

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

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** **OCT 1, 2008** **and ending** **SEP 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>THE SEEING EYE, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 375</b> City or town, state or country, and ZIP + 4 <b>MORRISTOWN, NJ 07963-0375</b>	<b>D Employer identification number</b> 22-1539721
		<b>E Telephone number</b> 973-539-4425	<b>G Gross receipts \$</b> 180,783,197.
		<b>F Name and address of principal officer:</b> JAMES A KUTSCH, JR SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> ▶ WWW.SEEINGEYE.ORG	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1929 <b>M State of legal domicile:</b> NJ

Part I Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>HELP BLIND PEOPLE ACHIEVE GREATER INDEPENDENCE THROUGH SEEING EYE DOGS.</b>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5	Total number of employees (Part V, line 2a)	5	255	
	6	Total number of volunteers (estimate if necessary)	6	900	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-26,876.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,108,271.	13,014,159.	
	9	Program service revenue (Part VIII, line 2g)	106,802.	112,051.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,547,557.	-11,814,837.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,383.	-40,574.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,769,013.	1,270,799.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	137,792.	154,728.
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,749,508.	15,038,842.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	60,945.	60,000.	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,461,385.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,147,637.	11,827,755.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,095,882.	27,081,325.		
19	Revenue less expenses. Subtract line 18 from line 12	-4,326,869.	-25,810,526.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	277,587,115.	254,349,068.	
	21	Total liabilities (Part X, line 26)	45,397,634.	47,683,741.	
	22	Net assets or fund balances. Subtract line 21 from line 20	232,189,481.	206,665,327.	

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer	Date			
	▶ JAMES A KUTSCH, JR, PRESIDENT AND CEO	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	AMPER, POLITZINER & MATTIA, LLP 750 ROUTE 202 SOUTH, SUITE 500 BRIDGEWATER, NJ 08807		EIN ▶	Phone no. ▶ 908-218-5002

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO HELP BLIND INDIVIDUALS ACHIEVE GREATER INDEPENDENCE, DIGNITY AND SELF-CONFIDENCE THROUGH THE USE OF SEEING EYE DOGS. IN PURSUIT OF ITS MISSION, THE ORGANIZATION BREEDS AND RAISES DOGS, TEACHES INSTRUCTORS THE SCIENCE AND TECHNIQUE

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,944,802. including grants of \$ ) (Revenue \$ 8,208. ) STUDENT SERVICES: SCREENING OF APPLICANTS, SELECTION OF BLIND PERSONS FOR TRAINING; ARRANGING FOR STUDENTS' ROUND-TRIP TRAVEL TO AND FROM THE ORGANIZATION'S FACILITY; PROVISION OF LODGING, FOOD AND COUNSELING SERVICES TO BLIND STUDENTS.

4b (Code: ) (Expenses \$ 6,811,672. including grants of \$ ) (Revenue \$ 18,482. ) DOG TRAINING AND STUDENT INSTRUCTION: FOUR-MONTH TRAINING OF DOGS BY PROFESSIONAL INSTRUCTORS, MATCHING OF DOGS WITH BLIND STUDENTS, FOLLOWED BY ONE-MONTH OF TRAINING OF THE STUDENT IN THE PROPER USE OF THEIR SEEING EYE DOG AND SUBSEQUENT AFTER-CARE SUPPORT FOR THE LIFE OF THE STUDENT/SEEING EYE DOG PARTNERSHIP.

4c (Code: ) (Expenses \$ 11,493,305. including grants of \$ ) (Revenue \$ 78,536. ) CANINE HEALTH & DEVELOPMENT: BREEDING AND WHELPING APPROPRIATE SIZE AND TYPE OF DOG AT THE ORGANIZATION'S BREEDING FACILITY; TWELVE TO FIFTEEN MONTHS SOCIALIZATION PROGRAM FOR PUPPIES AT THE HOMES OF VOLUNTEER PUPPY RAISERS; MAINTENANCE OF A VETERINARY HOSPITAL AND KENNELS; SUPPORT OF RESEARCH, TRAINING AND DEVELOPMENT PROJECTS RELATED TO PROLONGING AND IMPROVING THE WORKING LIFE OF DOG GUIDES.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 996,810. including grants of \$ ) (Revenue \$ 6,825. )

4e Total program service expenses \$ 22,246,589. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	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
<b>33</b>	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
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 18		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 255		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b> 1		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		23
<b>b</b>	Enter the number of voting members that are independent .....		21
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or 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**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b>	Other officers or key employees of the organization? .....	X	
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	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>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NJ, AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶  
**ROBERT PUDLAK - 973-539-4425**  
**P.O. BOX 375, MORRISTOWN, NJ 07963-0375**

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	81,153.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,933,006.			
	g	Noncash contributions included in lines 1a-1f: \$		102,609.			
	h	<b>Total.</b> Add lines 1a-1f		13,014,159.			
	Program Service Revenue	2 a	DOG ADOPTION FEES	Business Code 611600	70,985.	70,985.	
		b	STUDENT PAYMENTS	611600	18,482.	18,482.	
c		DOG SUPPLIES INCOM	611600	7,551.	7,551.		
d		ORIENTATION & MOBILITY	611600	6,825.	6,825.		
e							
f		All other program service revenue	611600	8,208.	8,208.		
g		<b>Total.</b> Add lines 2a-2f		112,051.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2761638.		2,761,638.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a		(i) Real	(ii) Personal			
			Gross Rents	9,107.			
		b	Less: rental expenses	12,865.			
		c	Rental income or (loss)	-3,758.			
	d	Net rental income or (loss)			-3,758.	-3,758.	
	7 a		(i) Securities	(ii) Other			
			Gross amount from sales of assets other than inventory	164,018,000.	780542.		
		b	Less: cost or other basis and sales expenses	178,736,546.	638471.		
		c	Gain or (loss)	-14,718,546.	142071.		
	d	Net gain or (loss)			-14,576,475.	-14,576,475.	
	8 a		Gross income from fundraising events (not including \$ 81,153. of contributions reported on line 1c). See Part IV, line 18	a	-8,013.		
		b	Less: direct expenses	b	7,090.		
c		Net income or (loss) from fundraising events			-15,103.	-15,103.	
9 a		Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a	90,550.			
	b	Less: cost of goods sold	b	117426.			
	c	Net income or (loss) from sales of inventory			-26,876.	-26,876.	
Miscellaneous Revenue			Business Code				
11 a	OTHER MISCELLANEOUS IN	611600	5,163.	5,163.			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d			5,163.			
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1270799.	98,353.	-26,876.	
						-11,814,837.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	154,728.	154,728.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	726,003.	115,495.	610,508.	
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 .....	9,380,791.	8,199,060.	275,894.	905,837.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	1,126,332.	995,085.	27,795.	103,452.
9 Other employee benefits .....	3,095,029.	2,615,709.	192,395.	286,925.
10 Payroll taxes .....	710,687.	625,857.	21,539.	63,291.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	124,720.		124,467.	253.
c Accounting .....	91,548.		91,548.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17	60,000.			60,000.
f Investment management fees .....	114,089.		114,089.	
g Other .....	943,557.	643,753.	259,784.	40,020.
12 Advertising and promotion .....	778,896.			778,896.
13 Office expenses .....	307,094.	171,987.	101,568.	33,539.
14 Information technology .....	359,075.	259,666.	47,193.	52,216.
15 Royalties .....				
16 Occupancy .....	1,310,205.	1,198,344.	87,364.	24,497.
17 Travel .....	675,547.	630,134.	29,561.	15,852.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	22,803.	16,578.	5,717.	508.
20 Interest .....	1,648,783.	1,648,783.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,800,305.	2,450,115.	276,644.	73,546.
23 Insurance .....	281,957.	248,217.	27,595.	6,145.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>CANINE SUPPORT &amp; VETERI</b>	1,544,601.	1,544,601.		
b <b>PUBLIC &amp; GRADUATE COMMU</b>	316,506.	300,720.	999.	14,787.
c <b>STUDENT SUPPORT SERVICE</b>	292,305.	292,305.		
d <b>ORIENTATION &amp; MOBILITY</b>	82,049.	82,049.		
e _____				
f All other expenses _____	133,715.	53,403.	78,691.	1,621.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	27,081,325.	22,246,589.	2,373,351.	2,461,385.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	807,802.	<b>1</b>	1,189,644.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	43,750.	<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,530,608.	<b>9</b>	1,389,911.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	<b>10a</b> 64,405,359.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	<b>10b</b> 26,250,568.	40,379,190.	<b>10c</b> 38,154,791.
	<b>11</b> Investments - publicly traded securities .....	159,190,243.	<b>11</b>	133,310,119.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	72,080,878.	<b>12</b>	77,363,769.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,554,644.	<b>15</b>	2,940,834.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	277,587,115.	<b>16</b>	254,349,068.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,944,757.	<b>17</b>	2,025,939.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	114,948.	<b>19</b>	113,137.
	<b>20</b> Tax-exempt bond liabilities .....	29,221,124.	<b>20</b>	29,227,584.
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable .....	2,501,477.	<b>24</b>	2,523,755.
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	11,615,328.	<b>25</b>	13,793,326.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	45,397,634.	<b>26</b>	47,683,741.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	210,174,955.	<b>27</b>	183,772,485.
	<b>28</b> Temporarily restricted net assets .....	1,099,583.	<b>28</b>	1,308,265.
	<b>29</b> Permanently restricted net assets .....	20,914,943.	<b>29</b>	21,584,577.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	232,189,481.	<b>33</b>	206,665,327.	
<b>34</b> Total liabilities and net assets/fund balances .....	277,587,115.	<b>34</b>	254,349,068.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b>	If "Yes" to lines 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? .....	X	
<b>3a</b>	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
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE SEEING EYE, INC.** Employer identification number **22-1539721**

**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: (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 - 3 .....						
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>THE SEEING EYE, INC.</b>	Employer identification number <b>22-1539721</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>ESTATE OF HOLLY ASHER</u> <u>10 WASHINGTON VALLEY ROAD</u> <u>MORRISTOWN, NJ 07963-0375</u>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>ESTATE OF CAROLYN WATSON</u> <u>10 WASHINGTON VALLEY ROAD</u> <u>MORRISTOWN, NJ 07963-0375</u>	\$ <u>780,647.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>ESTATE OF RUTH KLOTZ</u> <u>10 WASHINGTON VALLEY ROAD</u> <u>MORRISTOWN, NJ 07963-0375</u>	\$ <u>560,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>ESTATE OF VAUGHN R SHOEMAKER</u> <u>10 WASHINGTON VALLEY ROAD</u> <u>MORRISTOWN, NJ 07963-0375</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>ESTATE OF HAZEL D MORSE</u> <u>10 WASHINGTON VALLEY ROAD</u> <u>MORRISTOWN, NJ 07963-0375</u>	\$ <u>432,611.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>ESTATE OF LEE Y HART</u> <u>10 WASHINGTON VALLEY ROAD</u> <u>MORRISTOWN, NJ 07963-0375</u>	\$ <u>381,906.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  <b>THE SEEING EYE, INC.</b>	<b>Employer identification number</b>  <b>22-1539721</b>
--	--

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<p>ESTATE OF MARGARET D BARBER</p> <hr/> <p>10 WASHINGTON VALLEY ROAD</p> <hr/> <p>MORRISTOWN, NJ 07963-0375</p>	\$ 323,258.	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
8	<p>ESTATE OF SHERRILYN MALTBY</p> <hr/> <p>10 WASHINGTON VALLEY ROAD</p> <hr/> <p>MORRISTOWN, NJ 07963-0375</p>	\$ 291,377.	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>_____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **THE SEEING EYE, INC.** Employer identification number **22-1539721**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements .....	2a 3
b Total acreage restricted by conservation easements .....	2b 100.30
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ 1

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 100

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 500.

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

**Part V Endowment Funds.** Complete if 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
<b>1a</b> Beginning of year balance .....	231271000.				
<b>b</b> Contributions .....	457,000.				
<b>c</b> Investment earnings or losses .....	-5989000.				
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	15065000.				
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	210674000.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 89.20 %
  - b** Permanent endowment ▶ 10.20 %
  - c** Term endowment ▶ .60 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes            | No |
|--|----------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b> X |    |
| <b>(ii)</b> related organizations .....  |                | X  |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....		3,684,995.		3,684,995.
<b>b</b> Buildings .....		43,831,041.	17,426,989.	26,404,052.
<b>c</b> Leasehold improvements .....		2,872,045.	71,036.	2,801,009.
<b>d</b> Equipment .....		9,505,037.	7,422,899.	2,082,138.
<b>e</b> Other .....		4,512,241.	1,329,644.	3,182,597.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				38,154,791.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,270,799.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,081,325.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-25,810,526.
4	Net unrealized gains (losses) on investments	4	5,887,269.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,600,897.
9	Total adjustments (net). Add lines 4-8	9	286,372.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-25,524,154.

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

1	Total revenue, gains, and other support per audited financial statements	1	15,984,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	137,381.
e	Add lines 2a through 2d	2e	137,381.
3	Subtract line 2e from line 1	3	15,847,274.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-14,576,475.
c	Add lines 4a and 4b	4c	-14,576,475.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,270,799.

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

1	Total expenses and losses per audited financial statements	1	27,217,000.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	137,381.
e	Add lines 2a through 2d	2e	137,381.
3	Subtract line 2e from line 1	3	27,079,619.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,706.
c	Add lines 4a and 4b	4c	1,706.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	27,081,325.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART II, LINE 9: ALL CONSERVATION EASEMENTS RELATE TO PROPERTIES**

**PURCHASED BY THE SEEING EYE, INC.**

**PART V, LINE 4: THE ORGANIZATION'S RETURN OBJECTIVES, RISK PARAMETERS**

**AND STRATEGIES EMPLOYED FOR ACHIEVING THE OBJECTIVES OF ITS VARIOUS**

**ENDOWMENTS ARE:**

**DONOR RESTRICTED ENDOWMENTS**

**Part XIV** Supplemental Information (continued)

CERTAIN DONOR-RESTRICTED ENDOWMENTS ARE INVESTED IN U.S. GOVERNMENT SECURITIES PURSUANT TO STIPULATIONS OF THE DONOR. THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING PRACTICES FOR ITS REMAINING DONOR-RESTRICTED ENDOWMENT ASSETS THAT ATTEMPTS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT, WHILE SEEKING TO PRESERVE THE ORIGINAL VALUE OF THE GIFT.

**BOARD-DESIGNATED FUNDS**

THE BOARD-DESIGNATED FUNDS CONSIST OF (A) INVESTMENTS THAT HAVE BEEN BOARD-DESIGNATED FOR LONG-TERM INVESTMENT PURPOSES AND (B) INVESTMENTS SEGREGATED FOR USE IN MEETING THE ORGANIZATION'S OBLIGATIONS UNDER CHARITABLE GIFT ANNUITY CONTRACTS.

THE BOARD OF TRUSTEES HAS ADOPTED INVESTMENT OBJECTIVES AND POLICIES FOR THE BOARD-DESIGNATED LONG-TERM ENDOWMENT FUND, AND HAS DELEGATED OVERSIGHT AUTHORITY OVER THIS FUND TO THE TRUSTEE'S FINANCE AND INVESTMENT COMMITTEE (THE "COMMITTEE"). THE OVERALL OBJECTIVE OF THIS FUND IS TO PROVIDE A RELIABLE, RECURRING LEVEL OF FINANCIAL SUPPORT OF THE ORGANIZATION'S PROGRAMS, CONSISTENT WITH MAINTAINING THE FUND'S PURCHASING POWER OVER TIME AND SUFFICIENT TO ENSURE THE ORGANIZATION'S PRUDENT ABILITY TO PLAN STRATEGICALLY FOR THE LONG-TERM CONTINUED SUCCESS OF ITS MISSION. THE PRIMARY OBJECTIVE OF THE COMMITTEE IS TO SEEK STABLE TOTAL REAL RETURNS OVER THE LONG-TERM, WHILE ENSURING ADEQUATE CURRENT LIQUIDITY AND CASH FLOW TO MEET OPERATING NEEDS AND WITH AN EMPHASIS ON PRESERVATION OF THE FUND'S PRINCIPAL. THE COMMITTEE HAS THE DISCRETION TO DETERMINE THE PORTFOLIO COMPOSITION AND ASSET ALLOCATION OF THE FUND, BOTH BY ASSET CLASS AND WITHIN EACH CLASS. AS OF SEPTEMBER 30, 2009, THE ASSETS OF THIS FUND WERE INVESTED AS FOLLOWS: STOCKS AND STOCK MUTUAL FUNDS (44%), FIXED

**Part XIV** Supplemental Information (continued)

INCOME AND SHORT-TERM INVESTMENTS (17%), LIMITED PARTNERSHIPS (33%) AND  
COMMODITIES (6%).

THE BOARD OF TRUSTEES HAS AUTHORIZED THE ESTABLISHMENT OF A SEGREGATED  
FUND TO MEET THE ORGANIZATION'S OBLIGATIONS UNDER CHARITABLE GIFT ANNUITY  
CONTRACTS, AND ADOPTED AN INVESTMENT POLICY FOR SUCH FUNDS DESIGNED TO  
PROVIDE FOR LONG-TERM GROWTH OF CAPITAL. TO ACHIEVE THIS OBJECTIVE, THE  
POLICY TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER  
EMPHASIS ON EQUITY-BASED INVESTMENTS. AS OF SEPTEMBER 30, 2009, THE  
ASSETS OF THIS FUND WERE INVESTED 66% IN STOCK MUTUAL FUNDS AND 34% IN  
BOND MUTUAL FUNDS.

BENEFICIAL INTERESTS IN PERPETUAL AND OTHER TRUSTS  
BENEFICIAL INTERESTS IN PERPETUAL AND OTHER TRUSTS ARE MANAGED BY  
THIRD-PARTY TRUSTEES IN ACCORDANCE WITH THE STIPULATIONS OF THE DONORS WHO  
ESTABLISHED SUCH TRUSTS.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION AND POST-RETIREMENT BENEFITS - CHANGES OTHER THAN NET

PERIODIC COST: -5642597.

INCREASE IN VALUE OF SPLIT-INTEREST AGREEMENTS: 41700.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES (FORM 990, PART VIII, LINE 6B): 12865.

DIRECT EXPENSES OF FUNDRAISING EVENTS (FORM 990, PART VIII, LINE  
8B): 7090.

COST OF GOODS SOLD (FORM 990, PART VIII, LINE 10B): 117426.

**Part XIV** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REALIZED LOSSES ON SALES OF INVESTMENTS, NET: -14718546.

NET GAINS ON SALES OF FIXED ASSETS: 142071.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES (FORM 990, PART VIII, LINE 6B): 12865.

DIRECT EXPENSES OF FUNDRAISING EVENTS (FORM 990, PART VIII, LINE 8B): 7090.

COST OF GOODS SOLD (FORM 990, PART VIII, LINE 10B): 117426.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING: 1706.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
► **Attach to Form 990 or Form 990-EZ.**

**2008**

**Open to Public Inspection**

Name of the organization

**THE SEEING EYE, INC.**

Employer identification number

**22-1539721**

	YES	NO
<b>1</b> 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? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> 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? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>IN LIEU OF THE USE OF NEWSPAPER OR BROADCAST MEDIA, WE PUBLICIZE OUR RACIALLY NONDISCRIMINATORY POLICY VIA OUR WEBSITE.</b>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Admissions policies? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Employment of faculty or administrative staff? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Scholarships or other financial assistance? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Educational policies? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Use of facilities? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Athletic programs? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Other extracurricular activities? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
<b>7</b> 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," attach an explanation .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule E (Form 990 or 990-EZ) 2008



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		ONLINE AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	73,140.		73,140.
	2	Less: Charitable contributions	81,153.		81,153.
	3	Gross revenue (line 1 minus line 2)	-8,013.		-8,013.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	7,090.		7,090.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 7,090.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			-15,103.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

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

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**THE SEEING EYE, INC.**

Employer identification number

**22-1539721**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MORRIS ANIMAL FOUNDATION 10200 EAST GIRARD AVENUE SUITE B430 DENVER, CO 80231	84-6032307	501(C)(3)	20,000.	0.			MORRIS ANIMAL FOUNDATION FUNDS STUDIES RELATED TO IMPROVING THE OVERALL WELL-BEING OF COMPANION
CORNELL UNIVERSITY, DIVISION OF FINANCIAL AFFAIRS - 341 PINE TREE ROAD - ITHACA, NY 14850-0022	15-0532082	501(C)(3)	30,000.	0.			THIS GRANT FUNDS WORK BEING DONE BY DRS. MARJORY BROOKS AND JAMES CATALFAMO OF CORNELL
TRUSTEES, UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET ROOM P-221 - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	104,728.	0.			THIS GRANT FUNDS WORK BEING DONE BY DR. JAMES SERPEL AND HIS STAFF AT THE UNIVERSITY OF

- 2** Enter total number of section 501(c)(3) and government organizations ..... **3.**
- 3** Enter total number of other organizations .....

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

Schedule I (Form 990) 2008

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION REGULARLY MONITORS THE WORK  
 PROGRESS ON RESEARCH PROJECTS CONDUCTED BY THIRD-PARTIES, THROUGH QUARTERLY  
 PROGRESS REPORTS WRITTEN BY THE PROJECT'S PRINCIPAL INVESTIGATOR AND/OR  
 RECEIPTS OF PROJECT DELEVERABLES THAT HAVE BEEN DEVELOPED UNDER THE  
 AUSPICES OF A PARTICULAR PROJECT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MORRIS ANIMAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MORRIS ANIMAL FOUNDATION FUNDS

**Part IV** Supplemental Information

STUDIES RELATED TO IMPROVING THE OVERALL WELL-BEING OF COMPANION ANIMALS. THEY ARE CURRENTLY FUNDING TWO PROJECTS OF PRIMARY INTEREST TO THE SEEING EYE: 1. CORNELL UNIVERSITY STUDIES TO PERFECT TOOLS FOR IDENTIFYING DISEASE CAUSING GENES BY USING DNA SAMPLES AND 2) UNIVERSITY OF PENNSYLVANIA STUDIES TO IDENTIFY RISK FACTORS RELATED TO THE PREMATURE FAILURE OF DOGS WORKING AS GUIDES FOR BLIND PEOPLE.

NAME OF ORGANIZATION OR GOVERNMENT:

CORNELL UNIVERSITY, DIVISION OF FINANCIAL AFFAIRS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT FUNDS WORK BEING DONE BY DR. MARJORY BROOKS AND JAMES CATALFAMO OF CORNELL UNIVERSITY. THEY ARE STUDYING THE PHYSIOLOGIC AND GENETIC BASIS FOR THE BLEEDING DISORDER KNOWN AS PLATELET PROCOAGULANT DEFICIENCY IN DOGS, OR KNOWN AS SCOTT'S SYNDROME IN HUMANS.

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES, UNIVERSITY OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT FUNDS WORK BEING DONE BY DR. JAMES SERPEL AND HIS STAFF AT THE UNIVERSITY OF PENNSYLVANIA. THE AIM OF THIS PROJECT IS TO DEVELOP TOOLS FOR BETTER ASSESSING ASPECTS OF CANINE BEHAVIOR. AS NEW TOOLS ARE DEVELOPED AND THEIR EFFECTIVENESS HAS BEEN PROVEN, THE DETAILS ABOUT EACH TOOL ARE BEING SHARED THROUGH SCIENTIFIC PAPERS AND PRESENTATIONS MADE AT NATIONAL AND INTERNATIONAL MEETINGS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **THE SEEING EYE, INC.** Employer identification number **22-1539721**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is 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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a: <b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes," to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>

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

Schedule J (Form 990) 2008

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Name of the organization

**THE SEEING EYE, INC.**

**Employer identification number**  
**22-1539721**

**Part I Bond Issues** (Required for 2008)

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
<b>A</b>	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	64577HPM7	04/15/05	19199963.	ADVANCE REFUND BONDS ISSUED IN '99		X		X
<b>B</b>										
<b>C</b>										
<b>D</b>										
<b>E</b>										

**Part II Proceeds** (Optional for 2008)

	A		B		C		D		E	
<b>1</b> Total proceeds of issue .....	19,199,963.									
<b>2</b> Gross proceeds in reserve funds .....	268,090.									
<b>3</b> Proceeds in refunding or defeasance escrows .....	18,271,057.									
<b>4</b> Other unspent proceeds .....										
<b>5</b> Issuance costs from proceeds .....	660,816.									
<b>6</b> Working capital expenditures from proceeds .....										
<b>7</b> Capital expenditures from proceeds .....										
<b>8</b> Year of substantial completion .....	2005									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b> Were the bonds issued as part of a current refunding issue? ...		X								
<b>10</b> Were the bonds issued as part of an advance refunding issue? .....	X									
<b>11</b> Has the final allocation of proceeds been made? .....	X									
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

**Part III Private Business Use** (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X								
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use? .....		X								

<b>Part III Private Business Use</b> (Continued)										
	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....		X								
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? ...		X								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....		X								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X									

<b>Part IV Arbitrage</b> (Optional for 2008)										
	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....										
<b>2</b> Is the bond issue a variable rate issue? .....										
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? .....										
<b>b</b> Name of provider .....										
<b>c</b> Term of hedge .....										
<b>4a</b> Were gross proceeds invested in a GIC? .....										
<b>b</b> Name of provider .....										
<b>c</b> Term of GIC .....										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....										
<b>6</b> Did the bond issue qualify for an exception to rebate? .....										



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization

**THE SEEING EYE, INC.**

Employer identification number

**22-1539721**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	10	102,609	SELLING PRICE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE ORGANIZATION USES A FINANCIAL INSTITUTION TO  
SELL ALL GIFTS OF PUBLICLY TRADED SECURITIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

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

OF TRAINING DOGS AS GUIDES FOR BLIND PERSONS, TRAINS DOGS TO GUIDE

BLIND PERSONS, INSTRUCTS BLIND PERSONS IN THE PROPER USE AND HANDLING

OF THE DOGS, AND INFORMS THE PUBLIC ABOUT THE ROLE OF GUIDE DOGS AND

THE CAPABILITIES OF BLIND PERSONS TO LIVE INDEPENDENTLY.

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

PUBLIC AND PROFESSIONAL INFORMATION SERVICES: INFORMATION DISSEMINATION

TO PROMOTE GREATER PUBLIC UNDERSTANDING AND WIDER ACCEPTANCE IN SOCIETY

FOR BLIND INDIVIDUALS ACCOMPANIED BY TRAINED GUIDE DOGS, THROUGH THE

USE OF TELEVISION, RADIO, FILMS, EXHIBITS, BOOKS, MAGAZINES, SEMINARS,

NEWSPAPERS, ETC. IN ADDITION, THESE SERVICES INCLUDE DISTRIBUTION OF

INFORMATION HELPFUL TO BLIND INDIVIDUALS.

EXPENSES \$ 996810. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6825.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION HAS ENGAGED THE

SERVICES OF ITS INDEPENDENT ACCOUNTING FIRM TO ASSIST MANAGEMENT IN THE

PREPARATION AND REVIEW OF A DRAFT OF THE FORM 990. THE BOARD OF TRUSTEES

HAS DELEGATED TO ITS AUDIT COMMITTEE THE RESPONSIBILITY TO REVIEW AND

APPROVE THE FORM 990 PRIOR TO FILING. SUBSEQUENT TO THE APPROVAL OF THE

AUDIT COMMITTEE, AND PRIOR TO FILING, A COPY OF THE FORM 990 IS FORWARDED

TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, KEY EMPLOYEES AND

MEMBERS OF THE BOARD OF TRUSTEES HAVE BEEN FORWARDED A COPY OF THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY. ON AN ANNUAL BASIS, ALL

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

OFFICERS, KEY EMPLOYEES AND MEMBERS OF THE BOARD OF TRUSTEES ARE PROVIDED A COPY OF SUCH POLICY, AND ARE REQUIRED TO COMPLETE A DISCLOSURE FORM TO CONFIRM THEY HAVE REVIEWED AND AGREED TO ABIDE BY SUCH POLICY AND TO REPORT ANY CONFLICTS OF INTERESTS TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT: THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (WHICH IS COMPRISED OF TRUSTEES WHO ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES) IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE ORGANIZATION'S PRESIDENT/CEO AT LEAST ANNUALLY. THIS REVIEW IS DONE IN ACCORDANCE WITH THE ORGANIZATION'S EXECUTIVE COMPENSATION POLICY, WHICH REQUIRES THE REVIEW OF BENCHMARK COMPENSATION DATA AND DOCUMENTED SUBSTANTIATION OF COMPENSATION RECOMMENDATIONS. COMPENSATION RECOMMENDATIONS FROM THE COMPENSATION COMMITTEE ARE SUBJECT TO FURTHER REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE AT THE BOARD OF TRUSTEES, AS WELL AS THE FULL BOARD OF TRUSTEES.

OFFICERS OR KEY EMPLOYEES: PURSUANT TO THE ORGANIZATION'S EXECUTIVE COMPENSATION POLICY, THE PRESIDENT/CEO IS RESPONSIBLE TO CONDUCT PERFORMANCE REVIEWS, COMPARABLE SALARY BENCHMARKS AND MAKE COMPENSATION RECOMMENDATIONS TO THE COMPENSATION COMMITTEE. ALL SUCH COMPENSATION RECOMMENDATIONS REQUIRE THE APPROVAL OF THE COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
NJ, AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NM, NY, NC  
ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, DC, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

THE SEEING EYE, INC.

Employer identification number

22-1539721

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

FORM 990 PART XI 2C EXPLANATION

OVERSIGHT OF AUDIT CHANGES IN PROCEDURE

THE SEEING EYE, INC. HAS NOT CHANGED ITS PROCEDURES REGARDING THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT SINCE THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PETER N CRNKOVICH

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - MANAGEMENT FEES PAID TO MORGAN STANLEY RE: INVESTMENT BY THE ORGANIZATION IN A LIMITED PARTNERSHIP MANAGED BY MORGAN STANLEY.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning OCT 1, 2008, and ending SEP 30, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**THE SEEING EYE, INC.**

**22-1539721**

Name and title of officer

**JAMES A KUTSCH, JR.  
PRESIDENT AND CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> <u>1270799</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize AMPER, POLITZINER & MATTIA, LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20076412345  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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