

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JEWISH GUILD FOR THE BLIND		D Employer identification number 13-1623854
	Doing Business As JEWISH GUILD HEALTHCARE		E Telephone number 212-769-6200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	15 WEST 65TH STREET		G Gross receipts \$ 127,277,478.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023		
F Name and address of principal officer: ALAN R. MORSE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.LIGHTHOUSEGUILD.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1914	M State of legal domicile: NY
H(c) Group exemption number			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	96
	6 Total number of volunteers (estimate if necessary)	6	33
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,278,794.	3,701,816.
	9 Program service revenue (Part VIII, line 2g)	53,588,343.	66,483,907.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,964,073.	7,047,963.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	290,834.	964,146.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,122,044.	78,197,832.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	578,037.	218,204.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44,730,529.	52,821,818.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,202,368.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,064,151.	12,694,401.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,372,717.	65,734,423.	
19 Revenue less expenses. Subtract line 18 from line 12	9,749,327.	12,463,409.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 153,720,933.	End of Year 177,781,480.
	21 Total liabilities (Part X, line 26)	22,677,403.	21,100,449.
	22 Net assets or fund balances. Subtract line 21 from line 20	131,043,530.	156,681,031.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ELLIOT J. HAGLER, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name ISRAEL TANNENBAUM	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01589203
	Firm's name LOEB & TROPER LLP	Firm's EIN 13-1517563	Firm's address 655 THIRD AVENUE NEW YORK, NY 10017		
					Phone no. 212-867-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO HELP PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED AS WELL AS THOSE WITH MULTIPLE DISABILITIES OR CHRONIC MEDICAL CONDITIONS, LEAD PRODUCTIVE, DIGNIFIED AND FULFILLING LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 56,131,319. including grants of \$) (Revenue \$ 65,273,604.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,739,510. including grants of \$) (Revenue \$ 1,200,437.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 702,168. including grants of \$) (Revenue \$ 9,866.) SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,326,546. including grants of \$ 218,204.) (Revenue \$)

4e Total program service expenses 60,899,543.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELLIOT J. HAGLER, CPA - 212-769-7806
15 WEST 65TH STREET, NEW YORK, NY 10023

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN R. MORSE CHIEF EXECUTIVE OFFICER	12.60 27.40			X				401,254.	796,521.	158,064.
(2) MARK G. ACKERMANN PRESIDENT - EFFECTIVE 12/23/13	0.50 39.50	X		X				0.	571,274.	101,742.
(3) JAMES M. DUBIN CHAIRMAN	5.00 9.00	X		X				0.	0.	0.
(4) LAWRENCE E. GOLDSCHMIDT DEPUTY CHAIR	0.50 4.50	X		X				0.	0.	0.
(5) ROBERT B. OKUN SECRETARY	0.50 4.50	X		X				0.	0.	0.
(6) JOSEPH A. RIPP VICE CHAIRMAN - EFFECTIVE 12/23/13	0.50 4.50	X		X				0.	0.	0.
(7) SARAH E. SMITH TREASURER - EFFECTIVE 12/23/13	0.50 4.50	X		X				0.	0.	0.
(8) JONATHAN M. WAINWRIGHT DEPUTY CHAIR - EFFECTIVE 12/23/13	0.50 4.50	X		X				0.	0.	0.
(9) PAULINE RAIFF DIRECTOR	0.50 4.50	X						0.	0.	0.
(10) RONALD G. WEINER DIRECTOR	0.50 4.50	X						0.	0.	0.
(11) KIM ALFONSO DIRECTOR - THROUGH 12/23/13	0.50 1.00	X						0.	0.	0.
(12) RACHEL Z. BRIER DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(13) CAROL T. FINLEY DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(14) DAVID R. GREENBAUM DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(15) NEIL S. JANOVIC DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(16) THOMAS G. KAHN DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(17) FRANCINE LEINHARDT DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDREW H. MARKS DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(19) SUSAN MENDIK TARKINOW DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(20) JANE RITTMASER DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(21) BETH A. ROGERS DIRECTOR - THROUGH 12/23/13	0.50 0.50	X						0.	0.	0.
(22) CHARLES BLUM SVP & GENERAL COUNSEL	18.00 22.00			X				38,352.	38,352.	0.
(23) KELLYANNE CAIVANO SENIOR VP FINANCE	3.70 36.30			X				25,575.	235,523.	58,912.
(24) IRMA EVANS ASSISTANT SECRETARY-EFF. 12/23/13	0.50 39.50			X				0.	71,813.	10,050.
(25) ELLIOT J. HAGLER CHIEF FINANCIAL OFFICER	3.70 36.30			X				36,611.	337,150.	105,122.
(26) ROBERT HOAK SVP, DEVELOPMENT-EFF. 12/23/13	0.50 39.50			X				0.	318,502.	51,465.
1b Sub-total								501,792.	2,369,135.	485,355.
c Total from continuation sheets to Part VII, Section A								864,126.	1,366,635.	725,094.
d Total (add lines 1b and 1c)								1,365,918.	3,735,770.	1,210,449.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PINNACLE CONSULTING GROUP, INC., 75 LANE ROAD, SUITE 406, FAIRFIELD, NJ 07004	IT SERVICES	5,836,366.
LEVINSONBLOCK LLC 25 TERRACE PLACE, BROOKLYN, NY 11218	MARKETING	1,437,141.
PROSKAUER ROSE LLP ELEVEN TIMES SQUARE, NEW YORK, NY 10036	LEGAL	1,409,013.
SAFETY BUILDING CLEANING CORP. 5 WEST 37TH STREET, NEW YORK, NY 10018	CLEANING SERVICES	721,182.
JPC CONTRACTING, 287 NORTHERN BOULEVARD, GREAT NECK, NY 11021	CONSTRUCTION	635,902.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **22**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	253,919.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,447,897.					
	g Noncash contributions included in lines 1a-1f: \$		108,084.					
	h Total. Add lines 1a-1f			3,701,816.				
Program Service Revenue	2 a MANAGEMENT SERVICES	Business Code	561000	65,273,604.	65,273,604.			
	b CBVH CONTRACT		624310	1,200,437.	1,200,437.			
	c SIGHTCARE		900099	9,866.	9,866.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			66,483,907.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,963,599.			1,963,599.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			2,847.			2,847.	
	6 a Gross rents	(i) Real		4,263,510.				
		(ii) Personal						
		b Less: rental expenses		3,845,751.				
		c Rental income or (loss)		417,759.				
	d Net rental income or (loss)			417,759.			417,759.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		50,184,712.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		45,100,348.				
		c Gain or (loss)		5,084,364.				
	d Net gain or (loss)			5,084,364.			5,084,364.	
	8 a Gross income from fundraising events (not including \$ 253,919. of contributions reported on line 1c). See Part IV, line 18	a		115,034.				
		b Less: direct expenses		133,547.				
c Net income or (loss) from fundraising events				-18,513.			-18,513.	
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a WORKERS COMPENSATION INSURANCE RE			900099	541,981.			541,981.	
	b MISCELLANEOUS		900099	20,072.			20,072.	
	c							
	d All other revenue							
e Total. Add lines 11a-11d				562,053.				
12 Total revenue. See instructions.				78,197,832.	66,483,907.	0.	8,012,109.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	53,204.	53,204.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	165,000.	165,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,160,718.	72,259.	1,025,626.	62,833.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,220,830.	36,946,468.	832,158.	442,204.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,080,502.	3,002,582.	49,490.	28,430.
9 Other employee benefits	7,315,673.	7,176,728.	57,816.	81,129.
10 Payroll taxes	3,044,095.	2,945,067.	63,661.	35,367.
11 Fees for services (non-employees):				
a Management				
b Legal	74,079.	15,078.	58,327.	674.
c Accounting	17,154.	10,101.	5,012.	2,041.
d Lobbying	78,000.		78,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	351,127.		351,127.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,981,989.	2,681,392.	207,702.	92,895.
12 Advertising and promotion	393,681.	26,978.	365,903.	800.
13 Office expenses	1,130,085.	859,640.	96,000.	174,445.
14 Information technology	5,132,270.	5,064,856.	47,353.	20,061.
15 Royalties				
16 Occupancy	1,874,751.	1,572,999.	208,621.	93,131.
17 Travel	187,717.	130,993.	53,248.	3,476.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,226.	2,679.	75,460.	87.
20 Interest	51.		51.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,745.	48,593.	19,372.	18,780.
23 Insurance	164,833.	124,926.	37,585.	2,322.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENTAL OF MAILING LIST	143,693.			143,693.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	65,734,423.	60,899,543.	3,632,512.	1,202,368.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,637,956.	1	1,635,740.
	2	Savings and temporary cash investments	6,286,867.	2	11,487,893.
	3	Pledges and grants receivable, net	370,182.	3	165,044.
	4	Accounts receivable, net	181,924.	4	244,780.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	32,328.	8	26,198.
	9	Prepaid expenses and deferred charges	346,257.	9	752,604.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,612,606.		
	b	Less: accumulated depreciation	10b 35,627,753.	10c	17,984,853.
	11	Investments - publicly traded securities	58,792,413.	11	72,470,958.
	12	Investments - other securities. See Part IV, line 11	47,872,267.	12	47,398,503.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,228,572.	15	25,614,907.
16	Total assets. Add lines 1 through 15 (must equal line 34)	153,720,933.	16	177,781,480.	
Liabilities	17	Accounts payable and accrued expenses	17,171,422.	17	16,090,149.
	18	Grants payable		18	
	19	Deferred revenue	76,783.	19	76,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	864,568.	23	692,636.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,564,630.	25	4,241,664.
	26	Total liabilities. Add lines 17 through 25	22,677,403.	26	21,100,449.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	116,173,872.	27	142,129,476.
	28	Temporarily restricted net assets	6,452,315.	28	6,107,561.
	29	Permanently restricted net assets	8,417,343.	29	8,443,994.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	131,043,530.	33	156,681,031.
	34	Total liabilities and net assets/fund balances	153,720,933.	34	177,781,480.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,197,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,734,423.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,463,409.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131,043,530.
5	Net unrealized gains (losses) on investments	5	8,048,289.
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 in Schedule O)	9	5,125,803.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	156,681,031.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **THE JEWISH GUILD FOR THE BLIND** Employer identification number **13-1623854**

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,094,157.	5,602,904.	7,953,164.	7,278,794.	3,701,816.	28,630,835.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,202,116.	45,226,766.	47,116,504.	53,588,343.	66,483,907.	255,617,636.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	47,296,273.	50,829,670.	55,069,668.	60,867,137.	70,185,723.	284,248,471.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						284,248,471.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	47,296,273.	50,829,670.	55,069,668.	60,867,137.	70,185,723.	284,248,471.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,673,483.	5,621,538.	5,134,916.	6,938,577.	6,229,956.	28,598,470.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,673,483.	5,621,538.	5,134,916.	6,938,577.	6,229,956.	28,598,470.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		10,325.				10,325.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	322,251.	29,116.	7,472.	6,348.	562,053.	927,240.
13 Total support. (Add lines 9, 10c, 11, and 12.)	52,292,007.	56,490,649.	60,212,056.	67,812,062.	76,977,732.	313,784,506.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	90.59 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	89.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	9.11 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	9.46 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2009 AMOUNT: \$ 322,251.

2010 AMOUNT: \$ 29,116.

2011 AMOUNT: \$ 7,472.

2012 AMOUNT: \$ 6,348.

2013 AMOUNT: \$ 562,053.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization **THE JEWISH GUILD FOR THE BLIND** Employer identification number **13-1623854**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013
LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		78,000.	103,715.
c Total lobbying expenditures (add lines 1a and 1b)		78,000.	103,715.
d Other exempt purpose expenditures		65,656,423.	719,525,551.
e Total exempt purpose expenditures (add lines 1c and 1d)		65,734,423.	719,629,266.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	14,335.	12,456.	78,076.	78,000.	182,867.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization THE JEWISH GUILD FOR THE BLIND Employer identification number 13-1623854

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,755,502.	9,114,702.	9,114,072.	8,794,657.	7,368,325.
b Contributions	25,253.	23,776.			75,000.
c Net investment earnings, gains, and losses	456,513.	180,509.	132,651.	838,056.	1,352,644.
d Grants or scholarships					
e Other expenditures for facilities and programs	508,752.	563,485.	132,021.	518,641.	1,312.
f Administrative expenses					
g End of year balance	8,728,516.	8,755,502.	9,114,702.	9,114,072.	8,794,657.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 97.00 %
- c Temporarily restricted endowment 3.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,162,500.		1,162,500.
b Buildings		40,830,711.	27,811,453.	13,019,258.
c Leasehold improvements		16,668.	2,380.	14,288.
d Equipment		8,044,697.	5,682,016.	2,362,681.
e Other		3,558,030.	2,131,904.	1,426,126.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,984,853.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	47,398,503.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	47,398,503.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM AFFILIATES	23,532,521.
(2) OTHER ASSETS	2,082,386.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25,614,907.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO ESTABLISH INSTITUTE FOR	
(3) VISION AND AGING AND GUILD	
(4) RESEARCH CTR	2,660,143.
(5) ANNUITY OBLIGATIONS	1,496,254.
(6) OTHER LIABILITIES	85,267.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,241,664.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 78,197,832.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 65,734,423.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INVESTMENTS IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT ACTIVITIES OF THE ORGANIZATION \$ 8,224,842. ENDOWMENTS REQUIRING A PORTION OF INCOME TO BE ADDED TO ORIGINAL GIFT \$219,152 AND THE REMAINDER EXPENDABLE TO SUPPORT ACTIVITIES OF THE ORGANIZATION.

PART X, LINE 2:

THE GUILD HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING DECEMBER 31, 2010 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUBSIDIARIES' REVENUE	637,829,557.
LOSS ON ANNUITY OBLIGATIONS	-178,860.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	637,650,697.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUBSIDIARIES' EXPENSES	599,158,667.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **THE JEWISH GUILD FOR THE BLIND**
Employer identification number: **13-1623854**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		41,409,884.
3 a Sub-total	0	0			41,409,884.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			41,409,884.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲

3 Enter total number of other organizations or entities ▲

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number
13-1623854

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THEATRE EVENT	FASHION SHOW	1	
Revenue		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	257,089.	75,629.	36,235.	368,953.
	2 Less: Contributions	170,425.	57,459.	26,035.	253,919.
	3 Gross income (line 1 minus line 2)	86,664.	18,170.	10,200.	115,034.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	51,149.	18,214.	9,240.	78,603.
	8 Entertainment	44,049.	4,864.		48,913.
	9 Other direct expenses	3,471.	2,460.	100.	6,031.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				133,547.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-18,513.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount

of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number
13-1623854

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JGB EDUCATION SERVICES 15 WEST 65TH STREET NEW YORK, NY 10023	13-3419981	501(C)(3)	16,540.	0.			FOR PROGRAM OPERATIONS
JGB REHABILITATION COPORATION 15 WEST 65TH STREET NEW YORK, NY 10023	13-3439035	501(C)(3)	36,664.	0.			FOR PROGRAM OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(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 non-cash assistance
MERIT SCHOLARSHIP	17	165,000.	0.		

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

SCHEDULE I, PART I, LINE 2

SCHOLARSHIPS - A SCHOLARSHIP COMMITTEE REVIEWS SCHOLARSHIP APPLICATIONS FROM LEGALLY BLIND HIGH SCHOOL APPLICANTS TO SELECT THE RECIPIENTS. THE COMMITTEE CONSIDERS SAT AND/OR ACT TEST SCORES, STUDENT TRANSCRIPTS, LETTER OF RECOMMENDATIONS, STATEMENTS AND OTHER SUPPORTING DOCUMENTATION TO SELECT THE MOST OUTSTANDING CANDIDATES.

GRANTS TO SUBSIDIARIES - INCOME EARNED ON DONOR RESTRICTED ENDOWMENT FUNDS ARE GRANTED BY THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD

Part IV Supplemental Information

HEALTHCARE TO ITS SUBSIDIARIES WHOSE PROGRAMS FULFILL THE RESTRICTED
PURPOSES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number

13-1623854

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN R. MORSE CHIEF EXECUTIVE OFFICER	(i) 276,690. (ii) 549,251.	(ii) 108,875. 216,125.	(iii) 15,689. 31,145.	39,460. 78,331.	13,491. 26,782.	454,205. 901,634.	0. 0.
(2) MARK G. ACKERMANN PRESIDENT - EFFECTIVE 12/23/13	(i) 0. (ii) 369,879.	(ii) 0. 199,219.	(iii) 0. 2,176.	0. 70,400.	0. 31,342.	0. 673,016.	0. 0.
(3) KELLYANNE CAIVANO SENIOR VP FINANCE	(i) 24,111. (ii) 222,037.	(ii) 1,175. 10,825.	(iii) 289. 2,661.	3,222. 29,667.	2,549. 23,474.	31,346. 288,664.	0. 0.
(4) ELLIOT J. HAGLER CHIEF FINANCIAL OFFICER	(i) 33,671. (ii) 310,079.	(ii) 2,449. 22,551.	(iii) 491. 4,520.	3,880. 35,732.	4,793. 60,717.	45,284. 433,599.	0. 0.
(5) ROBERT HOAK SVP, DEVELOPMENT-EFF. 12/23/13	(i) 0. (ii) 235,538.	(ii) 0. 82,500.	(iii) 0. 464.	0. 22,258.	0. 29,207.	0. 369,967.	0. 0.
(6) PHILIP ROSENTHAL CHIEF OPERATING OFFICER	(i) 233,412. (ii) 252,866.	(ii) 3,360. 3,640.	(iii) 8,163. 8,843.	282,880. 12,663.	17,604. 57,520.	545,419. 335,532.	0. 0.
(7) MAURA SWEENEY SVP PROGRAMS & SVCS - EFF. 12/23/13	(i) 0. (ii) 285,330.	(ii) 0. 94,575.	(iii) 0. 600.	0. 23,455.	0. 10,302.	0. 414,262.	0. 0.
(8) CATHLEEN WIRTS SVP STRATEGY, MARKETING & COMM.	(i) 159,204. (ii) 83,857.	(ii) 4,585. 2,415.	(iii) 506. 266.	21,347. 11,244.	14,378. 7,573.	200,020. 105,355.	0. 0.
(9) ROY G. COLE DIRECTOR VISION PROGRAM DEVELOPMENT	(i) 180,532. (ii) 0.	(ii) 0. 0.	(iii) 1,936. 0.	13,136. 0.	2,500. 0.	198,104. 0.	0. 0.
(10) MELISSA FARBER VICE PRESIDENT - HUMAN RESOURCES	(i) 20,295. (ii) 143,047.	(ii) 808. 5,692.	(iii) 44. 307.	2,856. 20,133.	4,600. 42,715.	28,603. 211,894.	0. 0.
(11) BARBARA KLEIN DIRECTOR OF DEVELOPMENT	(i) 154,008. (ii) 20,307.	(ii) 0. 0.	(iii) 1,640. 218.	11,153. 1,470.	20,479. 2,701.	187,280. 24,696.	0. 0.
(12) BRUCE A. MASTALINSKI CHIEF COMPLIANCE OFFICER	(i) 20,956. (ii) 307,643.	(ii) 0. 0.	(iii) 513. 7,524.	1,947. 28,588.	1,361. 19,980.	24,777. 363,735.	0. 0.
(13) SARA PITTMERMAN AVP FINANCE	(i) 14,047. (ii) 129,361.	(ii) 0. 0.	(iii) 12. 109.	903. 8,318.	3,693. 41,355.	18,655. 179,143.	0. 0.

Part III Supplemental Information

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

PART I, LINES 4A-B:**SCHEDULE J, PART I, LINE 4A**

SEVERANCE FOR PHILIP ROSENTHAL, CHIEF OPERATING OFFICER, WAS ACCRUED AND REPORTED ON THE 2013 990, SCHEDULE J PART II, COLUMN C, AS DEFERRED COMPENSATION. THE SEVERANCE WILL BE PAID IN 2014 AND REPORTED ON HIS W2 AS WELL AS THE 2014 990 AS COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990.

SCHEDULE J, PART I, LINE 4B**457(F) DEFERRED COMPENSATION PLAN:**

THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE - ALAN R.

MORSE - \$84,291

LIGHTHOUSE INTERNATIONAL - MARK G. ACKERMANN - \$50,000

PART I, LINE 7:

AS PART OF THE COMPENSATION FOR 2013, THE COMPENSATION

COMMITTEE GRANTED BONUSES TO THE EXECUTIVE STAFF, BASED ON ITS REVIEW OF

THEIR PERFORMANCE, AS DOCUMENTED IN THE MINUTES OF THE COMMITTEE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number

13-1623854

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	108,084.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2013)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B IS REFERRING TO THE NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number
13-1623854

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

PROVIDE SERVICES AND EXPAND ACCESS TO CARE FOR PEOPLE WHO ARE BLIND OR
VISUALLY IMPAIRED, INCLUDING THOSE WITH MULTIPLE DISABILITIES OR
CHRONIC MEDICAL CONDITIONS.

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

GUILDNET, A SUBSIDIARY OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH
GUILD HEALTHCARE (GUILD), OFFERS HEALTH PLANS THROUGH WHICH OVER
17,500 PEOPLE 18 AND OLDER WITH CHRONIC MEDICAL CONDITIONS RECEIVED
MANAGED LONG-TERM CARE SERVICES IN 2013. GUILDNET PROVIDES SERVICES
THROUGH CAPITATED ARRANGEMENTS WITH MEDICAID AND MEDICARE TO PEOPLE
THROUGHOUT MANHATTAN, BROOKLYN, BRONX, QUEENS, STATEN ISLAND,
WESTCHESTER AND NASSAU AND SUFFOLK COUNTIES. GUILDNET IS A RECOGNIZED
LEADER IN ITS FIELD AND HAS SPECIFIC EXPERTISE IN WORKING WITH VISUALLY
IMPAIRED INDIVIDUALS IN NEED OF COMMUNITY-BASED LONG TERM CARE
SERVICES.

GUILDNET OFFERS THREE HEALTH PLANS TO MANAGE EVERY MEDICAL AND
HEALTHCARE NEED, ESPECIALLY FOR PEOPLE WHO ARE VISUALLY IMPAIRED.

GUILDNET MLTC HELPS PEOPLE WHO ARE 18 OR OLDER AND ELIGIBLE FOR
MEDICAID AND WHO HAVE LONG TERM HEALTHCARE NEEDS. A CARE MANAGEMENT
TEAM WORKS WITH THE PERSON AND THEIR DOCTOR TO DEVELOP A CARE PLAN THAT
HELPS THEM REMAIN SAFELY AT HOME.

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number

13-1623854

GUILDNET GOLD OFFERS A MEDICARE ADVANTAGE PRESCRIPTION DRUG PLAN FOR PEOPLE 18 OR OLDER, WHO HAVE BOTH MEDICARE AND MEDICAID AND HAVE LONG TERM HEALTHCARE NEEDS. ALL MEDICARE SERVICES AS WELL AS NEW YORK STATE COVERED MEDICAID SERVICES ALLOW PEOPLE TO REMAIN SAFELY IN THEIR HOMES. FOR MOST MEDICARE SERVICES, PEOPLE MAY USE ANY PROVIDER THAT ACCEPTS MEDICARE.

GUILDNET HEALTH ADVANTAGE OFFERS A MEDICARE ADVANTAGE PRESCRIPTION DRUG PLAN FOR PEOPLE 18 OR OLDER WHO HAVE BOTH MEDICARE AND MEDICAID. GUILDNET STAFF WILL MANAGE BOTH MEDICARE AND MEDICAID BENEFITS AND IN MOST CASES THE PERSON MAY USE ANY PROVIDER THAT ACCEPTS MEDICARE.

GUILDNET HAS BEEN APPROVED BY NEW YORK STATE TO INITIATE A FIDA PROGRAM - A FULLY INTEGRATED DUAL ADVANTAGE HEALTH PLAN FOR INDIVIDUALS WITH MEDICAID AND MEDICARE WITH AN EXPANDED PACKAGE OF SERVICES, INCLUDING BEHAVIORAL HEALTHCARE.

AT THE CLOSE OF 2013, THE TOTAL GUILDNET MEMBER MONTHS WERE 159,138.

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

THE GUILD'S VISION REHABILITATION SERVICES HELP PEOPLE WHO ARE BLIND AND VISUALLY IMPAIRED TO REGAIN FUNCTION AND MAXIMIZE USABLE VISION TO DEVELOP SKILLS AND STRATEGIES TO REMAIN SAFE, INDEPENDENT AND ACTIVE AT ANY STAGE OF LIFE. SERVICES INCLUDE:

ACADEMIC SKILLS SERVICES THAT HELP STUDENTS AND ADULTS WHO ARE BLIND OR VISUALLY IMPAIRED PREPARE FOR TESTS AND COLLEGE, AND LEARN ACADEMIC LIFE SKILLS, INCLUDING REMEDIAL INSTRUCTION MATH, SPELLING, GRAMMAR,

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number

13-1623854

READING COMPREHENSION, VOCABULARY, AND WRITING SKILLS, ADVANCE INSTRUCTION FOR SAT AND GRE PREPARATION, AND ENGLISH AS A SECOND LANGUAGE. THE GUILD IS AN OFFICIAL GED TEST SITE.

ADAPTIVE TECHNOLOGY TRAINING ON STATE-OF-THE-ART COMPUTERS, ADAPTIVE AND MAINSTREAM SOFTWARE, SCANNERS AND PRINTERS THAT HELP PEOPLE OF ALL AGES WHO ARE BLIND OR VISUALLY IMPAIRED OBTAIN AND MAINTAIN THEIR TECHNOLOGY GOALS. PROGRAMS FOR STUDENTS INCLUDE A 10-WEEK PROGRAM THAT TEACHES COMPUTER SKILLS ON WEEKENDS AND PROVIDES EACH STUDENT WITH A COMPUTER AT NO COST, AND A PROGRAM THAT PREPARES COLLEGE BOUND STUDENTS TRANSITIONING FROM HIGH SCHOOL, OR PURSUING HIGHER EDUCATION AS AN ADULT, TO MEET THE DEMANDS OF COLLEGE WORK.

INDEPENDENT LIVING SKILLS HELP PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED TO LIVE AS INDEPENDENTLY AS POSSIBLE, INCLUDING INDIVIDUAL AND GROUP INSTRUCTION IN DAILY LIVING ACTIVITIES SUCH MEAL PREPARATION, MANAGING FINANCES, CLOTHING CARE, BASIC HYGIENE, ETC.

LOW VISION REHABILITATION SERVICES THAT HELP PEOPLE WHO ARE VISUALLY IMPAIRED ACHIEVE THE HIGHEST LEVEL OF FUNCTION AND INDEPENDENCE BY EVALUATING THEIR FUNCTIONAL VISION AS PART OF A LOW VISION EXAMINATION, AND PRESCRIBING AND PROVIDING TRAINING IN THE USE OF LOW VISION DEVICES SUCH AS SPECIAL HIGH-POWERED GLASSES, MAGNIFIERS AND TELESCOPES.

ORIENTATION AND MOBILITY INSTRUCTION THAT HELPS PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED TO NAVIGATE FAMILIAR AND UNFAMILIAR PLACES, INDOORS AND OUT, TO TRAVEL SAFELY AND WITH CONFIDENCE THEREFORE INCREASING THE INDIVIDUAL'S INDEPENDENCE.

Name of the organization

THE JEWISH GUILD FOR THE BLIND

Employer identification number

13-1623854

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

TRAINING: WE PROVIDE TRAINING TO PROMOTE IMPROVED CARE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED AS WELL AS THOSE AT RISK.

HEALTHCARE PROFESSIONAL TRAINING INCLUDES ONLINE CONTINUING EDUCATION, CUSTOMIZED WORKSHOPS, OBSERVERSHIPS AND CLINICAL TRAINING, TO NURSES, OCCUPATIONAL THERAPISTS, SOCIAL WORKERS, OPTOMETRISTS AND OPHTHALMOLOGY RESIDENTS WORKING IN ALL HEALTHCARE SETTINGS. JEWISH GUILD HEALTHCARE HAS AN ESTABLISHED RELATIONSHIP WITH AOTA, A NATIONALLY RECOGNIZED PROFESSIONAL ASSOCIATION OF MORE THAN 35,000 OCCUPATIONAL THERAPISTS, OCCUPATIONAL THERAPY ASSISTANTS, AND OCCUPATIONAL THERAPY STUDENTS.

CAREGIVER INFORMATION HELPS CAREGIVERS, INCLUDING THOSE WHO WORK IN HOSPITALS, OUTPATIENT CLINICS, ASSISTED LIVING FACILITIES, AND NURSING HOMES, TO PROVIDE EFFECTIVE CARE TO PEOPLE WITH VISION LOSS.

DIABETES PREVENTION PROMOTES HEALTHY LIVING TO PREVENT THE ONSET OF DIABETES AND AVOID DIABETES-RELATED VISION LOSS.

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

THE GUILDSCHOLAR PROGRAM PROVIDES SCHOLARSHIPS TO HELP TO LEGALLY BLIND HIGH SCHOOL STUDENTS MAKE A SUCCESSFUL TRANSITION TO COLLEGE, AND ATTEND COLLEGES OR UNIVERSITIES THAT MIGHT OTHERWISE BE BEYOND THEIR FINANCIAL REACH. IN THE LAST NINE YEARS, MORE THAN \$1,500,000 IN SCHOLARSHIPS HAS BEEN AWARDED TO 122 STUDENTS FROM 34 STATES.

PROGRAM EXPENSES FOR 2013 WERE \$241,456

332212
09-04-13

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RESEARCH AWARDS: OUR RESEARCH AWARDS HAVE LONG SUPPORTED BREAKTHROUGHS IN VISION LOSS AND VISION CARE BY RECOGNIZING AND REWARDING RESEARCH IN VISION SCIENCE.

THE GUILD'S BRESSLER PRIZE IN VISION SCIENCE RECOGNIZES A PROFESSIONAL IN THE FIELD OF VISION SCIENCE WHOSE LEADERSHIP, RESEARCH, AND SERVICE HAVE RESULTED IN IMPORTANT ADVANCEMENTS IN THE TREATMENT OF EYE DISEASE OR REHABILITATION OF PEOPLE WITH VISION LOSS. IN LESS THAN A DECADE, THE BRESSLER PRIZE HAS BECOME ONE OF VISION SCIENCE'S MOST RECOGNIZED AWARDS. EACH YEAR, A SYMPOSIUM IN NEW YORK BRINGS TOGETHER THE CURRENT WINNER WITH COLLEAGUES FROM AROUND THE WORLD TO ADVANCE VISION SCIENCE AND CREATE NETWORKING OPPORTUNITIES.

THE OBERDORFER AWARD IS HELD AT THE ANNUAL MEETING OF THE ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY (ARVO), HONORING MICHAEL OBERDORFER, A LONG-TIME PROGRAM OFFICER AT NEI, WHO WAS INSTRUMENTAL IN HELPING LOW VISION REHABILITATION RECEIVE PROPER RECOGNITION AND FUNDING BY NATIONAL EYE INSTITUTE.

PROGRAM EXPENSES FOR 2013 WERE \$279,767

THE CHILDREN'S VISION HEALTH PROGRAM OFFERS TELEPHONE SUPPORT GROUPS FOR PARENTS OF CHILDREN WITH VISION LOSS. PARENTS FROM 42 STATES, COLOMBIA, AND CANADA PARTICIPATE IN WEEKLY SUPPORT GROUPS WHERE THEY RECEIVE EMOTIONAL SUPPORT FROM EACH OTHER AND INFORMATION FROM PROFESSIONAL FACILITATORS AND EXPERTS IN THE FIELD. THE PROGRAM ALSO INCLUDES TELE-SUPPORT GROUPS FOR SPANISH-SPEAKING PARENTS,

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COLLEGE-BOUND HIGH SCHOOL STUDENTS, AND PRE-TEEN/TEEN SIGHTED SIBLINGS.

PROGRAM EXPENSES FOR 2013 WERE \$312,354

FOOD SERVICE EXPENSE TOTALED \$267,716 AND OTHER PROGRAM EXPENSES

TOTALED \$225,253

EXPENSES \$ 1,326,546. INCLUDING GRANTS OF \$ 218,204. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

EFFECTIVE DECEMBER 23, 2013, THE BY-LAWS OF THE CORPORATION

WERE AMENDED TO DESIGNATE LGI PROGRAMS, LLC AS THE SOLE MEMBER OF THE

CORPORATION. IN ADDITION, CHANGES WERE MADE TO THE DUTIES AND COMPOSITION

OF THE ORGANIZATIONS OFFICERS, QUORUM REQUIREMENTS OF THE DIRECTORS AND THE

SCOPE OF DUTIES OF VARIOUS BOARD COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 6:

EFFECTIVE DECEMBER 23, 2013 LGI PROGRAMS, LLC BECAME THE SOLE

MEMBER OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE.

SIMULTANEOUSLY, LIGHTHOUSE GUILD INTERNATIONAL, INC., A 501(C)(3)

NOT-FOR-PROFIT CORPORATION, BECAME THE SOLE MEMBER OF LGI PROGRAMS, LLC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER ELECTS THE BOARD MEMBERS OF THE JEWISH GUILD

FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE ON AN ANNUAL BASIS.

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

THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND

REVIEWED BY THE ORGANIZATION'S OUTSIDE AUDITORS. THE FORM IS THEN REVIEWED

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IN DETAIL BY A COMMITTEE OF THE BOARD. AFTER ITS APPROVAL, A COPY OF THE FORM IS DISTRIBUTED TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

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

OFFICERS, DIRECTORS, AND ALL STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. WHEN THERE IS A CHANGE IN THIS INFORMATION, THEY ARE REQUIRED TO COMPLETE AN UPDATED FORM. ALL CONFLICTS OF INTEREST ARE REPORTED IN WRITING TO THE PRESIDENT. THE PRESIDENT MAY THEN REQUEST THAT SUCH INTEREST OR ACTIVITY BE DISPOSED OF, DISCONTINUED OR LIMITED. OFFICERS, DIRECTORS AND DEPARTMENT DIRECTORS COMPLETE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS.

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

THE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF GUILD AND AFFILIATE BOARD MEMBERS, REVIEWS SALARY DATA FROM COMPARABLE ORGANIZATIONS THAT HAS BEEN REVIEWED BY OUR AUDITORS AND ATTORNEYS FOR ACCURACY, COMPLETENESS AND COMPLIANCE WITH APPLICABLE REGULATIONS AND STATUTORY REQUIREMENTS. BASED UPON THEIR REVIEW OF THIS DATA, AND OTHER RELEVANT INFORMATION INCLUDING SPECIFIC JOB PERFORMANCE, THE COMMITTEE DETERMINES APPROPRIATE COMPENSATION FOR THE CEO, AND OTHER SENIOR EXECUTIVES AT A MEETING AT WHICH THE AUDITORS AND ATTORNEYS ARE PRESENT. MINUTES OF THE COMMITTEE'S MEETINGS ARE MAINTAINED. THIS PROCESS WAS CONDUCTED IN 2013.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

THE FORM 990 IS AVAILABLE ON THE GUILD'S WEBSITE. A COPY OF
THE FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION ADJUSTMENT	7,012,263.
LOSS ON ANNUITY OBLIGATION	-178,860.
MERGER COSTS	-1,707,600.
TOTAL TO FORM 990, PART XI, LINE 9	5,125,803.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT AND
SELECTION OF THE INDEPENDENT ACCOUNTANTS. THERE HAS BEEN NO CHANGE FROM
THE PRIOR YEAR.

FORM 990, PART VI, SECTION A, LINE 1A:

MANY OF THE GUILD'S SERVICES ARE PROVIDED WITH AND THROUGH
SUBSIDIARIES EACH OF WHICH FILES THEIR OWN FORM 990. THE GUILD'S
SUBSIDIARIES ARE: JGB HEALTH FACILITIES CORP, JGB REHABILITATION CORP,
JGB EDUCATION SERVICES, GUILDNET, INC., GREATER BOSTON GUILD FOR THE
BLIND, INC., GREATER BOSTON DIABETES SOCIETY, INC. AND JGB MENTAL HEALTH
AND MENTAL RETARDATION SERVICES, INC. IN ADDITION, THE GUILD IS THE
CLASS C, CONTROLLING MEMBER OF NATIONAL ASSOCIATION OF PARENTS OF
CHILDREN WITH VISUAL IMPAIRMENTS, INC.

JEWISH GUILD HEALTHCARE'S CLINIC IS PART OF JGB REHABILITATION CORP'S

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ARTICLE 28 DIAGNOSTIC AND TREATMENT CENTER (DTC), AND PROVIDES COMPREHENSIVE, INTEGRATED MEDICAL AND VISION CARE SERVICES. A MULTIDISCIPLINARY TEAM OF MEDICAL DOCTORS, ENDOCRINOLOGISTS, PHYSIATRISTS, OPTOMETRISTS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, NURSES AND OTHERS PROVIDE AND COORDINATE SERVICES DESIGNED TO ADDRESS THE NEEDS OF PEOPLE WITH VISION LOSS AS WELL AS THOSE WITH OTHER MEDICAL CONDITIONS SUCH AS ASTHMA, DIABETES, TRAUMATIC BRAIN INJURY, STROKE, OR OTHER DISABLING CONDITIONS. THE CLINIC PROVIDED SERVICES TO APPROXIMATELY 1,484 INDIVIDUALS IN 2013.

THE MAXINE AND JOHN M. BENDHEIM CENTER FOR DIABETES CARE PROVIDES COMPREHENSIVE DIABETES CARE TO PEOPLE WITH HAVE OR WHO MAY BE AT SIGNIFICANT RISK FOR VISION LOSS AS A CONSEQUENCE OF DIABETES. THE ADA RECOGNIZED DIABETES SELF-MANAGEMENT EDUCATION PROGRAM HELPS PEOPLE WITH DIABETES AND VISION LOSS MANAGE THEIR DISEASE, STAY HEALTHY, AND PRESERVE REMAINING VISION.

JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.'S BEHAVIORAL HEALTH SERVICES HELP PEOPLE WITH VISION LOSS AND THEIR FAMILIES ADDRESS THE ANXIETY AND DEPRESSION OFTEN EXPERIENCED WHEN LOSING VISION. OUR MULTI-DISCIPLINARY PSYCHIATRIC CLINIC REMAINS THE ONLY ONE OF ITS KIND IN THE COUNTRY, PROVIDING SOCIAL SERVICES, SUPPORT GROUPS, CRISIS INTERVENTION, INDIVIDUAL AND GROUP THERAPY, PSYCHOPHARMACOLOGY, MEDICAL COORDINATION AND LIAISON, SHORT TERM PROBLEM RESOLUTION, CASE MANAGEMENT, PSYCHOLOGICAL REHABILITATION CASE READINESS, TREATMENT MONITORING, AND MAINTENANCE FOR PEOPLE WITH CHRONIC MENTAL ILLNESS. OUR MENTAL HEALTH DAY TREATMENT PROGRAM HELPS PEOPLE WITH PSYCHIATRIC DIAGNOSES REMAIN IN THE COMMUNITY AND PREVENTS PSYCHIATRIC

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HOSPITALIZATION. IT PROVIDES CASE MANAGEMENT, GROUP THERAPY, CRISIS INTERVENTION, PSYCHOPHARMACOLOGY, MEDICAL COORDINATION AND LIAISON, SKILL-BUILDING FOR THE MANAGEMENT OF PSYCHIATRIC SYMPTOMS AND INITIATING BEHAVIORAL CHANGES THAT PROMOTE POSITIVE ACTION, HEALTH AND WELL-BEING.

OUR DEVELOPMENTAL DISABILITIES DAY TREATMENT PROGRAM PROVIDES ADULTS WHO ARE BLIND OR VISUALLY IMPAIRED AND HAVE DEVELOPMENTAL DISABILITIES AND LIVE IN THE COMMUNITY, WITH FUNCTIONAL LIFE SKILLS, PSYCHOLOGICAL SERVICES AND OTHER ACTIVITIES THAT HELP MAXIMIZE INDEPENDENCE.

SERVICES INCLUDE FUNCTIONAL LIFE SKILLS, ORIENTATION AND MOBILITY, PSYCHOLOGICAL SERVICES, PHYSICAL, OCCUPATIONAL, SPEECH AND LANGUAGE THERAPY, COUNSELING, SUPPORT GROUPS, ADAPTIVE PHYSICAL EDUCATION, MUSIC AND RECREATION.

BEHAVIORAL HEALTH SERVICES WERE PROVIDED TO APPROXIMATELY 845 INDIVIDUALS IN 2013.

JGB HEALTH FACILITIES CORP'S ADULT DAY HEALTH CARE PROGRAM, GUILDCARE, ADDRESSES THE MEDICAL NEEDS OF ADULTS WHO HAVE VISION IMPAIRMENT AS WELL AS AT LEAST ONE OTHER CHRONIC MEDICAL CONDITION. THE PROGRAM PROVIDES COMPREHENSIVE SERVICES ON-SITE, INCLUDING, NURSING, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, VISION REHABILITATION, RECREATIONAL AND THERAPEUTIC ACTIVITIES, SOCIAL WORK, AND NUTRITIONAL COUNSELING, ALL OF WHICH ALLOW CLIENTS TO LIVE HEALTHIER AND MORE INDEPENDENT LIVES WHILE LIVING IN THEIR OWN HOMES AND COMMUNITIES. TRANSPORTATION AND TWO MEALS ARE PROVIDED. THIS PROGRAM SERVES PEOPLE AT 5 LOCATIONS IN NEW YORK STATE -- ALBANY, BUFFALO, NEW YORK CITY, NIAGARA FALLS, AND YONKERS. APPROXIMATELY 750 INDIVIDUALS ATTENDED GUILDCARE IN 2013.

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FOR MORE THAN 60 YEARS, THE HARRIET AND ROBERT HEILBRUNN SCHOOL HAS SERVED STUDENTS AGES 5 TO 21 WHO ARE BLIND OR VISUALLY IMPAIRED AND HAVE MULTIPLE ADDITIONAL DISABILITIES, AND WHOSE NEEDS CANNOT BE MET IN THE PUBLIC SCHOOL SYSTEM. OUR THERAPEUTIC PROGRAMS AND ACADEMIC CURRICULUM HELP THEM DEVELOP THEIR SKILLS AND ABILITIES TO THE GREATEST EXTENT POSSIBLE AND ENABLE THEM TO MORE FULLY PARTICIPATE AS CONTRIBUTING MEMBERS OF THEIR FAMILIES AND COMMUNITIES. THERE WERE 54 STUDENTS IN 2013.

NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS, INC. (NAPVI) PROVIDES INFORMATION AND RELATED SERVICES FOR PARENTS OF VISUALLY IMPAIRED CHILDREN VIA TELEPHONE, MAILINGS, NEWSLETTERS AND CONFERENCES. NAPVI NETWORKS AND ADVOCATES THROUGH A COMBINATION OF NEWSLETTERS, TELEPHONE CONTACTS, MAIL CORRESPONDENCE, WORKSHOPS, PUBLICATIONS, NATIONAL FAMILY CONFERENCES AND THROUGH ITS AMERICAN FOUNDATION FOR THE BLIND/LAVELLE FUND FOR THE BLIND HOSTED WEBSITE CALLED FAMILY CONNECT.

FORM 990, SCHEDULE R, PART V

THE GUILD HAS MANAGEMENT AGREEMENTS WITH RELATED ORGANIZATIONS TO PROVIDE ALL NECESSARY MANAGEMENT AND SALARIED STAFFING SERVICES AS WELL AS USE OF FACILITIES, EQUIPMENT AND OTHER ASSETS. ALL TRANSACTIONS ARE REPORTED AT FMV.

FORM 990, PART VII, SECTION A

EXPLANATION REGARDING OFFICERS AND DIRECTORS COMPENSATION:

THE COMPENSATION AMOUNTS REPRESENT THE PORTION OF COMPENSATION REPORTED BY THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE.

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ADDITIONAL AMOUNTS HAVE BEEN RECOGNIZED BY SUBSIDIARIES OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE.

EXPLANATION REGARDING HIGHEST COMPENSATED EMPLOYEES:

THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, AS PARENT ORGANIZATION TO ITS SUBSIDIARIES: JGB HEALTH FACILITIES CORPORATION, JGB REHABILITATION CORPORATION, JGB EDUCATION SERVICES, GUILDNET, INC., GREATER BOSTON GUILD FOR THE BLIND, INC., GREATER BOSTON DIABETES SOCIETY INC., JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC. AND NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS, INC. IS THE EMPLOYER OF ALL SALARIED PERSONS PROVIDING SERVICES TO THE CORPORATION AND ITS SUBSIDIARIES.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MASSACHUSETTS GUILD FOR THE BLIND, LLC - 13-1623854, 15 WEST 65TH STREET, NEW YORK, NY 10023	PROVIDE TRAINING & SUPPORT TO THE VISUALLY IMPAIRED OR LEGALLY BLIND	MASSACHUSETTS			THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE
LGI SERVICES, LLC - 46-4232802 15 WEST 65TH STREET NEW YORK, NY 10023	PROVIDE SERVICES & EXPAND ACCESS TO CARE FOR THE BLIND OR VISUALLY IMPAIRED	NEW YORK			THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JGB HEALTH FACILITIES CORPORATION - 13-2795647, 15 WEST 65TH STREET, NEW YORK, NY 10023	ADULT DAY HEALTH CARE PROGRAMS	NEW YORK	501 (C) (3)	9	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X
JGB REHABILITATION CORPORATION - 13-3439035 15 WEST 65TH STREET NEW YORK, NY 10023	OUTPATIENT MEDICAL CLINIC	NEW YORK	501 (C) (3)	9	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X
JGB EDUCATION SERVICES - 13-3419981 15 WEST 65TH STREET NEW YORK, NY 10023	PRIVATE NONRESIDENTIAL SCHOOL	NEW YORK	501 (C) (3)	2	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X
GUILDNET, INC. - 13-3936057 15 WEST 65TH STREET NEW YORK, NY 10023	MANAGED LONG TERM CARE HEALTH PLANS	NEW YORK	501 (C) (3)	9	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X

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

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GREATER BOSTON GUILD FOR THE BLIND, INC. - 04-2103893, 15 WEST 65TH STREET, NEW YORK, NY 10023	EDUCATION, TRAINING & SUPPORT TO THE VISUALLY IMPAIRED OR LEGALLY BLIND	MASSACHUSETTS	501 (C) (3)	9	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X
GREATER BOSTON DIABETES SOCIETY, INC. - 04-2232419, 15 WEST 65TH STREET, NEW YORK, NY 10023	PUBLIC EDUCATION - DIABETES PREVENTION & MANAGEMENT	MASSACHUSETTS	501 (C) (3)	9	GREATER BOSTON GUILD FOR THE BLIND, INC.		X
JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC. - 20-1480790, 15 WEST 65TH STREET, NEW YORK, NY 10023	PSYCHIATRIC CLINIC AND DAY TREATMENT PROGRAMS FOR BLIND/VISUALLY IMPAIRED	NEW YORK	501 (C) (3)	9	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X
NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS, INC. - , 15 WEST 65TH STREET, NEW YORK, NY 10023	INFORMATION & EDUCATION FOR PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS	MASSACHUSETTS	501 (C) (3)	9	THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH		X
LIGHTHOUSE INTERNATIONAL - 13-1096620 15 WEST 65TH STREET NEW YORK, NY 10023	FIGHTING VISION LOSS THROUGH PREVENTION, TREATMENT & EMPOWERMENT	NEW YORK	501 (C) (3)	7	LIGHTHOUSE GUILD INTERNATIONAL, INC.		X
LIGHTHOUSE GUILD INTERNATIONAL, INC. - 46-4215298, 15 WEST 65TH STREET, NEW YORK, NY 10023	PROVIDE FULL SPECTRUM OF INTEGRATED VISION & HEALTHCARE SERVICES	NEW YORK	501 (C) (3)	9			X

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b	Gift, grant, or capital contribution to related organization(s)	X	
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)	X	
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)	X	
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses	X	
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JGB HEALTH FACILITIES CORP	A	325,150.CASH	
(2) JGB REHABILITATION CORPORATION	A	264,591.CASH	
(3) JGB EDUCATION SERVICES	A	585,843.CASH	
(4) GUILDNET, INC. JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.	A	1,421,580.CASH	
(5) NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS, INC.	A	649,033.CASH	
(6) CHILDREN WITH VISUAL IMPAIRMENTS, INC.	A	1,322.CASH	

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

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

Table with columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

JGB HEALTH FACILITIES CORPORATION

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

JGB REHABILITATION CORPORATION

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

JGB EDUCATION SERVICES

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

GUILDNET, INC.

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

GREATER BOSTON GUILD FOR THE BLIND, INC.

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH
GUILD HEALTHCARE

NAME OF RELATED ORGANIZATION:

NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL
IMPAIRMENTS, INC.

DIRECT CONTROLLING ENTITY: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH
GUILD HEALTHCARE

SCHEDULE R, PART V

THE GUILD HAS MANAGEMENT AGREEMENTS WITH RELATED
ORGANIZATIONS TO PROVIDE ALL NECESSARY MANAGEMENT AND SALARIED STAFFING
SERVICES AS WELL AS USE OF FACILITIES, EQUIPMENT AND OTHER ASSETS. ALL
TRANSACTIONS ARE REPORTED AT FMV.