMPAIRMENTS HAVE CVI. CORTICAL VISUAL IMPAIRMENT IS A BRAIN-BASED VISUAL IMPAIRMENT. IT IS DIFFERENT THAN CONDITIONS CAUSING OCULAR VISUAL IMPAIRMENT BECAUSE FUNCTIONAL VISION IN CHILDREN WITH CVI CAN BE EXPECTED TO IMPROVE WHEN EARLY SCREENING, EARLY DIAGNOSIS, APPROPRIATE ASSESSMENT AND CVI-SPECIFIC INSTRUCTIONAL INTERVENTION ARE PUT IN PLACE. THE GOAL OF OUR CVI CENTER IS TO ENSURE THAT THE LEARNING CONTENT FOR STUDENTS WITH CVI IS STIMULATING AND ULTIMATELY HELPS THE CHILD READ AND PROGRESS IN SCHOOL TO REACH THEIR INDIVIDUAL POTENTIAL. TEACHERS OF THE VISUALLY IMPAIRED IN OUR ACADEMY HAVE COMPLETED TRAINING IN THE PERKINS-ROMAN CVI RANGE® ASSESSMENT/FUNCTIONAL VISION ASSESSMENT, WHICH ENABLED THEM TO PROVIDE APPROPRIATE LEARNING MODALITIES FOR 51 STUDENTS IN SOUTH FLORIDA. MIAMI LIGHTHOUSE HAS MADE SIGNIFICANT HEADWAY WITH OUR CVI COLLABORATIVE PARTNERS INCLUDING A RESEARCH PROTOCOL FOR THE MEDICAL DIAGNOSIS OF CVI, STUDENT ASSESSMENT OUTCOMES, INFANT SCREENING PROTOCOLS IN THE NICU AND PICU SETTING. THESE COLLABORATORS INCLUDE BASCOM PALMER EYE INSTITUTE, NICKLAUS CHILDREN'S HOSPITAL, MIAMI DADE COUNTY PUBLIC SCHOOLS OFFICE OF EXCEPTIONAL LEARNERS AND NSU COLLEGE OF BUSINESS AND MEDICINE FOR DATA ANALYSIS. IN 2023, OUR CVI COLLABORATIVE CENTER RECEIVED THE COVETED GREATER MIAMI CHAMBER OF COMMERCE NONPROFIT BUSINESS INNOVATIVE EXCELLENCE NOVO AWARD.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
ALTERNATIVE REHABILITATION PROGRAMS

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

OUR SENIOR GROUP HEALTH AND ACTIVITIES (SGA) PROGRAM TARGETS FINANCIALLY DISADVANTAGED BLIND AND VISUALLY IMPAIRED ADULTS PRIMARILY OVER 55 YEARS OF AGE TO DEVELOP A FULLER, MORE WELL-BALANCED LIFE. THIS IMPORTANT PROGRAM ENABLES BLIND SENIORS TO STAY OUT OF EXPENSIVE ASSISTED LIVING FACILITIES AND REDUCES MEDICAL COSTS. OUR SGA PROGRAM INCLUDES GROUP DISCUSSIONS, LANGUAGE AND COMPUTER CLASSES, FITNESS, NUTRITION MANAGEMENT, AND MUSIC INSTRUCTION AS WELL AS FIELD TRIPS. ART CREATION AND MUSIC APPRECIATION ARE INTEGRATED INTO THIS COMPREHENSIVE PROGRAMMING. DESPITE THEIR VISION

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
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OMB No. 1545-0047

Open to Public Inspection

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LOSS, OUR ARTISTIC CLIENTS CONTINUE TO WIN LOCAL, STATE, AND NATIONAL RECOGNITION. CLIENTS MAY ALSO PARTICIPATE IN OUR GED/ESOL ADULT EDUCATION PROGRAM AS PART OF A GRANT FROM MIAMI-DADE COUNTY PUBLIC SCHOOLS ADULT EDUCATION. THESE SGA CLIENTS ALSO BECOME PART OF A PEER COMMUNITY, WHICH RESEARCH HAS SHOWN INCREASED FEELINGS OF SELF-ESTEEM REFLECTING A MORE POSITIVE SELF-IMAGE, A GREATER ACCEPTANCE OF THEIR BLINDNESS AND A WILLINGNESS TO HELP THEIR PEERS OVERCOME SIMILAR OBSTACLES. WE PROVIDED INSTRUCTIONS TO A TOTAL OF 132 CLIENTS.

OUR MUSIC PROGRAM PROVIDES AN INNOVATIVE YEAR-ROUND MUSIC EDUCATION INITIATIVE TARGETING SIGHTED AND VISUALLY IMPAIRED YOUNG ADULTS UTILIZING MUSIC APPRECIATION, INSTRUCTION, AND EXPLORATION AS TOOLS TO FOSTER WORK READINESS SKILLS AND ENHANCE SELF-EFFICACY AND POSITIVE PEER RELATIONS. TEENS AND ADULTS LEARN MUSIC COMPOSITION, PERFORMANCE, RECORDING, SOUND ENGINEERING AND BUSINESS SKILLS. TRAINING INCLUDES THE USE OF JAWS SCREEN-READING SOFTWARE AND ZOOMTEXT SCREEN ENLARGEMENT SOFTWARE TO ACCESS STANDARD MUSIC INDUSTRY SOFTWARE SUCH AS MIDI (MUSICAL INSTRUMENT DIGITAL INTERFACE) AND PROTOOLS ON THE MAC COMPUTER. BRAILLE MUSIC IS TAUGHT THROUGH DISTANCE LEARNING TO STUDENTS AROUND THE GLOBE. MUSIC APPRECIATION AND INSTRUCTION FOR CHILDREN IN OUR MIAMI LIGHTHOUSE ACADEMY IS ALSO PROVIDED. THERE WERE 65 CLIENT PARTICIPANTS IN OUR MUSIC PROGRAM. THE SOUND ENGINEERING PLATFORM WE DEVELOPED OVER TEN YEARS AGO WAS INSTRUMENTAL AS OUR CLIENTS BEGAN TO USE REMOTE LEARNING; NOT ONLY DID WE USE THIS PLATFORM FOR BRAILLE MUSIC, BUT IT GAVE OUR TECHNOLOGY TEAM AN ACCESSIBLE ONLINE PLATFORM TO TEACH OUR STUDENTS.

OUR INDEPENDENT LIVING PROGRAM IS FOR VISUALLY IMPAIRED INDIVIDUALS WHO ARE NOT EMPLOYED AND INTEND TO REMAIN IN THEIR HOMES. THESE CLIENTS RECEIVE ORIENTATION AND MOBILITY TRAINING AND PERSONAL MANAGEMENT INSTRUCTION WHICH OFFERS HELP IN SUCH AREAS AS HOME AND KITCHEN SAFETY, BASIC MEAL PREPARATION, NUTRITION, GROOMING, PERSONAL HYGIENE, MONEY IDENTIFICATION, ORGANIZATION, LABELING AND MEDICATION MANAGEMENT. CLIENTS ALSO LEARN BRAILLE AS NEEDED TO IMPROVE COMMUNICATION AS WELL AS IPHONE AND COMPUTER SKILLS. LOW VISION SERVICES AS WELL AS COUNSELING SESSIONS ARE AVAILABLE. OUR INDEPENDENT LIVING PROGRAM CONSISTS OF TWO AGE GROUPS: INDEPENDENT LIVING ADULT PROGRAM (AGE 54 AND UNDER) AND INDEPENDENT LIVING OLDER BLIND (AGE 55 AND OVER). THE TWO INDEPENDENT LIVING PROGRAMS ENROLLED 182 CLIENTS.

OUR BRIGHT BEACONS PROGRAM IS FOR CHILDREN AGES 6-12. WE OFFER BOTH YEAR-ROUND INSTRUCTION AND AN INTENSIVE EIGHT-WEEK SUMMER CAMP. 101 STUDENTS WERE ENROLLED IN THESE PROGRAMS. THE BRIGHT BEACONS PROGRAM PROVIDES INSTRUCTION DEVOTED TO BRAILLE AND TECHNOLOGY LITERACY ON SATURDAYS AND HOLIDAYS DURING THE SCHOOL YEAR. THE GOAL OF THESE PROGRAMS IS EDUCATION, DEVELOPMENT OF SCHOLASTIC SKILLS AND CONTINUOUS REINFORCEMENT OF BRAILLE KNOWLEDGE. THE SUMMER CAMP IS DESIGNED TO ENHANCE LITERACY SKILLS, ENCOURAGE PHYSICAL FITNESS, AND PROMOTE SOCIAL INTERACTION. THE PROGRAM OFFERS AN ENRICHED LEARNING ENVIRONMENT FOCUSING ON LITERACY, TECHNOLOGY, PHYSICAL FITNESS, SOCIAL SKILLS DEVELOPMENT, ART, AND MUSIC. WE HAVE ALSO ADDED AN EARLY INTERVENTION SUMMER CAMP FOR YOUNG CHILDREN AGES ONE TO FIVE TO PREVENT THE "SUMMER LEARNING REGRESSION" THAT OFTEN HAPPENS TO CHILDREN WITH DISABILITIES WHEN THEY ARE NOT IN SCHOOL.

OUR ADULT EDUCATIONAL PROGRAM IS MADE UP OF TWO COMPONENTS, OFFERED IN

SCHEDULE O
(Form 990)
(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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COLLABORATION WITH MIAMI-DADE COUNTY PUBLIC SCHOOLS ADULT EDUCATION. THIRTY-FIVE ADULTS PARTICIPATED IN THESE PROGRAMS. OUR ADULT BASIC EDUCATION/GED AND ESOL PROGRAMS PROVIDE ADULT CLIENTS THE EDUCATION TO EMPOWER THEM TO EARN THEIR GED IN ORDER TO PURSUE HIGHER EDUCATION AND TO POSITION THEMSELVES FOR EMPLOYMENT. OUR ESOL PROGRAM GIVES ADULTS THE OPPORTUNITY TO MASTER THE ENGLISH LANGUAGE WHICH IS REQUIRED IN ORDER TO MOVE INTO THE GED PROGRAM.

COMPREHENSIVE BLIND SOCCER INITIATIVE
IN 2023 MIAMI LIGHTHOUSE BEGAN A SIGNIFICANT COLLABORATION WITH THE U.S. ASSOCIATION OF BLIND ATHLETES INCLUDING PLANNING A COMMUNITY LAUNCH OF BLIND SOCCER IN EARLY 2024, WHICH INCLUDED A DEMONSTRATION BY THE USABA NATIONAL BLIND SOCCER TEAM. MIAMI LIGHTHOUSE HAS DEVELOPED THE FIRST COMPREHENSIVE BLIND SOCCER CURRICULUM FOR YOUNG EARLY LEARNERS, AGES ONE TO FOUR. OUR PILOT PROJECT REPRESENTS THE FIRST TIME THAT A COMPREHENSIVE APPROACH TO TEACHING AND LEARNING BLIND SOCCER WILL BE DEVELOPED FOR CHILDREN STARTING AT AGE ONE. IN COLLABORATION WITH THE U.S. ASSOCIATION FOR BLIND ATHLETES (USABA), OUR COMPREHENSIVE BLIND SOCCER INITIATIVE FOR MIAMI'S YOUNG CHILDREN AND YOUTH WITH A VISION DISABILITY, AGES ONE TO TWENTY-TWO, AIMS TO OVERCOME CHALLENGES FOR VISUALLY IMPAIRED STUDENTS WHO COULD BENEFIT BY LEARNING AND PARTICIPATING IN A TEAM SPORT. AS A RECIPIENT OF THE HIGHLY COMPETITIVE CHILDREN'S TRUST INNOVATION GRANT, MIAMI LIGHTHOUSE'S COMPREHENSIVE BLIND SOCCER INITIATIVE AIMS TO REACH 85 YOUTHS, AGES ONE TO TWENTY-TWO, AND TEACH THEM THE GAME OF BLIND SOCCER ON OUR ON-CAMPUS BLIND SOCCER MINI PITCH. NINE MIAMI LIGHTHOUSE EMPLOYEES AND THREE COMMUNITY SOCCER EXPERTS RECEIVED TRAINING FROM USABA TO EARN THEIR BLIND SOCCER COACH CREDENTIALS. SINCE ITS INCEPTION IN 2024, 48 ACADEMY STUDENTS, 26 BRIGHT BEACON PROGRAM STUDENTS AND 26 PRE-EMPLOYMENT TRANSITION SERVICES TEENAGERS AND YOUNG ADULTS HAVE BECOME PARTICIPANTS IN OUR COMPREHENSIVE BLIND SOCCER PROGRAM.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 INFORMATION IS GATHERED BY MANAGEMENT. ONCE THE TAX RETURN IS PREPARED, MANAGEMENT PRESENTS IT TO THE BOARD OF DIRECTORS WHO REVIEW IT THOROUGHLY AND APPROVE IT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIALS FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON. HE/SHE SHALL RECUES HIMSELF/HERSELF FROM THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULT IN THE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE,

SCHEDULE O
(Form 990)
(Rev. December 2024)

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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED, INC.	Employer identification number 59-0637847
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APPOINT AD IS INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL DETERMINED THE COMPENSATION OF THE PRESIDENT/CEO IS PART OF THE BOARD GOVERNANCE INITIATIVES. THE BOARD OPERATIONS COMMITTEE IS RESPONSIBLE FOR THE CEO'S SALARY/PERFORMANCE. ON AN ANNUAL BASIS PERFORMANCE AND SALARY REVIEW IS CONDUCTED. CEO PERFORMANCE TARGETS ARE REVIEWED QUARTERLY. CEO CONTRACT WAS DEVELOPED IN 2005, REVISED IN 2007 AND EXTENDED IN 2009, 2010, 2014 AND 2017. SALARY AND ANY INCREASE IS BASED UPON A REVIEW OF OTHER LEADING AGENCIES SERVING THE BLIND AS WELL AS EQUIVALENT LOCAL AND NATIONAL NONPROFITS. CFO: THE ORGANIZATION WORKED WITH AN OUTSIDE PLACEMENT FIRM AND CONSIDERED JOB DUTIES AND MARKET CONDITIONS AND COMPENSATION IN OTHER LEADING AGENCIES AS WELL AS EQUIVALENT LOCAL NONPROFITS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE MOST CURRENT STATEMENTS AND TAX DOCUMENT ARE AVAILABLE UNDER CORPORATE DOCUMENTS ON THE WEBSITE. THEY ARE ALSO READILY AVAILABLE THROUGH OTHER WEBSITES LIKE CHARITY NAVIGATOR AND GUIDESTAR. THE BOARD GOVERNING DOCUMENTS, THE MINUTES FROM THE BOARD MEETINGS AND THE NOTES FROM BOARD COMMITTEE MEETINGS ARE AVAILABLE TO OUR AUDITORS, PROGRAM MONITORS AND TO THE NATIONAL ACCREDITATION COUNCIL FOR BLIND AND LOW VISION SERVICES (NAC).

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
OTHER FEES	\$ 2,506,882	\$ 256,421	\$ 260,371

**SCHEDULE R
(Form 990)**
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
**MIAMI LIGHTHOUSE FOR THE BLIND
AND VISUALLY IMPAIRED, INC.**

Employer identification number
59-0637847

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

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity				
(1)									
(2)									
(3)									
(4)									
(5)									

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
								Section 501(c)(13) controlled entity?	Yes
(1)	NEW MIAMI LIGHTHOUSE LEARNING CENTE 601 SW 8TH AVE MIAMI FL 33130	85-2119681	HOLD ASSET	FL	501C3	7	N/A		X
(2)									
(3)									
(4)									
(5)									

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	NEW MIAMI LIGHTHOUSE LEARNING CNTR	J	102,000	FMV		
(2)						
(3)						
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

