Form 8879-TE	IRS e-file Signature Authoriza for a Tax Exempt Entity	ation	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning APR 1 , 2021, and ending	MAR 31 2022	0004
	► Do not send to the IRS. Keep for your recor		2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest info		
Name of filer		EIN or SS	
	ES FOR THE NEEDY, INC.	22-1	539720
Name and title of officer or per			
	EXECUTIVE DIRECTOR		
	Return and Return Information		
Form 5330 filers may enter or 10a below, and the amo	rn for which you are using this Form 8879-TE and enter the applicable an collars and cents. For all other forms, enter whole dollars only. If you chount on that line for the return being filed with this form was blank, then leank (do not enter -0-). But, if you entered -0- on the return, then enter -0- o	eck the box on line 1a, 2a eave line 1b, 2b, 3b, 4b, 5 l	, 3a, 4a, 5a, 6a, 7a, 8a, 9a o, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere b Total revenue, if any (Form 990, Part VIII, colum	nn (A), line 12)	ıь <u>1,190,169</u> .
2a Form 990-EZ che			
3a Form 1120-POL of			
4a Form 990-PF chee			
5a Form 8868 check			5b
6a Form 990-T check			6b
7a Form 4720 check	here b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check	here b FMV of assets at end of tax year (Form 5227, I	tem D)	8b
9a Form 5330 check	here ▶ b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch			10b
	ion and Signature Authorization of Officer or Person Su		
Under penalties of perjury,	I declare that X I am an officer of the above entity or I am a per , (EIN), (EIN)	-	
of any refund. If applicable entry to the financial institu- financial institution to debit later than 2 business days payment of taxes to receiv- personal identification num PIN: check one box only	pt or reason for rejection of the transmission, (b) the reason for any delay , I authorize the U.S. Treasury and its designated Financial Agent to initia ition account indicated in the tax preparation software for payment of the t the entry to this account. To revoke a payment, I must contact the U.S. prior to the payment (settlement) date. I also authorize the financial instit e confidential information necessary to answer inquiries and resolve issue ther (PIN) as my signature for the electronic return and, if applicable, the	ate an electronic funds with e federal taxes owed on this Treasury Financial Agent a tutions involved in the proce es related to the payment. consent to electronic funds	drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
X I authorize SO.	BEL AND CO., LLC CPAS	to enter my	
	ERO firm name		Enter five numbers, but do not enter all zeros
with a state ager on the return's d As an officer or p return. If I have in	on the tax year 2021 electronically filed return. If I have indicated within t ncy(ies) regulating charities as part of the IRS Fed/State program, I also a isclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my ndicated within this return that a copy of the return is being filed with a st rogram, I will enter my PIN on the return's disclosure consent screen.	authorize the aforementione signature on the tax year 2	ed ERO to enter my PIN 021 electronically filed
		. .	•
Signature of officer or person subject Part III Certification	tion and Authentication	Dat	e 🕨
	,	22599494 ot enter all zeros	
-	neric entry is my PIN, which is my signature on the 2021 electronically file acordance with the requirements of Pub. 4163, Modernized e-File (MeF) I		
ERO's signature SOB	EL AND CO., LLC CPAS	Date 08/09/22	
	ERO Must Retain This Form - See Instruc		
	Do Not Submit This Form to the IRS Unless Reque	ested To Do So	0070 75
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form 8879-TE (2021)
102521 01-11-22			

	-	~~	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047			
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue		» 2021				
	-		Do not enter social security numbers on this form			Open to Public			
Depa Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	I the latest	information.	Inspection			
A For the 2021 calendar year, or tax year beginning APR 1, 2021 and ending MAR 31, 2022									
	Check if		forganization		D Employer identific	ation number			
č	applicat								
	Addr	ge NEW	EYES FOR THE NEEDY, INC.			-			
	Name chan	ge Doing bi	usiness as		22-153972	20			
	returr	Number	,	E Telephone number					
	Final returi termi		MILLBURN AVENUE	973-376-4					
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,348,035.			
	returr Appli	I SHOK	T HILLS, NJ 07078	H(a) Is this a group re					
	tion pend		nd address of principal officer: JEAN GAJANO	7078	for subordinates?				
	F	empt status:			H(b) Are all subordinates inc				
			X 501(c)(3) 501(c) () ◀ (insert no.) 9447(a)(1) (NEW-EYES.ORG	or 527	H(c) Group exemption	ist. See instructions			
			X Corporation Trust Association Other ►	I Vear		State of legal domicile: NJ			
	art I	Summary				State of legal dominine. 110			
	1	-	e the organization's mission or most significant activities: ${ m TO}~{ m Pl}$	ROVIDE	EYEGLASSES	<u>то</u>			
e	1.		N AND ADULTS FACING FINANCIAL CHAL						
Governance	2	Check this bo				ets			
ver	3	Number of vot	10						
		Number of ind	10						
ې مې	5		of individuals employed in calendar year 2021 (Part V, line 2a)			6			
Activities &	6		of volunteers (estimate if necessary)			20			
ctiv	7 a				7a	0.			
_<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.			
					Prior Year	Current Year			
¢	8	Contributions	and grants (Part VIII, line 1h)		455,182.	841,142.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.			
se v	10		come (Part VIII, column (A), lines 3, 4, and 7d)		294,788.	295,153.			
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,691.	53,874.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		793,661.	1,190,169.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		209,844.	259,794.			
	14		to or for members (Part IX, column (A), line 4)		0.	0.			
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		171,674.	386,453.			
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expense	b		ing expenses (Part IX, column (D), line 25) 80, 31		198,342.	229,715.			
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		579,860.	875,962.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		213,801.	314,207.			
- 9	19	Revenue less	expenses. Subtract line 18 from line 12			End of Year			
t Assets or	20	Total assets (F	Part X line 16)		ginning of Current Year 4,967,516.	5,074,628.			
Asse	20				60,704.	65,138.			
Net /	22		(Part X, line 26) fund balances. Subtract line 21 from line 20		4,906,812.	5,009,490.			
_	art II				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,200			
		-	I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of mv	knowledge and belief. it is			
			. Declaration of preparer (other than officer) is based on all information of wh			· · · · · · · · · · · · · · · · · · ·			
			· · · · /						

Sign	Signature of officer		Date						
Here	JEAN GAJANO, EXECUTIVE	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	BRIDGET HARTNETT	BRIDGET HARTNETT 08/09	9/22 self-employed P01429163						
Preparer	Firm's name 🕨 SOBEL & CO., LLC		Firm's EIN 🕨 22-1430039						
Use Only	Firm's address 293 EISENHOWER P.	ARKWAY							
	LIVINGSTON, NJ 0	7039-1711	Phone no. 973-994-9494						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

		ge 2
Par	t 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: NEW EYES PROVIDES THE TRANSFORMATIVE TOOL OF EYEGLASSES TO CHILDREN	
	AND ADULTS FACING FINANCIAL CHALLENGES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	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?	No
4	If "Yes," describe these changes on Schedule O. 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.	
	(Code:) (Expenses \$648,284. including grants of \$259,794.) (Revenue \$43,108 NEW EYES PROVIDES THE TRANSFORMATIVE TOOL OF EYEGLASSES TO CHILDREN AND	/
	ADULTS FACING FINANCIAL CHALLENGES ACROSS THE UNITED STATES. DURING THE	
	2021-2022 FISCAL YEAR, NEW EYES PURCHASED NEW EYEGLASSES FOR 10,984	
	INDIVIDUALS IN FINANCIAL NEED IN ALL 50 STATES AND THE DISTRICT OF	
	COLUMBIA.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	/
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 648,284.	
	Form 990 (2	2021)
132002	12-09-21	
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Form	aan	(2021)
	330	

 Form 990 (2021)
 NEW EYES FOR THE NEEDY, INC.
 22-1539720
 Page 3

 Part IV
 Checklist of Required Schedules
 Page 3
 Page 3

or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,				Yes	No
2 bit the organization engine indice to index potential campaign activities on behalf of or in opposition to camulate set of the organization engage in lobbying activities on behalf of or in opposition to campaign activities on behalf of or in opposition to campaign activities on behalf of or in opposition to campaign activities on behalf of or in opposition to campaign activities on behalf of or in opposition to campaign activities on behalf of or in opposition to campaign activities on behalf of or incention of campaign activities on behalf of or incention of campaign activities on behalf of or incention of campaign activities or have a section 501(h) election in effect of the organization matchin any chore actived. C Part II I 6 International activities of the organization or investment of amounts in such floats or accounts P reserve open space. I X 7 X Bettion organization matchin any chore activities P reserve open space. I X 8 Did the organization matchin activities P reserve open space. I X 9 Did the organization matchin and P reserve open space. I X 9 Did the organization matchin and P reserve open space. I X 9 Did the organization matchin activities P reserve open space. I X 9 Did the organization matchin activities P reserve open space. I X 9 Did the organization report an amount	1			v	
3 Old the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official " "res," complete Schedule C, Part II 3 X 4 Section 501(b) organizations. Did the organization imgage in lobbying activities, or have a section 501(b) election in effect during the tax year / II "vis," complete Schedule C, Part II 4 X 5 Scientine 501(b) organization maintain any doner advised time or any similar finds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such finds or accounts for which donors have the right to B D dt the organization maintain cellectors of vorks of art, historical reserves, or other similar assets? If "Yes," complete Schedule D, Part II 6 X 9 D dt the organization maintain cellectors of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 D dt the organization, dictory or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV 9 X 10 D dt the organization report an amount for investments - other securities in Part X, line 10? II "Yes," complete Schedule D, Part V 10 X 10 D dt the organization report an amount for investments - other securities in Part X, line 10? II "Yes," complete Schedule D, Part V 11	•				
public office 7 if Yes, complete Schedule Q, Part I 3 X 4 Section 50 (Kg) organization. Did the organization engage in lobying activities, or have a section 501(h) election in effect during the tax yes? if Yes,' complete Schedule C, Part I 4 X 5 Is the organization a section 501(c)(k), 501(c)(k) or 501(c)(k) organization that receives membership dues, assessments, or similar annuaritia ary done advised funds or any similar funds or accounts (if Wish' complete Schedule D, Part I) 6 X 6 Did the organization reserve to hold a conservation easement, including easements to preverse open space, the environment, historic lund area, or historic attractures? (If Yes,' complete Schedule D, Part I) 7 X 8 Did the organization means or holds a softward and a management, credit regain, or debt negotiation server? 8 X 9 Did the organization means to any of the following questions is 'Yes,' then complete Schedule D, Part V, VI, VII, VI, VX, as applicable. 9 X 10 Did the organization negot an anount for land, buildings, and equipment in Part X, line 10? If Yes,' complete Schedule D, Part V 11 X 11 If the organization negot an anount for land, buildings, and equipment in Part X, line 13? If Yes,' complete Schedule D, Part V 11 X 12 If the organization repot an amount for investments - other securities in Pat X, line 13, tha			2	~	
 4 Section 901(c(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If Yes,</i> "complete Schedule C, Part II. 5 Into organization a socion 501(e)(5). 0or 501(c)(5) corported Schedule C, Part III. 6 Did the organization markins any domar advised funds or any similar funds or accounts? <i>If Yes,</i> "complete Schedule D, Part III. 7 Zital Did the organization markins any domar advised funds or any similar funds are accounts? <i>If Yes,</i> "complete Schedule D, Part III. 7 Did the organization marken and uncleating easements for burble schedule D, Part III. 8 Did the organization nearest in the funds or account similar assets? <i>If Yes,</i> "complete Schedule D, Part III. 9 Did the organization saves or through a malated organization, hold assets in donor-restricted endowments or in quasi endowment? <i>If Yes,</i> "complete Schedule D, Part III. 9 Did the organization saves or any of the following questions is Yes," then complete Schedule D, Part IV. 10 Did the organization saves or any of the following questions is Yes," then complete Schedule D, Part V. 10 Did the organization saves or any of the following questions is Yes," then complete Schedule D, Part V. 10 Did the organization saves or any of the following questions is Yes," then complete Schedule D, Part V. 11 Did the organization report an amount for metations under FIN 48 (ASC 7407). <i>If Yes,</i> "complete Schedule D, Part X. 11 Did the organization report an amount for other liability, save as a costodian for the advisor as a save and and the advisor as a save and and the funds advisor as a costodian for the stat advisor as a save and and the funds advisor as a costodian for the stat asset reported in Part X, line 120. <i>If Yes,</i> "complete Schedule D, Part V. 110 Did the organization showed tor other assets in Part	3				v
during the tax year? If Yes,* complete Schedule C, Part II 4 X is the organization a section Stol(k), 501(k), 501			3		<u>л</u>
5 bit me organization actions 501(c)(4), 501(c)(5), or 501(c)(6) organization that recovers membership dues, assessments, or similar amounts as defined in Rev. Proc. 981/97 (**vas,* <i>complete Schedule C, Part II</i>) 5 X D Dit the organization markating any donor advised funds or any similar indis or accounts? (f**vas,* <i>complete Schedule D, Part II</i>) 6 X D Dit the organization markating any donor advised funds or any similar indis assections for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (f**vas,* <i>complete Schedule D, Part II</i>) 7 X B Did the organization markating and the organization neutrino relations of works of art, historical treasures, or other similar assets? (f**vas,* <i>complete Schedule D, Part II</i>) 7 X 9 Did the organization report an amount for Part X, line 21, for secrow or custodial account liability, serve as a custodian services? 9 X 9 D dit he organization report an amount for through a related organization, hold assets in donor restricted endowments or in quasi andowment? (f**vs,* complete Schedule D, Part V 10 X 11 If 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 107 f**vs,* complete Schedule D, Part X 11a X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its tot	4				x
similar amounts as defined in Rev. Proc. 89-197. #*xs* complete Schedule Q, Part II 5 X Did the organization markinal networks of art, historical funds or accounts? for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? for Yrxs,* complete Schedule D, Part II 6 X 7 Did the organization markinal networks of art, historical fuessures, or other a somewrite or provide advice on the distribution of works of art, historical fuessures, or other assests? If 'Yrxs,* complete Schedule D, Part II 7 X 8 Did the organization markinal networks of art, historical fuessures, or other assests? If 'Yrxs,* complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in domorrestricted endowments or in quasi endowments? If 'Yrxs,* complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yrxs,* complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yrxs,* complete Schedule D, Part V 11 X 10 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 'Yrxs,* complete Schedule D, Part V 111 X 1	F		4		<u>_</u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the hight to provide advice on the distribution or investment an amounts in such funds or accounts for which donors have the hight to provide advice or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "ves," complete Schedule D, Part II 6 X 7 Did the organization microlic or investment of an exact or thistoric structures? If "ves," complete Schedule D, Part II 7 X 8 Did the organization model collection of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization model account liability, serve as a custodian for amounts not listed in Part X, ine 21, for eacrow or custodial account liability, serve as a custodian for amounts and its only of the following questions is "Yes," then complete Schedule D, Part VI 10 X 9 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 9 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 10 Did the organization report an amount for investments - program related in Part X, line 11, that is 5% or more of its total assets reported in Part X, line 12, "If "Yes," complete Schedule D, Part VI <	5		6		x
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic strutures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II 8 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - orber 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 VI 11a X 13 Did the organization report an amount for investments - program related in Part X, line 17. If 'Yes,' complete Schedule D, Part VI 11a X 14 Did the organization seports 11b X 11a X 14 Did the organization seports 11f	0		6		v
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // **xs, * complete Schedule D, Part III 8 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? // **xs, * complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // **ys, * complete Schedule D, Part V 10 X 11 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? // **ys, * complete Schedule D, Part VI 11a X 11 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? // **ys, * complete Schedule D, Part X 11e X 11 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, ine 16? // **ys, * complete Schedule D, Part X 11e X 11 Did the organization relator the albitlies in Part X, line 1	1		_		v
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9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit regain, or dobt negotiation services? 9 X 10 Ubit the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Ubit the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization serve to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VI, VII, X, or X, as applicable. 10 X 11 B tot the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities 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 X 11e X 11 Did the organization report an amount for other assets in Part X, line 16, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 11 Did the organization solution under. File Ald	8				v
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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 II and IV 16 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 II. 17 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$5,000 of grasts or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization or		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
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complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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 21 X	19				
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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 21 X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II					
			21		x
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 Form 990 (2021)
 NEW EYES FOR THE NEEDY, INC.
 22-1539720
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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	22	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	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		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	25b		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	26		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	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
0-1		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
00		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
57		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	17	I
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Construite O Contains a response of note to any line in this Fart V		Vac	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(compliant) with the state with the state of	4.0	Х	
4000-	(gambling) winnings to prize winners?	1c		l (2021)
132004	· 12-09-21	rorm	550	(2021)

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Form 990						NEEDY,		
Part V	Statement	ts Regardi	ng Othe	er IRS	Filings	s 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	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s				37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			х
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	IJ?	<u>4a</u>		<u></u>
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		0	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э			
~	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:		1	1		
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-		17		
_	If "Yes," complete Form 6069.					
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Form 990 (2021)

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b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{NJ}$			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, an	d finano	cial	
	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			
	JEAN GAJANO - 973-376-4903			
	549 MILLBURN AVENUE, SHORT HILLS, NJ 07078			
132000	5 12-09-21	Form	990	(2021
	6			
908	09 758553 NEN 2021.04012 NEW EYES FOR THE NEED	Υ, Ι	NE	'N

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

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

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?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization have members or stockholders?

more members of the governing body?

22-1539720

10

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Yes No

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7a

7b

8a

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Page 6

NEW EYES FOR THE NEEL	DY, INC.
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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 0.

b Enter the number of voting members included on line 1a, above, who are independent

Section A. Governing Body and Management

officer, director, trustee, or key employee?

persons other than the governing body?

a The governing body?

Form 990 (NEW EYES FOR THE NEEDY, INC.	22-1539720	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated									
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	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, 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	r/trus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JEAN GAJANO	40.00		-	-						
EXECUTIVE DIRECTOR				x				130,307.	0.	2,606.
(2) KRISTINE VAN AMSTERDAM	2.00									
PRESIDENT		Х		X				0.	Ο.	0.
(3) MARIE CAVANAUGH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) BRETT STERNFIELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) PAT HAYES	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) KATRINA VAN AMSTERDAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DIANA WEST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) PETER TAGGART	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JENNIFER SINCLAIR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KEVIN SMITH	5.00									
TREASURER		Х		X				0.	0.	0.
(11) PREM SHARMA	4.00									_
SECRETARY		Х		X				0.	0.	0.
		+ $+$ $+$ $+$								
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	<u>NEW EYES</u>	FOR THE	E N	IEE	DY	·,	IN	c.		22-15	39	720	Pa	age 8
Part V	/II Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title Average					itior			Reportable	Reportable		Es	timate	-d
		hours per (do not check more than one box, unless person is both an							compensation	compensatior	n I		nount	
		week							from	from related		other		•
		(list any	tor						the	organizations	,		pensa	ation
		hours for	direc				p		organization	(W-2/1099-MIS	I		om th	
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		organizations	truste	al tru		yee	mper		1099-NEC)	·····,		•	d relat	
		below	dual t	ltion	-	nplo	st co oyee	Ъ.	,				nizati	
		line)	Individual trustee or director	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				Ũ		
			_	_		Ť		-			-+			
											-+			
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1b S	ubtotal								130,307.		0.	2	2,6	06.
	otal from continuation sheets to Part V								0.		0.			0.
	otal (add lines 1b and 1c)								130,307.		0.		2,6	06.
	otal number of individuals (including but r							o re		000 of reportable				
	ompensation from the organization		030	11310	u ac	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010						1
U													Yes	No
											ſ		res	NO
3 D	id the organization list any former officer	, director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on				
lir	ne 1a? If "Yes," complete Schedule J for s	such individual										3		X
	or any individual listed on line 1a, is the s													
a	nd related organizations greater than \$15	0.000? If "Yes	" co	mnle	ote S	Sche	dule	. I f	or such individual			4		X
	id any person listed on line 1a receive or										····	-		
											- 1	5		x
	endered to the organization? <i>If</i> "Yes," con n B. Independent Contractors	nplete Schedule	e J I	or sl	icn r	oers	on .					5		- 23
	•													
1 C	omplete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
tł	ne organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
	(A)								(B)			(C		
	Name and business	address	N	ONE	3				Description of s	ervices	C	omper	nsatio	n
								\neg						
								\rightarrow						
								$ \rightarrow$						
<u> </u>		a ali valia e le ve	- 4 I'		J I	41a -			ala a	una Alla aus				
	otal number of independent contractors (-	ot lir	nitec	1 (0 1			ted	above) who received mo	ore than				
\$	100,000 of compensation from the organi	zation 🕨				(J						0.0.0	
											1	Form	990 (ž	2021)

132008 12-09-21

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c Net income or (loss) from gaming activities ▶ ↓ 10 a Gross sales of inventory, less returns and allowances ↓									
10 a Gross sales of inventory, less returns and allowances 10a 43,108. b Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory ▲ 43,108. 11 a OTHER MISCELLANEOUS b 561000 c 10 a d All other revenue 10,766. e Total. Add lines 11a-11d 10,766. 12 Total revenue. See instructions			· · · · · · · · · · · · · · · · · · ·						
and allowances 10a 43,108. b Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory > 43,108. 43,108. 11 a OTHER MISCELLANEOUS 561000 10,766. 10,766. b - - - - c - - - - d All other revenue - 10,766. - e Total Add lines 11a-11d 10,766. - - 12 Total revenue. See instructions 1,190,169. 43,108. 0. 305,919.				🕨					
b Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory ▲ 43,108. 43,108. solution Business Code Image: Code Image: Code b C Business Code Image: Code Image: Code Image: Code b C Image: Code Ima		10 a	-	42 100					
c Net income or (loss) from sales of inventory ▶ 43,108. 43,108. 11 a OTHER MISCELLANEOUS Business Code 10,766. b									
Source Business Code Image: Code Image: Code Image: Code b 561000 10,766. 10,766. c Image: Code Image: Code Image: Code d All other revenue Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image: Code 12 Total revenue. See instructions Image: Code Image: Code Image: Code			• • • • • • • • • • • • • • • • • • • •	-	42 100	40.100			
11 a OTHER MISCELLANEOUS 561000 10,766. 10,766. b		C	Net income or (loss) from sales of inventory		43,1U8.	43,108.			
e Total. Add lines 11a-11d $10, 766.$ 12 Total revenue. See instructions $1, 190, 169.$ $43, 108.$ $0.$ $305, 919.$	S		OMUED MIGGELLANDOUG		10 766			10 700	
e Total. Add lines 11a-11d $10, 766.$ 12 Total revenue. See instructions $1, 190, 169.$ $43, 108.$ $0.$ $305, 919.$	eor Ie	11 a		000100	TO'', 100.			U,/00.	
e Total. Add lines 11a-11d $10, 766.$ 12 Total revenue. See instructions $1, 190, 169.$ $43, 108.$ $0.$ $305, 919.$	llan 'ent	b							
e Total. Add lines 11a-11d $10, 766.$ 12 Total revenue. See instructions $1, 190, 169.$ $43, 108.$ $0.$ $305, 919.$	Sel	C							
12 Total revenue. See instructions	Βi	c			10 766				
				····· P	LU,/00. 1 100 160	12 100	0	305 010	
132009 12-09-21 Form 990 (2021					1,130,103.	±3,100.	U •	Form 990 (2021	

NEW EYES FOR THE NEEDY, INC. Part IX Statement of Functional Expenses

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

Check if Schedule O con Do not include amounts reported on lines		(A)	(B) Program service	(C)	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	3 00,	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic	c organizations				
and domestic governments. See Part IV	', line 21 📖 📘				
2 Grants and other assistance to don	nestic				
individuals. See Part IV, line 22 \dots		259,794.	259,794.		
3 Grants and other assistance to fore	eign				
organizations, foreign governments					
individuals. See Part IV, lines 15 an					
4 Benefits paid to or for members					
5 Compensation of current officers, d		150 040	101 001	02 104	14 000
trustees, and key employees		158,948.	121,821.	23,104.	14,023
6 Compensation not included above to dis					
persons (as defined under section 4958					
persons described in section 4958(c)(3)		195,143.	149,419.	28,503.	17,221
7 Other salaries and wages		195,145.	149,419.	20,505.	1/,221
8 Pension plan accruals and contributions	· .	3,363.	2,710.	361.	292
section 401(k) and 403(b) employer cor		5,505.	4,110.	JUT •	
9 Other employee benefits10 Payroll taxes		28,999.	23,372.	3,113.	2,514
10 Payroll taxes		20,555.	25,572.	5,115.	2,5140
a Management b Legal		23,100.	7,435.	12,293.	3 372
c Accounting		30,603.	9,850.	16,285.	3,372. 4,468.
d Lobbying			5,0000		
e Professional fundraising services. See F					
f Investment management fees		15,420.		15,420.	
g Other. (If line 11g amount exceeds 10%					
column (A), amount, list line 11g expens		56,155.	18,071.	29,882.	8,202.
12 Advertising and promotion	·		,	,	•
13 Office expenses		5,962.	4,171.	1,337.	454.
14 Information technology		10,967.	5,014.	<u>1,337.</u> 3,316.	2,637
15 Royalties					
16 Occupancy		4,661.	3,361.	768.	532
17 Travel					
18 Payments of travel or entertainment	t expenses				
for any federal, state, or local public	c officials				
19 Conferences, conventions, and me	etings				
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amorti	ization	28,072.	20,904.	3,823.	3,345
23 Insurance		7,426.	3,387.	3,973.	66.
24 Other expenses. Itemize expenses not c above. (List miscellaneous expenses on line 24e amount exceeds 10% of line 25 amount, list line 24e expenses on Sched	line 24e. If , column (A),				
a MISCELLANEOUS, TRA		11,638.	2,675.	916.	8,047
b PRINTING AND PUBLI		11,320.	407.		10,913
c BUILDING REPAIRS A		10,671.	7,259.	1,969.	1,443.
d VOUCHER PROGRAM EX	VPENSE	8,438.	8,438.		
e All other expenses		5,282.	196.	2,305.	2,781
25 Total functional expenses. Add lines 1	through 24e	875,962.	648,284.	147,368.	80,310.
26 Joint costs. Complete this line only if th					
reported in column (B) joint costs from	a combined				
educational campaign and fundraising s	olicitation.				
Check here 🕨 📄 if following SOP 98-2 (/	ASC 958-720)				

10

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Form 990 (2021)

11

2021.04012 NEW EYES FOR THE NEEDY, I NEN____1

		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,133.	1	6,049.
	2	Savings and temporary cash investments			392,761.	2	686,176.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,257.	4	5,221.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,605.	8	4,739.
As	9	_			7,061.	9	8,020.
	10a	Land, buildings, and equipment: cost or other		[
		basis. Complete Part VI of Schedule D	10a	496,583.			
	b	Less: accumulated depreciation	10b	335,868.	147,195.	10c	160,715.
	11	Investments - publicly traded securities	4,385,504.	11	4,203,708.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			4,967,516.	16	5,074,628.
	17	Accounts payable and accrued expenses		26,267.	17	65,138.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, pa	ayables t	to related third			
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
		of Schedule D			34,437.	25	0.
	26	Total liabilities. Add lines 17 through 25			60,704.	26	65,138.
		Organizations that follow FASB ASC 958, che	eck here	e ▶ 🗓			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			4,729,892.	27	<u>4,810,119.</u> 199,371.
Bal	28	Net assets with donor restrictions			176,920.	28	199,371.
pu		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🗌			
Fu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Vet	32	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	4,906,812.	32	5,009,490.
	33	Total liabilities and net assets/fund balances			4,967,516.	33	5,074,628.

22-1539720 Page 11

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Form **990** (2021)

	990 (2021) NEW EYES FOR THE NEEDY, INC.	22-153	39720	Pag	_{je} 12
Pa	rt 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	1,190		
2	Total expenses (must equal Part IX, column (A), line 25)	2	875		
3	Revenue less expenses. Subtract line 2 from line 1	3	314		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,906		
5	Net unrealized gains (losses) on investments	5	-211	.,52	29.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	5,009),49	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		<u>3a</u>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			— • • • • • • •		

Form **990** (2021)

Department of the Treasury

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public

Intern	al Reve	enue Service	► Go to www.irs.gov	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Nan	ne of	the organization		Employer	nployer identification number				
		NEW	EYES FOR T	HE NEEDY, INC	2.				2-1539720
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	ıs.	
The	orga	nization is not a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0		0 ,	·	, 0			
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X		-					he general r	ublic described in
•		section 170(b)(1)(A)(vi). (C	•		onna gove			ne general p	
8		A community trust describe			• 11.)				
9	\square	An agricultural research or				ad in coniu	unction with a	land grant	collogo
5		or university or a non-land-g	-			-		-	-
		university:	grant college of agric			name, city	, and state of	the college	
10			ally receives (1) more	than 33 1/304 of its supp	ort from o	ontributior	e momboret	in foos and	d gross rossints from
10		An organization that norma	•					-	•
		activities related to its exen							-
		income and unrelated busin		(less section 511 tax) ind	m busines	ses acqui	rea by the org	Janization a	inter Julie 30, 1975.
		See section 509(a)(2). (Co					O(-)(A)		
11		An organization organized	•		•				
12		An organization organized	-	-				-	
		more publicly supported or	-						neck the box on
_		lines 12a through 12d that	•••			-		-	
а		_ Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	-						
b		_ Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	orted
	_	organization(s). You mus	•						
С		Type III functionally inte	• • • •					lly integrate	d with,
	_	its supported organizatio							
d		_ Type III non-functionally						•	
		that is not functionally int			•		-	d an attentiv	veness
	_	requirement (see instruct							
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
		ter the number of supported of	0						
g	Pro	ovide the following information (i) Name of supported			(iv) Is the oro:	anization listed	(w) Amount o	fmonoton	(vi) Amount of other
		organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			

NEW EYES FOR THE NEEDY, INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	509,669.	464,863.	532,927.	455,182.	841,142.	2803783.
2	Tax revenues levied for the organ-						
	ization'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	509,669.	464,863.	532,927.	455,182.	841,142.	2803783.
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)						648,760.
	Public support. Subtract line 5 from line 4.						2155023.
See	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	509,669.	464,863.	532,927.	455,182.	841,142.	2803783.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	85,405.	127,909.	151,109.	116,105.	187,599.	668,127.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,531.	10,837.	30,909.	7,627.	10,766.	67,670.
11	Total support. Add lines 7 through 10						3539580.
12	Gross receipts from related activities,		,			12	373,520.
13	First 5 years. If the Form 990 is for the	-		•			
_	organization, check this box and stor	here	·····				>
	ction C. Computation of Publi		-				
14	Public support percentage for 2021 (I		•			14	60.88 %
15	Public support percentage from 2020					15	<u>59.22 %</u>
16a	33 1/3% support test - 2021. If the c						N 37
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the c	-					
4-	and stop here. The organization qual				10 10 10-		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 178, 01 170	, check this box a		
						Schedule A	(Form 990) 2021

132023 01-04	4-22	
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Schedule A			-		-		NEEDY,	
Part III	Support	Schedule	for Orga	nization	is Des	cribec	in Sectio	n 509(a)(2)

NEW EYES FOR THE NEEDY, INC.

(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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus- iness under section 513								
4	Tax revenues levied for the organ- ization'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								
	A Amounts included on lines 1, 2, and 3 received from disqualified persons 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								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		Т	1	1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b 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 th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3	3) organizatio	'n,	
	check this box and stop here						<u></u>	> [
Se	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13, o	column (f))		15			%
-	Public support percentage from 2020					16			%
	ction D. Computation of Inves								
	Investment income percentage for 20			ne 13, column (f))		17			%
	Investment income percentage from 2					18			%
19a	a 33 1/3% support tests - 2021. If the						6, and line 17	' is not	
	more than 33 1/3%, check this box an						- 00 + /00 /	►L	
k	33 1/3% support tests - 2020. If the	-						_	_
20	line 18 is not more than 33 1/3%, che							PL	
	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 190, check th	his box and see ins	structio		PL	<u> </u>
1320	23 01-04-22						Schedule A	(Form 990) 20	JZ

15

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 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? If "Yes." provide detail in Part VI.
 - c Did a disgualified 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? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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132024 01-04-21

(Complete only if you checked a box in line 12 on 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

Part IV Supporting Organizations

Schedule A (Form 990) 2021

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer 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).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- disqualified persons, as defined in section 4946 (other than foundation managers and organizations described

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990) 2021 NEW EYES FOR THE NEEDY, INC.

2

No

Yes No

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 of 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? 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	5,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	or controlled the supporting organization.	
Section C. Ty	pe II Supporting Organizations	

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

	sportoa organiz	<u>auonijo</u> ,	-
Section D). All Type II	I 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

1

2a

2b

3a

1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	1
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
	ion 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	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see

 Schedule A (Form 990) 2021
 NEW EYES FOR THE NEEDY, INC.

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

22-1539720 Page 6

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

e Excess from 2021

Schedule A (Form 990) 2021

Section D - Distributions

2

3

Schedule A (Form 990) 2021 19 2021.04012 NEW EYES FOR THE NEEDY, I NEN____1

4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020

NEW EYES FOR THE NEEDY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

22-1539720 Page 7

1

2

3

Current Year

	(Form 990) 2021	NEW	EYES 1	<u>FOR T</u> I	HE NEE	DY,	INC.		22-153972	0 Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5.	, lines 1, 2, 3b, 30 ction D, lines 2 an . 6. and 8: and Pa	c, 4b, 4c, 5a d 3; Part IV	a, 6, 9a, 91 , Section	o, 9c, 11a, ⁻ E, lines 1c,	11b, and 2a, 2b, 3	3 11c; Part N 3a, and 3b; I	V, Section B, line Part V, line 1; Pa	a or 17b; Part III, line 12 es 1 and 2; Part IV, Sec art V, Section B, line 1e itional information.	tion C,
	(See instructions.)				_, _, _,					

Identification of Excess Contributions Included on Part II, Line 5

22-1539720

2021

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ESTATE OF GWENDOLIN E STABLEFORD	75,224.	4,432.
NATIONAL CHRISTIAN FOUNDATION	350,000.	279,208.
NATIONAL VISION	115,000.	44,208.
ESTATE OF CAROLYN SMITH	346,932.	276,140.
ESTATE OF ORSEMARIE MOLINARI	115,564.	44,772.
Fotal Excess Contributions to Schedule A, Part II, Line 5	I	648,760.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

NI	EW EYES FOR THE NEEDY, INC.	22-1539720				
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox{3}$ 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 \dots \blacktriangleright \$

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).

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

Name of organization

Employer identification number

22-1539720

NEW EYES FOR THE NEEDY, INC.

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	ESTATE OF ROSEMARIE L MOINARI 800 WESTCHESTER AVENUE SUITE S608 RYE BROOK, NY 10573	\$ <u>115,564.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF CAROLYN L. SMITH 111 S. CALVERT ST. STE 1400 BALTIMORE, MD 21202-6127	\$346,932.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SMALL BUSINESS ADMINISTRATION409 3RD STREET SWWASHINGTON, DC 20416	\$34,437.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11	I-2 I		Schedule B (Form 990) (2021)

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Name of organization

Page 3

Employer identification number

22-1539720

NEW EYES FOR THE NEEDY, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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Schedule I	B (Form 990) (2021)		Page			
Name of o	rganization		Employer identification number			
NEW EX	YES FOR THE NEEDY, INC.		22-1539720			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) 🕨 \$			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		(e) Transfer of gif				
			t .			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
		(e) Transfer of gif	ť			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
			<u> </u>			
-		(e) Transfer of gif	tt			
	Transferral and a set of the set					
	Transferee's name, address, a		Relationship of transferor to transferee			
123454 11-11	1-21	I	Schedule B (Form 990) (2021)			

		Cumplements	ol Financial Ot			OMB No. 1545-0047
	HEDULE D n 990)		al Financial St anization answered "Yes	s" on Form 990,		2021
	ment of the Treasury		Attach to Form 990.			Open to Public
	al Revenue Service	Go to www.irs.gov/Form9	90 for instructions and t	ne latest information.	Employe	Inspection er identification number
Nam	e of the organizat	NEW EYES FOR THE N	EEDY, INC.			22-1539720
Pa	rt I Organiz	ations Maintaining Donor Advise	d Funds or Other Si	imilar Funds or Ac	counts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised	d funds	b) Funds a	nd other accounts
1		end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year ion inform all donors and donor advisors in v		ld in donor advised fund	10	
5	-	on's property, subject to the organization's	-			Yes No
6		ion inform all grantees, donors, and donor a				
-	0	poses and not for the benefit of the donor o	0 0			
	impermissible priv	vate benefit?		, , ,	°	Yes No
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Part IV,	line 7.	
1	Purpose(s) of con	servation easements held by the organization	on (check all that apply).	_		
	Preservatio	n of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically impo	ortant land area
		of natural habitat		Preservation of a certi	fied historic	structure
_		n of open space				
2	Complete lines 2a day of the tax yea	a through 2d if the organization held a qualif	fied conservation contribu	ition in the form of a co		easement on the last
~						
a b					2a 2b	
c	•	rvation easements on a certified historic stru			20 20	
d		rvation easements included in (c) acquired a				
		nal Register			2d	
3		rvation easements modified, transferred, rel			zation durir	ng the tax
	year 🕨					
4		where property subject to conservation eas				
5		ation have a written policy regarding the per		ion, handling of		
-	,	forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservatio	n easemen	ts during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enf	iorcing conservation ear	somente du	ring the year
'	► \$	ses incurred in monitoring, inspecting, nand	and en	orcing conservation eas		ring the year
8	· · ·	rvation easement reported on line 2(d) abov	e satisfy the requirements	s of section 170(h)(4)(B)	(i)	
-		n)(4)(B)(ii)?	•			Yes No
9		ibe how the organization reports conservation				-
	balance sheet, an	nd include, if applicable, the text of the footn	note to the organization's	financial statements that	at describes	s the
D -		counting for conservation easements.				
Ра		ations Maintaining Collections of		asures, or Other S	imilar As	sets.
		if the organization answered "Yes" on Form				
1 a	0	elected, as permitted under FASB ASC 95	•			
		easures, or other similar assets held for put			ice of public	D
۲		n Part XIII the text of the footnote to its finar			sheet wor	re of
b	-	n elected, as permitted under FASB ASC 95 sures, or other similar assets held for public				
		ving amounts relating to these items:	CAMPICION, EQUICATION, OF			
	•	uded on Form 990, Part VIII, line 1			▶ \$	
					► \$	
2		received or held works of art, historical trea			· · _	
	the following amounts required to be reported under FASB ASC 958 relating to these items:					

а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule
132051	10-28-21	

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	2	6		
~			~	

Sche		S FOR THE N					53972		Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or O	ther S	imilar Asset	ts _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that ma	ake signit	ficant use of its	;		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's	exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other si	imilar ass	ets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	s" on Fo	rm 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other assets	s not inclu	uded			_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						
							Amoun	t	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								
	Did the organization include an amount on Fe				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	T		1					heal
		(a) Current year	(b) Prior year	(c) Two years b		Three years back			
1a	Beginning of year balance	205,422.	200,772.	189,5	93.	181,702	•	180	,105.
b									
С	Net investment earnings, gains, and losses	-9,382.	5,433.	11,9	36.	8,624	•	2,	,747.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs						_		
f	Administrative expenses	105.040	783.		57.	733	-		<u>,150.</u>
g	End of year balance	196,040.	205,422.	200,7	72.	189,593	•	181	,702.
2	Provide the estimated percentage of the curr)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 85.0000	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held a	nd administered	for the o	rganization	ſ	Vee	
	by:							Yes	No
	(i) Unrelated organizations								X
_	(ii) Related organizations						. 3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza						3 b		<u> </u>
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.						
1 41			Part IV line 11a S	ee Form 990 P	art X line	10			
	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 (b) Cost or other (c) Accumulated (d) Book value								
	Description of property	basis (investm		(other)	depree		(u) 600	r valu	ie
19	Land		·	9,400.	300.00		2	9.4	00.
	Buildings			5,600.	3	5,600.	<u> </u>		0.
	Leasehold improvements			4,893.		6,786.	3	8.1	07.
	Equipment				<u> </u>			<u>, -</u>	<u> </u>
	Other		17	6,690.	8	3,482.	9	3.2	08.
	Add lines 1a through 1e. (Column (d) must e								15.
		guai i viili 330, Fall A	<u>, column (b), ime i</u>			Schedu	le D (Forn	-	

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
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(7)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to 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

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 NEW EYES FOR THE NEEDY, INC.	Part VII Investments - Other Securities									
		Schedule D	(Form 990)	2021	NEW	EYES	FOR	THE	NEEDY,	INC.

Sche	dule D (Form 990) 2021 NEW EYES FOR THE NEEDY,	INC.		22-	1539720 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With	n Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	964,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-211,529.		
b	Donated services and use of facilities	2b	1,285.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-210,244.
3	Subtract line 2e from line 1			3	1,174,749.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,420.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	<u> 15,420.</u> 1,190,169.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	1,190,169.		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		th Expenses per H	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			0.61 0.07
1				1	861,827.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1 005		
а	Donated services and use of facilities		1,285.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				1 005
е	Add lines 2a through 2d			2e	<u>1,285.</u> 860,542.
3	Subtract line 2e from line 1			3	860,542.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1 5 400		
а	Investment expenses not included on Form 990, Part VIII, line 7b		15,420.		
b	Other (Describe in Part XIII.)	4b			1 - 400
	Add lines 4a and 4b			4c	15,420.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>8.)</u>		5	875,962.
ra	t 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 V, LINE 4:

THE BOARD OF TRUSTEES HAS DESIGNATED THE ORGANIZATION'S UNRESTRICTED
INVESTMENT ACCOUNT AS AN ENDOWMENT FUND. IT IS THE INTENT OF THE BOARD OF
TRUSTEES TO MAINTAIN THE ENDOWMENT AND UTILIZE THE TOTAL RETURN (INCOME
PLUS CAPITAL CHANGE) TO FURTHER THE MISSION OF THE ORGANIZATION. IN
RECOGNITION OF THE PRUDENCE REQUIRED OF FIDUCIARIES, REASONABLE
DIVERSIFICATION OF QUALITY INVESTMENT SECURITIES WILL BE SOUGHT WHERE
POSSIBLE, KNOWING THAT FLUCTUATING RATES OF RETURN ARE A CHARACTERISTIC OF
THE INVESTMENT MARKET AND PERFORMANCE CYCLES CANNOT BE ACCURATELY
PREDICTED. THE FUND MAY BE HELD IN FIXED-INCOME AND EQUITY FUNDS, AND MAY
BE FURTHER DIVERSIFIED INTO OTHER ASSET CLASSES.

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132054 10-28-21

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION. CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE. NO INTEREST OR PENALTIES WERE RECORDED DURING THE YEARS ENDED 2022 AND 2021. AT MARCH 31, 2022 AND 2021, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES.

Schedule D (Form 990) 2021

132055 10-28-21

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SCHEDULE (Form 990)												
	Department of the Treasury Attach to Form 990.											
Name of the	8	FOR THE N	EEDY, INC.					Employer identification number 22-1539720				
Part I												
criteria	a used to award the grants or assis	stance?		·		•						
	ibe in Part IV the organization's pro Grants and Other Assistance to					onization annuared "M	(aall an Farm 000, Dar	t N/ line O1 for one				
	recipient that received more than S					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any				
	and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
	total number of section 501(c)(3) a total number of other organizations											
	Department Reduction Act Nation							Sebadula I (Form 990) 2021				

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

Schedule I (Form 990) 2021

22-1539720

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
10984	259,794.	0.	CASH	
	recipients	recipients cash grant	recipients cash grant cash assistance	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CHILDREN AND ADULTS FACING FINANCIAL CHALLENGES WORK WITH SOCIAL SERVICE

AGENCIES WHO APPLY ON THEIR BEHALF. IN SOME CIRCUMSTANCES, INDIVIDUALS MAY

APPLY FOR THEMSELVES DIRECTLY. AN E-VOUCHER IS ISSUED WITH INSTRUCTIONS

ONLINE WITH NEW EYES' OPTICAL LAB PARTNER. THE E-VOUCHER NUMBER IS

EXERCISABLE UP TO THREE MONTHS FROM THE E-VOUCHER DATE.

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

INC.

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 the latest information.



Employer identification number 22 - 1539720

FORM 990, PART VI, SECTION A, LINE 2:

KRISTINE VAN AMSTERDAM AND KATRINA VAN AMSTERDAM ARE RELATED

NEW EYES FOR THE NEEDY,

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

A COPY OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

IF QUESTIONS ARISE, A SPECIAL MEETING IS ARRANGED WITH THE AUDITOR.

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

ANY INSTANCES OF CONFLICT OF INTEREST ARE REVIEWED ON A CASE-BY-CASE BASIS

AND APPROVED BY THE BOARD.

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

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED AND APPROVED BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. STAFF COMPENSATION IS

DETERMINED BY THE EXECUTIVE DIRECTOR DURING THE BUDGET PROCESS WHICH IS

APPROVED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

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

UPON RECEIPT OF A WRITTEN REQUEST BY AN INTERESTED PARTY, THE ORGANIZATION

SENDS A WRITTEN DOCUMENT TO THE REQUESTOR.

FORM 990, PART XII, LINE 2C:

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Schedule O (Form 990) 2021 Name of the organization NEW EYES FOR	THE NEEDY, IN	с.		Page Employer identification number 22-1539720
	NSIBILITY FOR		OF THE	
SELECTION OF AN INDEPENDENT		OVERSIGHT	PROCESS	HAS NOT
CHANGED FROM THE PRIOR YEAR	•			
132212 11-11-21				Schedule O (Form 990) 202
90809 758553 NEN	34			THE NEEDY, I NEN_