

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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 BLIND CHILDRENS CENTER, INC.		D Employer identification number 95-1656369
	Doing Business As		E Telephone number (323) 664-2153
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,161,964.
	4120 MARATHON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90029		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: LENA FRENCH SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.BLINDCHILDRENSCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1940 M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO FOSTER THE DEVELOPMENT AND EDUCATION OF CHILDREN-BIRTH THROUGH 2ND GRADE-WHO ARE VISUALLY	
	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 29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 29
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 51
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 797,112. Current Year 1,632,042.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,255,121. 1,057,967.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	310,993. 27,929.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,363,226. 2,717,938.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,409,924. 2,399,883.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 175,268.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	470,020. 643,357.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,879,944. 3,043,240.	
19	Revenue less expenses. Subtract line 18 from line 12	<516,718.> <325,302.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 11,879,618. End of Year 12,038,618.
	21	Total liabilities (Part X, line 26)	381,366. 432,607.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,498,252. 11,606,011.

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 <i>Lena French</i>	Date 2/13/15
	LENA FRENCH, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT S HUNT II	Preparer's signature <i>Robert S Hunt II</i>	Date 02/11/15	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00374754
	Firm's name ROBERT S. HUNT II CPA	Firm's EIN			
	Firm's address 1023 SAN CARLOS ROAD ARCADIA, CA 91006-2227	Phone no. (626) 294-0113			

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 FOSTER THE DEVELOPMENT AND EDUCATION OF CHILDREN-BIRTH THROUGH 2ND GRADE-WHO ARE VISUALLY IMPAIRED IN AN INCLUSIVE, FAMILY-FOCUSED SETTING.

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 \$ 2,430,841. including grants of \$) (Revenue \$) THE BLIND CHILDRENS CENTER IS A 501 (C) (3) NONPROFIT ORGANIZATION FOUNDED IN 1938 BY THE DELTA GAMMA ALUMNAE ASSOCIATION OF SOUTHERN CALIFORNIA. EACH YEAR THE CENTER SERVES APPROXIMATELY 100 CHILDREN WHO ARE BLIND OR VISUALLY IMPAIRED AND PROVIDES AN ARRAY OF SUPPORT SERVICES FOR MORE THAN 350 FAMILY MEMBERS. OUR GOAL IS TO OPTIMIZE EACH CHILD'S DEVELOPMENT AND OPPORTUNITIES TO LEAD A MEANINGFUL LIFE THROUGH A COMPREHENSIVE PROGRAM BEGINNING WITH EARLY INTERVENTION, FOLLOWED BY AN EDUCATIONAL CURRICULUM SPECIFICALLY ADAPTED TO THE NEEDS OF EACH STUDENT. WE ARE COMMITTED TO A FAMILY-FOCUSED APPROACH WHERE PARENTS, SIBLINGS, GRANDPARENTS, AND CAREGIVERS ARE INCLUDED IN THE EDUCATIONAL PROCESS EVERY STEP OF THE WAY.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,430,841.

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>		
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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	29		
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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 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: **ROSS VERGARA-DIRECTOR OF FINANCE - (323) 664-2153**
4120 MARATHON STREET, LOS ANGELES, CA 90029

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) INA ZEC PAST PRESIDENT	2.00	X						0.	0.	0.
(2) CAROLYN NEWBERRY PAST PRESIDENT	2.00	X						0.	0.	0.
(3) JENNIFER BROWN PAST PRESIDENT	2.00	X						0.	0.	0.
(4) LAWRENCE F. MEYER TREASURER	2.00	X		X				0.	0.	0.
(5) LISA D. HANSEN SECRETARY	2.00	X		X				0.	0.	0.
(6) MARK WEST PAST PRESIDENT	2.00	X						0.	0.	0.
(7) KRISTIN DARK BOARD MEMBER	2.00	X						0.	0.	0.
(8) GREGORY J. GRANDE PRESIDENT ELECT	2.00	X		X				0.	0.	0.
(9) ERIC HEER BOARD MEMBER	2.00	X						0.	0.	0.
(10) RODDY HIATT BOARD MEMBER	2.00	X						0.	0.	0.
(11) LYNNEL P MUNOZ BOARD MEMBER	2.00	X						0.	0.	0.
(12) SANDY G. HUBERT BOARD MEMBER	2.00	X						0.	0.	0.
(13) SHERWIN J. ISENBERG, M. D. BOARD MEMBER	2.00	X						0.	0.	0.
(14) HERB JOINER BOARD MEMBER	2.00	X						0.	0.	0.
(15) DANETTE M. JONES FIRST VICE PRESIDENT	2.00	X		X				0.	0.	0.
(16) SAMUEL MASKET, M. D. BOARD MEMBER	2.00	X						0.	0.	0.
(17) DANICA PEREZ BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) ANN RUTH BOARD MEMBER	2.00	X						0.	0.	0.
(19) MARION RUTH BOARD MEMBER	2.00	X						0.	0.	0.
(20) JEFF LEITZINGER BOARD MEMBER	2.00	X						0.	0.	0.
(21) SCOTT SCHALDENBRAND PRESIDENT	2.00	X		X				0.	0.	0.
(22) KEVIN T GORDON BOARD MEMBER	2.00	X						0.	0.	0.
(23) MARY PERL BOARD MEMBER	2.00	X						0.	0.	0.
(24) FRED SAYEG BOARD MEMBER	2.00	X						0.	0.	0.
(25) DAVID R BRAUN, CLU BOARD MEMBER	2.00	X						0.	0.	0.
(26) MARK CORREA BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								323,014.	0.	0.
d Total (add lines 1b and 1c)								323,014.	0.	0.

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 **2**

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

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Kevin E Griner, Octavio Pescador, Patricia Craine, Lena French, and Fernanda Armenta Schmitt.

Total to Part VII, Section A, line 1c 323,014.

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					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,632,042.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,632,042.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		299,960.	299,960.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			758,007.	758,007.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	PUBLICATIONS REVENUE	611110	16,012.	16,012.				
b	MISCELLANEOUS OTHER	611110	12,643.	12,643.				
c	LOSS ON ABANDONED ASSETS	611110	<726.>	<726.>				
d	All other revenue							
e	Total. Add lines 11a-11d		27,929.					
12	Total revenue. See instructions.		2,717,938.	1,085,896.	0.	0.		

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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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				
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	1,978,793.	1,540,553.	299,355.	138,885.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	276,350.	215,147.	41,807.	19,396.
10 Payroll taxes	144,740.	116,056.	18,524.	10,160.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	58,615.	26,359.	25,429.	6,827.
12 Advertising and promotion				
13 Office expenses	44,600.	44,600.		
14 Information technology				
15 Royalties				
16 Occupancy	95,590.	85,413.	10,177.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,881.	66,881.		
23 Insurance				
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 COMMUNITY ACTIVITIES	181,449.	181,449.		
b OTHER EXPENSES	104,611.	62,772.	41,839.	
c INVESTMENT FEES	71,611.	71,611.		
d RESEARCH	20,000.	20,000.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,043,240.	2,430,841.	437,131.	175,268.
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 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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,884,070.	1	289,442.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	17,753.	4	38,261.	
	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	95,907.	8	92,632.	
	9 Prepaid expenses and deferred charges	46,310.	9	46,783.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,320,854.			
	b Less: accumulated depreciation	10b 1,325,303.	1,060,438.	10c 995,551.	
	11 Investments - publicly traded securities	8,775,140.	11	10,169,680.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	0.	15	406,269.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,879,618.	16	12,038,618.		
Liabilities	17 Accounts payable and accrued expenses	381,366.	17	432,607.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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		23		
	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		25		
	26 Total liabilities. Add lines 17 through 25	381,366.	26	432,607.	
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	11,008,729.	27	10,621,413.	
	28 Temporarily restricted net assets	92,303.	28	585,878.	
	29 Permanently restricted net assets	397,220.	29	398,720.	
	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	11,498,252.	33	11,606,011.	
34 Total liabilities and net assets/fund balances	11,879,618.	34	12,038,618.		

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	2,717,938.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,043,240.
3	Revenue less expenses. Subtract line 2 from line 1	3	<325,302.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,498,252.
5	Net unrealized gains (losses) on investments	5	433,061.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,606,011.

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 checked="" type="checkbox"/> Separate basis <input 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 BLIND CHILDRENS CENTER, INC.** Employer identification number **95-1656369**

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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - 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.")	3538252.	897,814.	684,490.	797,112.	1632042.	7549710.
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	3538252.	897,814.	684,490.	797,112.	1632042.	7549710.
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.						7549710.

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	3538252.	897,814.	684,490.	797,112.	1632042.	7549710.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	354,224.	848,310.	122,624.	1255121.	1057967.	3638246.
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.)	300,682.	300,076.	267,155.	310,993.	27,929.	1206835.
11 Total support. Add lines 7 through 10						12394791.
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	60.91	%
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 checked="" 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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).

Lined area for supplemental information.

COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE BLIND CHILDRENS CENTER, INC.

Employer identification number

95-1656369

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

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

Name of organization THE BLIND CHILDRENS CENTER, INC.	Employer identification number 95-1656369
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN HANCOCK INSURANCE 197 CLAIRENDON STREET - C-07-4 BOSTON, MA 02117	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KENNETH T & EILEEN L NORRIS FOUNDATION 11 GOLDEN SHORE # 450 LONG BEACH, CA 90802-4219	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FRED FYTEN PRINTING & LOGISTICS 10859 ANDASOL AVE GRANADA HILLS, CA 91344	\$ 230.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE ATLAS FAMILY FOUNDATION P O BOX 25338 LOS ANGELES, CA 90025	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE YOUSSEF & KAMEL MAWARDI FOUNDATION 500 N BRAND BLVD - STE 920 GLENDALE, CA 91203	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE AHMANSON FOUNDATION 9215 WILSHIRE BLVD BEVERLY HILLS, CA 90210	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE BLIND CHILDRENS CENTER, INC.	Employer identification number 95-1656369
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	PRINTING SERVICES _____ _____ _____	\$ 5,337.	06/30/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE BLIND CHILDRENS CENTER, INC.	Employer identification number 95-1656369
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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 BLIND CHILDRENS CENTER, INC. Employer identification number 95-1656369

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic land, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for policy, staff hours, expenses, and reporting).

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.

Form with 2 main questions: 1a. Footnote for works of art, historical treasures, etc. 1b. Amounts for works of art, historical treasures, etc. 2. Amounts for works of art, historical treasures, etc. for financial gain.

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	397,200.	397,200.	397,200.	397,200.	372,220.
b Contributions	1,500.				25,000.
c Net investment earnings, gains, and losses	35,049.	14,927.	11,871.	13,471.	11,467.
d Grants or scholarships					
e Other expenditures for facilities and programs	35,049.	14,927.	11,871.	13,471.	11,467.
f Administrative expenses					
g End of year balance	398,700.	397,200.	397,200.	397,200.	397,200.

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 100.00 %
- c Temporarily restricted endowment %

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:

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

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

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

4 Describe in Part 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		106,493.		106,493.
b Buildings		1,780,031.	1,003,744.	776,287.
c Leasehold improvements				
d Equipment				
e Other		434,330.	321,559.	112,771.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				995,551.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

1	Total revenue, gains, and other support per audited financial statements	1	3,150,999.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	433,061.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	433,061.
3	Subtract line 2e from line 1	3	2,717,938.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,717,938.

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.

1	Total expenses and losses per audited financial statements	1	3,043,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,043,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,043,240.

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:

EXPLANATION: EDUCATIONAL PURPOSES AND GENERAL OPERATIONS. ENDOWMENT FUNDS ARE HELD BY MERRILL LYNCH.

PART XI - LINE 4B

EXPLANATION: ROUNDING

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
THE BLIND CHILDRENS CENTER, INC.

Employer identification number
95-1656369

Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	YES	NO
1	X	

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	X	
----------	---	--

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.

3	X	
----------	---	--

If you need more space, use Part II
THE CENTER ACCEPTS CHILDREN WITHOUT REGARD TO RACE, CREED OR NATIONAL ORIGIN. THIS POLICY HAS BEEN APPROVED BY ITS BOARD OF DIRECTORS AND IS STATED IN BROCHURES & CATALOGUES. IT IS ALSO STATED IN SERVICE ANNOUNCEMENTS TO THE GENERAL PUBLIC.

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

4a	X	
-----------	---	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

4b	X	
-----------	---	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

4c	X	
-----------	---	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

4d	X	
-----------	---	--

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

5a		X
-----------	--	---

b Admissions policies?

5b		X
-----------	--	---

c Employment of faculty or administrative staff?

5c		X
-----------	--	---

d Scholarships or other financial assistance?

5d		X
-----------	--	---

e Educational policies?

5e		X
-----------	--	---

f Use of facilities?

5f		X
-----------	--	---

g Athletic programs?

5g		X
-----------	--	---

h Other extracurricular activities?

5h		X
-----------	--	---

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a		X
-----------	--	---

b Has the organization's right to such aid ever been revoked or suspended?

6b		X
-----------	--	---

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

7	X	
----------	---	--

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **THE BLIND CHILDRENS CENTER, INC.**
Employer identification number: **95-1656369**

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
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										
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed 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) LENA FRENCH EXECUTIVE DIRECTOR	(i)	172,000.	0.	0.	0.	0.	172,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FERNANDA ARMENTA SCHMITT PH.D. DIRECTOR OF EDUCATION	(i)	151,014.	0.	0.	0.	0.	151,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Multiple horizontal lines for text entry.

COPY

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 BLIND CHILDRENS CENTER, INC.

Employer identification number

95-1656369

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

IMPAIRED IN AN INCLUSIVE, FAMILY-FOCUSED SETTING.

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

IN KEEPING WITH BEST PRACTICES, OUR PROGRAMS ARE FULLY INCLUSIVE WITH

SIGHTED CHILDREN INTEGRATED IN EACH CLASS, PROVIDING UNIQUE

OPPORTUNITIES FOR SOCIAL INTERACTION AND ACQUISITION OF CRITICAL

SKILLS. OUR MULTIDISCIPLINARY TEAM OF EXPERTS UTILIZES LEADING-EDGE

TECHNOLOGY AND ADAPTIVE DEVICES TO HELP OUR STUDENTS WHO ARE VISUALLY

IMPAIRED KEEP PACE IN THE SIGHTED WORLD. A MODEL PROGRAM, THE CENTER

IMPACTS COMMUNITIES GLOBALLY THROUGH PRESENTATIONS, CONFERENCES, AND

RESEARCH GRANTS, AS WELL AS A FULL SUITE OF PUBLICATIONS FOR FAMILIES

AND PROFESSIONALS. IN ALL, MORE THAN 750,000 COPIES OF OUR PUBLICATIONS

HAVE BEEN DISTRIBUTED IN 75 COUNTRIES, AND TRANSLATED INTO 17

LANGUAGES.

THROUGHOUT OUR LONG HISTORY A DEDICATED COMMUNITY OF FRIENDS AND

SUPPORTERS HAS SUSTAINED OUR VITAL WORK. WE NEITHER SEEK NOR RECEIVE

GOVERNMENT ASSISTANCE AND ARE NOT A UNITED WAY AGENCY. RATHER, THE

CENTER'S FUNDING REFLECTS THE GENEROSITY OF PRIVATE DONORS AND THE

TRUST OF FOUNDATIONS AND CORPORATIONS, WHICH ALLOWS US TO PROVIDE THESE

LIFE-CHANGING SERVICES AT NO COST TO OUR STUDENTS AND FAMILIES.

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

EXPLANATION: A PDF FILE OF THE BLIND CHILDRENS CENTER FORM 990 IS MADE

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN FOR THEM TO

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization THE BLIND CHILDRENS CENTER, INC.

Employer identification number 95-1656369

REVIEW IT SHOULD THEY WISH TO DO SO.

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

EXPLANATION: BLIND CHILDRENS CENTER IS CAREFUL TO AVOID CONFLICTS OF INTEREST AND DOES NOT PUT ITSELF IN A POSITION WHERE CONFLICTS OF INTEREST COULD BE ASSERTED.

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

EXPLANATION: COMPENSATION FOR THE EXECUTIVE DIRECTOR (CEO) OF THE BLIND CHILDRENS CENTER IS DETERMINED BY THE ORGANIZATION'S BOARD OF DIRECTORS, BASED UPON THE INCUMBENT'S EXPERIENCE AND TRACK RECORD OF SUCCESS, AS WELL AS A COMPREHENSIVE SURVEY OF PEER SALARIES AT SIMILAR-SIZED NONPROFITS IN SIMILAR ECONOMIC MARKETS.

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

EXPLANATION: ANY DOCUMENTS REQUESTED BY THE PUBLIC WILL BE FURNISHED UPON REQUEST

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

EXPLANATION: ANY DOCUMENTS REQUESTED BY THE PUBLIC WILL BE FURNISHED UPON REQUEST

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	BUILDING	011551	SL	33.00	16	167,810.			167,810.	167,810.		0.
2	BUILDING ADDITION	011578	SL	33.00	16	28,577.			28,577.	28,577.		0.
3	RAINBOW ROOM	011584	SL	15.00	16	82,506.			82,506.	82,506.		0.
	* 990 PAGE 10 TOTAL											
	-					278,893.		0.	278,893.	278,893.	0.	0.
	IMPROVEMENTS -											
4	PRIOR TO 78	011575	SL	6.00	16	77,610.			77,610.	77,610.		0.
8	POOL RECONSTRUCTION	061583	SL	6.00	16	9,464.			9,464.	9,464.		0.
9	IMPROVEMENT - FENCE	061583	SL	6.00	16	700.			700.	700.		0.
	IMPROVEMENT -											
10	LIGHTING	091583	SL	6.00	16	1,443.			1,443.	1,443.		0.
	IMPROVEMENT - FLOOR											
15	TILE	021585	SL	6.00	16	6,325.			6,325.	6,325.		0.
	IMPROVEMENT -											
16	FLUORESCENT LIGHT F	041585	SL	6.00	16	532.			532.	532.		0.
	IMPROVEMENT -											
25	BATHROOM PLUMBING	061586	SL	6.00	16	2,247.			2,247.	2,247.		0.
	IMPROVEMENT - FRONT											
27	DOOR INTERCOM	011587	SL	6.00	16	700.			700.	700.		0.
	IMPROVEMENT -											
28	MAGENTIC FRONT DOOR	011587	SL	6.00	16	754.			754.	754.		0.
	IMPROVEMENT -											
29	ASBESTOS REMOVAL	051588	SL	8.00	16	3,759.			3,759.	3,759.		0.
	IMPROVEMENT -											
30	HEATING OVERHAUL	011590	SL	10.00	16	1,491.			1,491.	1,491.		0.
	IMPROVEMENT -											
31	SECURITY FENCE	071590	SL	10.00	16	121,719.			121,719.	121,719.		0.
	IMPROVEMENT - FENCE											
34	PLAY AREA	091590	SL	10.00	16	1,455.			1,455.	1,455.		0.
	IMPROVEMENT -											
35	CLASSROOM CONSTRUCT	091590	SL	10.00	16	2,235.			2,235.	2,235.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	IMPROVEMENT - ELECTRICAL IMPROVEMENT	10/15/90	SL	10.00	16	855.			855.	855.		0.
38	IMPROVEMENT - RAINBOW RM IMPROVEMENT	01/15/91	SL	10.00	16	1,905.			1,905.	1,905.		0.
189	ASBESTOS REMOVAL	07/15/88	SL	7.00	16	639.			639.	639.		0.
190	HEATING OVERHAUL	01/15/90	SL	10.00	16	908.			908.	908.		0.
191	NETWORK CHANNELING HEATING & AIR	05/15/92	SL	10.00	16	1,145.			1,145.	1,145.		0.
194	CONDITIONING - IMPROVEMENT FIRE DOOR & WALL IN	06/15/93	SL	10.00	16	117,985.			117,985.	117,985.		0.
195	KITCHEN - IMPROV. PLUMBING REPAIR -	12/15/92	SL	10.00	16	2,000.			2,000.	2,000.		0.
196	IMPROV. HEATING & AIR	02/15/93	SL	10.00	16	4,041.			4,041.	4,041.		0.
206	CONDITIONING HEATING & AIR	06/15/92	SL	10.00	16	4,643.			4,643.	4,643.		0.
207	CONDITIONING HEATING & AIR	06/15/93	SL	10.00	16	2,720.			2,720.	2,720.		0.
208	CONDITIONING HEATING & AIR	04/15/94	SL	10.00	16	8,428.			8,428.	8,428.		0.
220	CONDITIONING	12/13/94	SL	10.00	16	2,215.			2,215.	2,215.		0.
229	ASBESTOS WORK	02/13/96	SL	10.00	16	4,584.			4,584.	4,580.		0.
231	ASBESTOS REMOVAL	02/13/96		10.00	16	7,431.			7,431.			0.
232	SECURITY LIGHTING	08/01/95	SL	10.00	16	2,085.			2,085.	2,085.		0.
235	ASBESTOS REMOVAL	02/13/96	SL	10.00	16	8,520.			8,520.	8,520.		0.
236	PARKING LOT REPAVING	05/20/96	SL	10.00	16	16,110.			16,110.	16,110.		0.
238	PLAYGROUND	05/06/97	SL	10.00	16	138,013.			138,013.	138,013.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
245	ROOF	081298	SL	20.00	16	19,438.			19,438.	14,580.		972.
247	PAINTING	091697	SL	10.00	16	1,017.			1,017.	1,017.		0.
249	RAIN GUTTERS	022399	SL	10.00	16	6,870.			6,870.	6,870.		0.
251	REFURBISHMENT	100698	SL	10.00	16	4,296.			4,296.	4,296.		0.
252	PLUMBING	090198	SL	10.00	16	2,320.			2,320.	2,320.		0.
253	CARPETING	090198	SL	10.00	16	2,688.			2,688.	2,688.		0.
254	CABINETS IN GARAGE	072198	SL	10.00	16	950.			950.	950.		0.
255	WALLCOVERINGS	120998	SL	10.00	16	2,175.			2,175.	2,175.		0.
275	PLUMBING - IRRIGATION LINE (D) BOOSTER HEATER -	011000	SL	10.00	16	1,929.			1,929.	1,929.		0.
292	KITCHEN CARPETING (DIR OF	071300	SL	10.00	16	2,081.			2,081.	2,081.		0.
306	ED/DIR OF DEV)	081301	SL	6.00	16	800.			800.	800.		0.
307	ELECTRICAL WORK - PLAYHOUSE	101301	SL	10.00	16	2,773.			2,773.	2,770.		0.
308	GATE UPGRADE	110501	SL	10.00	16	1,956.			1,956.	1,956.		0.
324	PLUMBING UPGRADE - BABY TOILETS/CHILDREN	082102	SL	10.00	16	1,628.			1,628.	1,628.		0.
325	POOL HEATER	100102	SL	10.00	16	2,165.			2,165.	2,165.		0.
333	SHADE FOR PLAYGROUND	080703	SL	10.00	16	7,331.			7,331.	7,269.		62.
334	SPRINKLER SYSTEM UPGRADE	031504	SL	10.00	16	2,432.			2,432.	2,268.		164.
335	SECURITY SYSTEM (DONATED -SIEMENS)	070103	SL	10.00	16	4,500.			4,500.	4,500.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
339	OFFICE ENLARGEMENT - FERNANDA	091404	SL	10.00	16	9,295.			9,295.	8,215.		930.
345	EXTERIOR PAINTING (D) NETTING FOR	081905	SL	10.00	16	13,700.			13,700.	10,732.		1,370.
346	SANDBOX	100705	SL	10.00	16	598.			598.	465.		60.
347	FIRE ALARM SYSTEM UPGRADE BASEMENT	062806	SL	10.00	16	18,914.			18,914.	13,237.		1,891.
359	SPRINKLER SYSTEM KITCHEN FIRE	091106	SL	10.00	16	834.			834.	568.		83.
360	EXTINGUISHER SYSEM IRON WORK FOR	102306	SL	10.00	16	3,762.			3,762.	2,507.		376.
361	SECURE WINDOWS CARPETING -	112206	SL	10.00	16	800.			800.	527.		80.
362	DOWNSTAIRS OFFICES CARPETING - ANNIE'S	042707	SL	10.00	16	2,350.			2,350.	1,449.		235.
363	CLASSROOM CARPETING -	042707	SL	10.00	16	450.			450.	278.		45.
364	UPSTAIRS OFFICES & RAINBOW ROOM AWNING	062607	SL	10.00	16	7,563.			7,563.	4,536.		756.
375	PAINTING RELOCATE WATER	091407	SL	10.00	16	1,140.			1,140.	665.		114.
376	HEATER	111907	SL	10.00	16	800.			800.	447.		80.
377	BOILER REMOVAL SAFETY VALVES FOR	111907	SL	10.00	16	1,737.			1,737.	971.		174.
378	GAS METER EARTHQUAKE	111907	SL	10.00	16	1,050.			1,050.	586.		105.
379	EMERGENCY SHUTOFF VALVE CONTROL VALVE	022008	SL	10.00	16	375.			375.	203.		38.
380	REPLACEMENT AIR CONDITIONER -	060308	SL	10.00	16	675.			675.	346.		68.
383	KITCHEN BUILDING	053008	SL	10.00	16	1,433.			1,433.	727.		143.
384	IMPROVEMENTS	070112	SL	33.00	16	755,361.			755,361.	22,890.		22,890.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
386	ROOF - RAINBOW ROOM	022309	SL	10.00	16	2,850.			2,850.	1,235.		285.
	LANDSCAPE											
404	STRUCTURES & PLAYGR	103110	SL	10.00	16	16,097.			16,097.	4,293.		1,610.
	TLC DEMO CABINETS,											
468	DRYWALL & PAINT	081811	SL	10.00	16	4,385.			4,385.	804.		439.
	PATIO EXTENSIOON &											
469	ROOF	081811	SL	20.00	16	4,750.			4,750.	436.		238.
470	RAMP REPAIR	081811	SL	10.00	16	850.			850.	156.		85.
471	TLC CLOSETS	092011	SL	10.00	16	4,250.			4,250.	744.		425.
472	TLC CARPET	093011	SL	10.00	16	1,250.			1,250.	219.		125.
	PLUMBING -											
473	REGULATOR & RELIEF	120111	SL	10.00	16	1,300.			1,300.	206.		130.
	SPEED BUMPS IN											
474	DRIVEWAY	121211	SL	10.00	16	799.			799.	127.		80.
	CABINETS IN HALLWAY											
475	& DOORS FOR SHIPPI	070712	SL	10.00	16	1,756.			1,756.	176.		176.
476	POOL REPAIR	051112	SL	10.00	16	3,750.			3,750.	438.		375.
	PLUMBING - KITCHEN											
477	& HALLWAY	062212	SL	10.00	16	12,300.			12,300.	1,230.		1,230.
	RELOCATION &											
486	INSTALLATION OF LIG	013113	SL	10.00	16	2,875.			2,875.	120.		288.
	NEW SPRINKLERS &											
487	SOD	022813	SL	10.00	16	1,750.			1,750.	58.		175.
	* 990 PAGE 10 TOTAL											
	-					1501809.		0.	1501809.	689,079.	0.	36,297.
219	LAND	010151	L			106,493.			106,493.			0.
	* 990 PAGE 10 TOTAL											
	-					106,493.		0.	106,493.	0.	0.	0.
52	REFRIGERATOR	031583	SL	4.00	16	2,792.			2,792.	2,792.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54	SOFA	051583	SL	4.00	16	767.			767.	767.		0.
55	CHAIRS	051583	SL	4.00	16	915.			915.	915.		0.
	CONF. ROOM											
57	FURNITURE	061583	SL	4.00	16	721.			721.	721.		0.
90	DESK, FILE, & CHAIR	101585	SL	8.00	16	362.			362.	362.		0.
	LIVING ROOM											
92	FURNITURE	111585	SL	8.00	16	17,444.			17,444.	17,444.		0.
	FURNITURE - PAM'S											
93	OFFICE	041586	SL	8.00	16	1,454.			1,454.	1,454.		0.
	BRILLEWRITER											
122	(DONATED)	061591	SL	5.00	16	500.			500.	500.		0.
125	FREEZER 15FT	111591	SL	7.00	16	569.			569.	569.		0.
	MINI-BLINDS -											
137	HALLWAY	031589	SL	7.00	16	115.			115.	115.		0.
228	LASER PRINTER	022895	SL	5.00	16	1,072.			1,072.	1,072.		0.
	TOYOTA PREVIA											
243	(1996)	071996	SL	5.00	16	27,037.			27,037.	27,037.		0.
	BLACKBAUD											
256	ACCOUNTING SOFTWARE	020299	SL	5.00	16	8,820.			8,820.	8,820.		0.
260	PRINTERS	041299	SL	5.00	16	2,499.			2,499.	2,499.		0.
	REUPHOLSTER											
263	FURNITURE/NEW DRAPE	092998	SL	5.00	16	3,109.			3,109.	3,109.		0.
	OUTSIDE TABLES FOR											
264	CHILDREN	101398	SL	5.00	16	794.			794.	794.		0.
	MISCELLANEOUS											
265	DECORATIVE FURNITUR	082598	SL	5.00	16	3,985.			3,985.	3,985.		0.
	AUTOMATIC PAPER											
266	FOLDER	051399	SL	5.00	16	650.			650.	650.		0.
	DA-LITE PICTURE											
268	KING SCREEN 50 X 50	042199	SL	5.00	16	156.			156.	156.		0.

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276	(D)FAX MACHINE REUPHOLSTER	122199	SL	5.00	16	2,070.			2,070.	2,070.		0.
283	CONFERENCE ROOM CHAIRS BLINDS-FRONT OFFICE	081399	SL	5.00	16	713.			713.	713.		0.
285	& CLASSROOMS 2000 NISSAN QUEST	082499	SL	5.00	16	2,198.			2,198.	2,198.		0.
291	VAN	120199	SL	5.00	16	23,678.			23,678.	23,678.		0.
294	PHONE SYSTEM - CTI, NEC	071900	SL	5.00	16	26,648.			26,648.	26,648.		0.
295	FURNITURE - MENTOR'S OFFICE	103100	SL	5.00	16	4,352.			4,352.	4,352.		0.
299	BRAILLE PRINTER W/MOUNTBATTEN & JAW	021501	SL	5.00	16	4,972.			4,972.	4,972.		0.
304	DONATED VIDEO MAGNIFICATION SYSTEM	060801	SL	5.00	16	500.			500.	500.		0.
309	AIR CONDITIONER - PLAYHOUSE	103101	SL	10.00	16	850.			850.	850.		0.
310	HP LASERJET 4100 - NANCY	081401	SL	5.00	16	1,458.			1,458.	1,458.		0.
311	TELEPHONE - PLAYHOUSE	101601	SL	5.00	16	400.			400.	400.		0.
320	COUNTRY CLUB MANOR FURNITURE-DONATED	092401	SL	10.00	16	1,000.			1,000.	1,000.		0.
328	MAYTAG CLOTHES WASHER	040903	SL	10.00	16	543.			543.	543.		0.
329	BLACKBAUD RAISER'S EDGE SOFTWARE	053003	SL	5.00	16	10,678.			10,678.	10,678.		0.
340	DELL SERVER POWEREDGE 1800 - BL	011005	SL	5.00	16	1,837.			1,837.	1,837.		0.
341	(D)DELL LAPTOP LATTITUDE D600	011005	SL	5.00	16	1,383.			1,383.	1,383.		0.
342	DELL PROJECTOR SOUND LIGHT UNIT -	011705	SL	5.00	16	1,225.			1,225.	1,225.		0.
349	SENSORY ROOM	071805	SL	7.00	16	3,447.			3,447.	3,444.		0.

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350	INTERACTIVE BALL POOL - SENSORY ROOM	071805	SL	7.00	16	2,737.			2,737.	2,737.		0.
352	CATHERINE WHEEL - SENSORY ROOM	071805	SL	7.00	16	1,500.			1,500.	1,500.		0.
353	OPTIC CURTAIN KIT - SENSORY ROOM	071805	SL	7.00	16	1,200.			1,200.	1,197.		0.
354	SOMATRON BODY PILLOW - SENSORY ROOM	071805	SL	7.00	16	1,195.			1,195.	1,195.		0.
355	SENSORY ROOM EQUIPMENT	071805	SL	7.00	16	1,575.			1,575.	1,575.		0.
358	DELL PC 2.8 GHZ - DONNA	060506	SL	5.00	16	1,039.			1,039.	1,039.		0.
365	KINDERGARTEN PC VI - SOFTWARE & EQUIPM	080406	SL	5.00	16	3,487.			3,487.	3,487.		0.
366	WATER HEATER	090806	SL	7.00	16	2,788.			2,788.	2,720.		68.
367	HP DATA SERVER	091106	SL	5.00	16	1,408.			1,408.	1,408.		0.
368	GATEWAY 21" MONITOR	091106	SL	5.00	16	541.			541.	541.		0.
369	KITCHEN STOVE	100406	SL	7.00	16	3,641.			3,641.	3,510.		131.
370	CAMCORDER	110606	SL	5.00	16	762.			762.	762.		0.
371	SHARP AQUOS 32 LCD HD MONITOR - ROSALINDA	041707	SL	5.00	16	1,130.			1,130.	1,130.		0.
372	DELL P4 PC - YOLANDA	050807	SL	5.00	16	977.			977.	977.		0.
373	MAC PRO, CTO COMPUTER - DONNA	050807	SL	5.00	16	4,375.			4,375.	4,375.		0.
381	DELL PCS'S FOR ROSALINDA	090507	SL	5.00	16	980.			980.	980.		0.
385	PLAY YARD EQUIPMENT (DONATED BY MOVIE)	063009	SL	10.00	16	1,500.			1,500.	600.		150.
387	ACER P C FOR MYNA	080408	SL	5.00	16	498.			498.	491.		7.

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388	SOFA - FERNANDA'S OFFICE	082208	SL	10.00	16	284.			284.	136.		28.
389	TELEPHONE VOICE MAIL SYSTEM	102708	SL	5.00	16	3,903.			3,903.	3,644.		259.
390	SOFA - PARENT LOUNGE	110508	SL	10.00	16	216.			216.	102.		22.
391	BRAILE EMBOSSER - ROMIO 25	121708	SL	10.00	16	2,513.			2,513.	1,130.		251.
392	7 FLAT PANEL MONITORS	012609	SL	5.00	16	1,105.			1,105.	976.		129.
393	4 HP PC'S W/ ACER MONITORS -RACHEL, RO	100709	SL	5.00	16	4,025.			4,025.	3,019.		805.
395	2009 HONDA ODYESSY VAN	103109	SL	5.00	16	30,017.			30,017.	22,011.		6,003.
396	VAN WRAP	031510	SL	5.00	16	3,464.			3,464.	2,310.		693.
397	VITAL SIGN MONITOR A. C. - FAMILY	031510	SL	5.00	16	3,705.			3,705.	2,470.		741.
398	SERVICES ROOM FLOOR SCRUBBER &	040610	SL	10.00	16	3,600.			3,600.	1,170.		360.
399	BUFFER	042210	SL	5.00	16	1,150.			1,150.	728.		230.
400	VACCUUM - WET/DRY	042210	SL	5.00	16	450.			450.	285.		90.
401	SCALE	042210	SL	5.00	16	598.			598.	380.		120.
402	GEMINI PRINT & BRAILLE EMBOSSER	061610	SL	5.00	16	12,067.			12,067.	7,239.		2,413.
403	ACER P C'S (4)-PAUL, ROSS, LAURIE & NA	072710	SL	5.00	16	3,626.			3,626.	2,115.		725.
405	BRAILE NOTES (2)	090710	SL	10.00	16	9,724.			9,724.	2,754.		972.
406	SHARP AR-208D COPIER	091010	SL	5.00	16	1,037.			1,037.	587.		207.
407	ACER P C'S (3)	122710	SL	5.00	16	2,183.			2,183.	1,092.		437.

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408	HP G72 LAPTOP	011311	SL	5.00	16	823.			823.	412.		165.
409	LAMINATOR - LARGE	021411	SL	10.00	16	865.			865.	210.		87.
410	EPSON STYLUS PRO 3880 117" PRINTER F042511	042511	SL	5.00	16	1,386.			1,386.	600.		277.
411	ACER PC VX48G 15-650 500GB 4GB W7051011	051011	SL	5.00	16	702.			702.	303.		140.
412	EPSON STYLUS PHOTO R2880 PRINTER - DON052611	052611	SL	5.00	16	704.			704.	294.		141.
413	DESK UNIT - RECEPTION - JENNIFE042111	042111	SL	10.00	16	3,000.			3,000.	650.		300.
414	DESK UNIT WITH LEFT RETURN - SCOTT040511	040511	SL	10.00	16	3,000.			3,000.	675.		300.
415	DESK UNIT WITH LEFT RETURN - KIMBERLEE041211	041211	SL	10.00	16	3,000.			3,000.	675.		300.
416	DESK UNIT WITH LEFT RETURN - LAURIE051911	051911	SL	10.00	16	3,000.			3,000.	625.		300.
417	DESK UNIT WITH RIGHT RETURN - ROSS041211	041211	SL	10.00	16	3,000.			3,000.	675.		300.
418	DESK UNIT WITH RIGHT RETURN - LENA042111	042111	SL	10.00	16	3,000.			3,000.	650.		300.
420	DEE DEE'S DESK WITH RIGHT RETURN - CIN050211	050211	SL	10.00	16	2,500.			2,500.	542.		250.
421	SANDY'S DESK WITH 2 SM CABINETS-OFFICE060111	060111	SL	10.00	16	1,500.			1,500.	313.		150.
422	LEATHER SOFA - BLACK - FERNANDA052311	052311	SL	10.00	16	1,400.			1,400.	292.		140.
423	TROPHY CASE - LOBBY050911	050911	SL	10.00	16	1,000.			1,000.	217.		100.
424	HP COLOR LASER PRINTER - UPSTAIRS060211	060211	SL	5.00	16	750.			750.	313.		150.
425	LEATHER LOVESEAT - BEIGE - BACK HALL051011	051011	SL	10.00	16	750.			750.	163.		75.
426	GLASS ROUND TABLE - FERNANDA042611	042611	SL	10.00	16	700.			700.	152.		70.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
427	JIM'S DESK - FERNANDA 5 3DRWR LATERAL	060211	SL	10.00	16	700.			700.	146.		70.
428	FILE CABINETS W/OAK	060211	SL	10.00	16	2,250.			2,250.	469.		225.
429	PICTURES - MIDGE 3 DRAWERE LATERAL	060111	SL	10.00	16	450.			450.	94.		45.
430	FILE CABINETS - FEN LONG WORK	060211	SL	10.00	16	450.			450.	94.		45.
431	TABLE-FAMILY SERVICE METAL STORAGE	052511	SL	10.00	16	300.			300.	63.		30.
432	CABINET - GRAY -GAR 3 EXECUTIVE LEATHER	060211	SL	10.00	16	300.			300.	63.		30.
433	DESK CHAIRS - MIDG 2 - 2DRAWER LATERAL	042611	SL	10.00	16	750.			750.	163.		75.
434	FILE CABINETS - BR 2DRAWER FILE	060111	SL	10.00	16	400.			400.	83.		40.
435	CABINETS - OAK - PA 2 - 2DRAWER LATERAL	052411	SL	10.00	16	200.			200.	42.		20.
436	FILE CABINETS -BLA 2 BOOKCASES -	060111	SL	10.00	16	400.			400.	83.		40.
437	FERNANDA, LAURIE 2 BLUE LEATHER	042611	SL	10.00	16	400.			400.	87.		40.
438	CHAIRS - FERNANDA BLUE LEATHER DESK	060211	SL	10.00	16	400.			400.	83.		40.
439	CHAIR - FERNANDA	060311	SL	10.00	16	200.			200.	42.		20.
440	6 PICTURES BLACK DESK CHAIR -	052411	SL	10.00	16	1,200.			1,200.	250.		120.
441	CONFERENCE ROOM	052411	SL	10.00	16	200.			200.	42.		20.
442	PODIUM - CENTER 2 4DRAWER FILE	060211	SL	10.00	16	200.			200.	42.		20.
443	CABINETS - BLACK - 4 BLUE GUEST CHARIS	050911	SL	10.00	16	350.			350.	76.		35.
444	- YOLANDA, LIVING	052311	SL	10.00	16	600.			600.	125.		60.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
445	BLACK DESK CHAIR - YOLANDA	052511	SL	10.00	16	150.			150.	31.		15.
446	3 BLACK GUEST CHARS - ROSS, MANUEL	042611	SL	10.00	16	450.			450.	98.		45.
447	5 BLACK GUEST CHAIRS	040611	SL	10.00	16	750.			750.	169.		75.
448	WHITE BOARD - HUGE - RACHEL	060111	SL	10.00	16	150.			150.	31.		15.
449	ARM CHAIRS - TAN - PARENT LOUNGE	052411	SL	10.00	16	600.			600.	125.		60.
450	2 BLACK DESK CHAIRS - OFFICE	060311	SL	10.00	16	300.			300.	63.		30.
451	2 GUEST CHARS - BURGUNDY - LENA	041211	SL	10.00	16	300.			300.	68.		30.
452	2 ARM CHAIRS - PINK - LAURIE	042611	SL	10.00	16	300.			300.	65.		30.
453	PC TOWERS (EXCLUDING HARD DRIVE)	060311	SL	5.00	16	1,000.			1,000.	417.		200.
454	WORK TABLE - SMALL - UPSTAIRS HALL	060311	SL	10.00	16	100.			100.	21.		10.
455	TONER CARTIDGES FOR LASER PRINTER	063011	SL	3.00	16	630.			630.	420.		210.
456	BOOKCASE WITH DOORS - SOCIAL SERVICE R	052611	SL	10.00	16	150.			150.	31.		15.
457	(D)17" MONITORS - FLAT PANNEL - PAUL	060411	SL	5.00	16	200.			200.	83.		40.
458	2 SMALL 3 DRAWER CABINET - OFFICE	060211	SL	10.00	16	100.			100.	21.		10.
459	2 SMALL TABLES - FERNANDA, LAURIE	050911	SL	10.00	16	40.			40.	9.		4.
460	MR COFEE 12 CUP COFFEE MAKER - CONF	060311	SL	5.00	16	20.			20.	8.		4.
461	PRINTER STAND - SMALL OAK -CARLOS	060111	SL	10.00	16	10.			10.	2.		1.
462	STANDING FRAME FOR STEVEN	073111	SL	7.00	16	1,406.			1,406.	385.		201.

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463	WIDE CHAIR FOR EJMIN & ALAN	073111	SL	7.00	16	2,149.			2,149.	588.		307.
464	TLC 2M INTERACTIVE BC W/CONTROL	093011	SL	5.00	16	1,879.			1,879.	658.		376.
465	TLC META WONDER WALL	093011	SL	5.00	16	3,599.			3,599.	1,260.		720.
466	TLC TRAMPOLINE & FULL SUPPORT SPINNE	103111	SL	5.00	16	1,338.			1,338.	446.		268.
467	AIR CONDITIONER - ROSALINDA'S OFFICE	062611	SL	7.00	16	2,337.			2,337.	668.		334.
478	CLOTHES WASHER AIR CONDITIONER	073112	SL	10.00	16	700.			700.	64.		70.
479	UNIT OFFICE DESK	083112	SL	10.00	16	4,200.			4,200.	350.		420.
480	FURNITURE - MARTHA'	093012	SL	7.00	16	653.			653.	70.		93.
481	EMAIL SERVER DISHWASHER &	093012	SL	5.00	16	956.			956.	143.		191.
482	STAINLESS STEEL TAB PLAYGROUND SHADE	113012	SL	10.00	16	16,795.			16,795.	980.		1,680.
483	STRUCTURE	013113	SL	10.00	16	8,032.			8,032.	335.		803.
484	9 APPLE IPADS	022813	SL	5.00	16	4,914.			4,914.	328.		983.
485	PLAYGROUND BENCH 6 DESKTOP & 4	043013	SL	10.00	16	791.			791.	13.		79.
488	LAPTOP COMPUTERS - PLAYGROUND SHADE	070112	SL	5.00	16	7,600.			7,600.	1,520.		1,520.
489	STRUCTURE LENOVO LAPTOP	073113	SL	10.00	16	24,095.			24,095.			2,209.
490	COMPUTER - KIMBERLE ACER DESKTOP	083113	SL	5.00	16	1,049.			1,049.			175.
491	COMPUTERS - LENA, F * 990 PAGE 10 TOTAL	063014	SL	5.00	16	2,082.			2,082.			0.
-						407,368.		0.	407,368.	263,360.	0.	30,584.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
218	VIDEO	01/15/94	SL	3.00	16	31,500.			31,500.	31,500.		0.
	* 990 PAGE 10 TOTAL					31,500.		0.	31,500.	31,500.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					2326063.		0.	2326063.	1262832.	0.	66,881.