

Form 990
Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending.
C Name of organization: EVERSIGHT
Doing business as:
Number and street (or P O box if mail is not delivered to street address): 4889 VENTURE DRIVE
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ANN ARBOR, MI 48108
F Name and address of principal officer: DAVID BOSCH, 4889 VENTURE DRIVE, ANN ARBOR, MI 48108
H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: WWW.EVERSIGHTVISION.ORG
K Form of organization: Corporation
L Year of formation: 1986
M State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EVERSIGHT IS A 501(C)3 NONPROFIT ORGANIZATION WITH THE MISSION TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH THE HEALING POWER OF DONATION, TRANSPLANTATION AND RESEARCH THE EVERSIGHT NETWORK IS RESPONSIBLE FOR RECOVERING, EVALUATING AND PROVIDING HUMAN EYE TISSUE FOR TRANSPLANTATION, SUPPORTING RESEARCH INTO THE CAUSES AND CURES OF BLINDING EYE CONDITIONS, PROMOTING DONATION AWARENESS THROUGH PUBLIC AND PROFESSIONAL EDUCATION, AND PROVIDING HUMANITARIAN AID TO PEOPLE AROUND THE WORLD IN NEED OF CORNEAL TRANSPLANTATION FOUNDED IN 1947, EVERSIGHT MAINTAINS ITS COMMITMENT TO EXCELLENCE AS AN ACCREDITED MEMBER OF THE EYE BANK ASSOCIATION OF AMERICA (EBAA) AND BY MEETING THE HIGHEST QUALITY STANDARDS SET BY THE U S FOOD AND DRUG ADMINISTRATION THE NONPROFIT OPERATES 24/7/365 IN CONNECTICUT, ILLINOIS, MICHIGAN, NEW JERSEY, OHIO AND SOUTH KOREA, AND COLLABORATES WITH SURGEONS, RESEARCHERS, ACADEMIC MEDICAL CENTERS AND EYE BANKS ACROSS THE UNITED STATES AND ABROAD EVERSIGHT WORKS WITH TH

Table with 2 columns: Description, Amount.
3 Number of voting members of the governing body (Part VI, line 1a) 13
4 Number of independent voting members of the governing body (Part VI, line 1b) 13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 199
6 Total number of volunteers (estimate if necessary) 293
7a Total unrelated business revenue from Part VIII, column (C), line 12 0
7b Net unrelated business taxable income from Form 990-T, line 34

Table with 3 columns: Description, Prior Year, Current Year.
8 Contributions and grants (Part VIII, line 1h) 332,911 840,439
9 Program service revenue (Part VIII, line 2g) 10,320,578 21,135,494
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 296,380 948,540
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -33,027 -63,619
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,916,842 22,860,854

Table with 3 columns: Description, Prior Year, Current Year.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
14 Benefits paid to or for members (Part IX, column (A), line 4) 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,773,440 12,341,991
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
b Total fundraising expenses (Part IX, column (D), line 25) 1,156,863
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,990,241 10,274,878
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 11,763,681 22,616,869
19 Revenue less expenses Subtract line 18 from line 12 -846,839 243,985

Table with 3 columns: Description, Beginning of Current Year, End of Year.
20 Total assets (Part X, line 16) 25,190,446 24,200,521
21 Total liabilities (Part X, line 26) 13,267,988 12,852,055
22 Net assets or fund balances Subtract line 21 from line 20 11,922,458 11,348,466

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

Signature of officer: *****
Date: 2019-08-07
DAVID BOSCH PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: YEO & YEO PC
Preparer's signature:
Date: 2019-09-04
Check if self-employed:
PTIN: P01321580
Firm's EIN: 38-2706146
Firm's address: 1450 EISENHOWER PLACE, ANN ARBOR, MI 481083283
Phone no: (734) 769-1331

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

EVERSIGHT'S MISSION IS TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH THE HEALING POWER OF DONATION, TRANSPLANTATION AND RESEARCH. BLINDING EYE DISEASES AFFECT 80 MILLION AMERICANS. THAT MEANS MILLIONS OF PEOPLE CANNOT SEE THEIR LOVED ONES, DRIVE TO WORK OR READ THE NEWSPAPER ON A SUNDAY MORNING. THEIR VISION LOSS RESULTS IN AN ECONOMIC IMPACT OF 51.4 BILLION EVERY YEAR IN THE UNITED STATES ALONE. EVER SIGHT ENVISIONS A WORLD WITHOUT BLINDNESS-A WORLD WHERE ALL MOTHERS CAN SEE THEIR CHILDREN AND EVERY CHILD CAN GROW UP TO LEAD INDEPENDENT, PRODUCTIVE LIVES THROUGH THE GIFT OF SIGHT. TO MAKE VISION A REALITY FOR ALL, EVER SIGHT AIMS TO EXPAND ITS REACH, CONNECT MORE EFFECTIVELY WITH COMMUNITIES IN NEED AND PROVIDE THE GIFT OF SIGHT TO EVERYONE.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 15,027,773 including grants of \$) (Revenue \$ 21,912,971)
See Additional Data

4b (Code) (Expenses \$ 377,365 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,448,934 including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 16,854,072

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,540,042	355,456	1,184,586	
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	8,004,880	5,684,358	1,638,905	681,617
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	410,850	321,914	67,677	21,259
9 Other employee benefits	1,575,514	1,091,919	382,479	101,116
10 Payroll taxes	810,705	524,027	230,153	56,525
11 Fees for services (non-employees)				
a Management				
b Legal	22,785		22,785	
c Accounting	40,730		40,730	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,879		66,879	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	418,312	275,745	142,567	
12 Advertising and promotion				
13 Office expenses	124,315	101,978	14,760	7,577
14 Information technology				
15 Royalties				
16 Occupancy	1,049,630	811,660	165,353	72,617
17 Travel	145,336	77,816	63,823	3,697
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	152,435	89,518	52,516	10,401
20 Interest	38,023	3,399	34,315	309
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	652,413	548,937	74,634	28,842
23 Insurance	155,712	120,529	20,918	14,265
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLINICAL LAB & TECH EXP	5,923,731	5,923,731		
b EQUIPEMENT RENTAL & MAINT	331,106	251,204	59,482	20,420
c MISCELLANEOUS	286,593	7,684	278,778	131
d MEMBERSHIP DUES	199,304	199,304		
e All other expenses	667,574	464,893	64,594	138,087
25 Total functional expenses. Add lines 1 through 24e	22,616,869	16,854,072	4,605,934	1,156,863
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	693,708	1	1,868,792
	2 Savings and temporary cash investments	163,675	2	181,051
	3 Pledges and grants receivable, net	29,978	3	37,175
	4 Accounts receivable, net	3,289,775	4	2,474,964
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	57,238	9	59,144
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10,837,076		
	b Less accumulated depreciation	10b 8,681,200	2,711,379	10c 2,155,876
	11 Investments—publicly traded securities	7,086,005	11	6,272,754
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	11,158,688	15	11,150,765
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,190,446	16	24,200,521	
Liabilities	17 Accounts payable and accrued expenses	2,112,416	17	1,931,426
	18 Grants payable		18	
	19 Deferred revenue	125,595	19	97,526
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,137,500	23	497,500
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	9,892,477	25	10,325,603
	26 Total liabilities. Add lines 17 through 25	13,267,988	26	12,852,055
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,644,968	27	11,117,974
	28 Temporarily restricted net assets	185,537	28	138,538
	29 Permanently restricted net assets	91,953	29	91,954
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,922,458	33	11,348,466	
34 Total liabilities and net assets/fund balances	25,190,446	34	24,200,521	

Form 990, Part III, Line 4b:

FINDING A CURE IN THE PURSUIT TO ELIMINATE BLINDING EYE DISEASES, EVERSIGHT ESTABLISHED THE EVERSIGHT CENTER FOR VISION AND EYE BANKING RESEARCH IN CLEVELAND, OHIO, TO PROVIDE LEADING OPHTHALMOLOGY RESEARCHERS WITH THE RESOURCES THEY NEED TO FIND CURES AND TREATMENTS FOR EYE DISEASES SUCH AS AGE-RELATED MACULAR DEGENERATION, DIABETIC RETINOPATHY AND GLAUCOMA EVERSIGHT PROVIDES MORE THAN 3,000 TISSUES ANNUALLY FOR RESEARCH AND EDUCATION PURPOSES EVERSIGHT HAS A LONGSTANDING TRACK RECORD OF RESEARCH AND DEVELOPMENT, TO DATE AWARDING MORE THAN 4 MILLION IN GRANTS THAT STIMULATE PIONEERING CLINICAL AND BASIC SCIENCE RESEARCH AIMING TO DEVELOP NEW WAYS TO RESTORE SIGHT, PREVENT BLINDNESS AND ULTIMATELY HELP PATIENTS LIVE LIFE TO THE FULLEST THE ORGANIZATION ALSO FACILITATES RESEARCH INITIATIVES DRIVEN BY EVERSIGHT TEAM MEMBERS WHO ARE ACTIVELY INVOLVED IN OCULAR RESEARCH AND REGULARLY PUBLISH IN PRESTIGIOUS PEER-REVIEWED JOURNALS CHARITABLE DONATIONS TO EVERSIGHT'S GIFT OF HOPE FUND HELP PROVIDE TISSUES AND GRANT FUNDING TO RESEARCHERS INVESTIGATING CAUSES AND TREATMENTS OF BLINDING EYE DISEASES SINCE 1980, THE EYE & VISION RESEARCH GRANT PROGRAM HAS SUPPORTED RESEARCHERS AT LEADING ACADEMIC MEDICAL INSTITUTIONS INCLUDING HARVARD, TUFTS, CLEVELAND CLINIC, CASE WESTERN RESERVE, UNIVERSITY OF MICHIGAN AND NORTHWESTERN BY DESIGN, EVERSIGHT'S GRANT PROGRAM PROVIDES CRITICAL, EARLY-STAGE FUNDING OR SEED GRANTS THAT ARE INTENDED TO DRIVE FOUNDATIONAL RESEARCH AND DISCOVERY MANY OF THESE PROJECTS HAVE STIMULATED LARGER-SCALE STUDIES AND WON FURTHER FINANCIAL SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH FIVE GRANTS TOTALING 95,000 WERE AWARDED IN 2018 AND RESEARCHERS RECEIVED SIX GRANTS TOTALING 105,000 IN 2019 EACH YEAR, RECIPIENTS ARE SELECTED BY AN INDEPENDENT REVIEW PANEL COMPRISED OF FOREMOST ACADEMICS, OPHTHALMOLOGISTS AND HEALTH SERVICES RESEARCHERS THIS DISTINGUISHED REVIEW PANEL FUNDS PROPOSALS THAT ALIGN WITH EVERSIGHT'S MISSION TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH MEANINGFUL SCIENTIFIC INQUISITION

Form 990, Part III, Line 4c:

SUSTAINABLE INTERNATIONAL IMPACT ACCORDING TO THE WORLD HEALTH ORGANIZATION, EVERY DOLLAR SPENT ON IMPROVING EYE HEALTH IN UNDERDEVELOPED AREAS GENERATES A FOUR-FOLD RETURN ON INVESTMENT EVERSIGHT ACTIVELY WORKS WITH MEDICAL PROFESSIONALS, GOVERNMENTS, VISION HEALTH ORGANIZATIONS AND OTHER NGOS IN COUNTRIES LACKING EYE BANKS AND INFRASTRUCTURE TO RESTORE SIGHT TO MILLIONS IN NEED MOST RECENTLY-THROUGH AN EVERSIGHT PARTNERSHIP WITH PAKISTANI MEDICAL PROFESSIONALS AND ORGANIZATIONS-THE FIRST OF THREE NEW WORLD-CLASS EYE BANKS OPENED IN 2019 AT AL-SHIFA TRUST EYE HOSPITAL IN RAWALPINDI, PAKISTAN PAKISTAN PRESIDENT ARIF ALVI CALLED THE PROGRAM "A REVOLUTIONARY STEP IN RETURNING EYESIGHT" FOR AS MANY AS TWO MILLION PAKISTANIS WHO ARE BLIND DUE TO EYE DISEASES AND AN ESTIMATED 250,000 WHO ARE SUFFERING WITH CORNEAL BLINDNESS WITH PROVEN EYE BANKING AND TECHNICAL TRAINING PRACTICES AND HAVING PLAYED A PART IN THE ELIMINATION OF THE U S CORNEA TRANSPLANT WAITING LIST, EVERSIGHT UNIQUELY QUALIFIED TO WORK WITH COUNTRIES LACKING TRANSPLANT PROGRAMS TO HELP THEM ESTABLISH A NATIONAL NETWORK FOR EYE BANKING AND CORNEA DONATION WITH CULTURALLY APPROPRIATE DONATION MODELS AND STATE-OF-THE-ART CLINICAL CAPABILITIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID BOSCH PRESIDENT &	47 50	X		X				200,504	0	30,384
SAID ISSA MD CHAIR	1 00	X		X				0	0	0
EDWARD HUNTER VICE CHAIR	1 00	X		X				0	0	0
GARY BABCOCK TREASURER	1 00	X		X				0	0	0
JONATHAN LASS MD SECRETARY	1 00	X		X				0	0	0
BUSHARAT AHMAD MD DIRECTOR	1 00	X						0	0	0
JAROLD ANDERSON DIRECTOR	1 00	X						0	0	0
RASHID L BASHSHUR DIRECTOR	1 00	X						0	0	0
WILLIAM CONSTAD MD DIRECTOR	1 00	X						0	0	0
ALAN DANINHIRSCH DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATTY JO HERNDON DIRECTOR	1 00	X						0	0	0
MATTHEW KRICHBAUM DIRECTOR	1 00	X						0	0	0
ESTHER LAMOTHE DIRECTOR	1 00	X						0	0	0
ELSPETH MOORE DIRECTOR	1 00	X						0	0	0
FLORENCE M JOHNSON PRESIDNET EM	1 00	X						0	0	0
MARILYN R LINDENAUER PRESIDENT EM	1 00	X						0	0	0
DARLENE WADE BOARD LIAISO	1 00	X						0	0	0
KEVIN ROSS FRM PRESIDE	47 50			X				208,754	0	36,042
CHARLES PIVONEY COO	47 50			X				169,516	0	29,342
MICHAEL O'KEEFE COO	47 50			X				160,874	0	24,958

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE COLLINS CFO	47 50			X				159,626	0	24,958
MICHAEL TITUS VP CLINICAL	47 50			X				148,494	0	26,653
KRISTEN MCCOY VP INNOVATIO	47 50			X				143,207	0	26,417
DIANE HOLLINGSWORTH VP PARTNER R	47 50			X				128,191	0	22,123
CATHERINE MCCLORY DIR COMPLIA	47 50					X		121,173	0	12,115
DIANA KERN VP PHILANTHR	47 50					X		118,708	0	14,751
INDU VADAKKEPATTACH DATA SCI &	47 50					X		118,064	0	12,672
DEBBIE MAY-JOHNSON DIR PHILANT	47 50					X		116,818	0	25,176
ANDREA MEDRANO DIR HUMAN R	47 50					X		106,296	0	13,561

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number
38-2117115

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	227,600	58,047	8,082	332,911	840,439	1,467,079
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,974,194	17,793,919	17,098,627	10,344,492	21,135,494	90,346,726
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	24,201,794	17,851,966	17,106,709	10,677,403	21,975,933	91,813,805
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					266,642	266,642
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b					266,642	266,642
8	Public support. (Subtract line 7c from line 6)						91,547,163

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	24,201,794	17,851,966	17,106,709	10,677,403	21,975,933	91,813,805
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	144,435	136,790	168,468	84,679	171,063	705,435
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	144,435	136,790	168,468	84,679	171,063	705,435
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	32,081		27,557			59,638
13	Total support. (Add lines 9, 10c, 11, and 12)	24,378,310	17,988,756	17,302,734	10,762,082	22,146,996	92,578,878
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	98.890 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.140 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	1.000 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.000 %

- 19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART III, LINE 12	MISCELLANEOUS 59,638

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
EVERSIGHT

Employer identification number
38-2117115

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|-----------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	179,087	174,087	174,087	174,087	174,087
b Contributions		5,000			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	179,087	179,087	174,087	174,087	174,087

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 49 000 %
 - b** Permanent endowment ▶ 51 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--------------------------------------------------------------------------------------------------------|--------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,000		170,000
b Buildings		1,709,263	563,002	1,146,261
c Leasehold improvements		2,027,241	1,673,974	353,267
d Equipment		1,253,455	927,124	326,331
e Other		5,677,117	5,517,100	160,017
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,155,876

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

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

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

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

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM RELATED ENTITY	10,801,959
(2) DEPOSIT	311,643
(3) INTEREST RECEIVABLE	23,196
(4) OTHER ASSETS	13,967
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	11,150,765

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYABLE TO RELATED ENTITY	10,325,603
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	10,325,603

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	21,975,998
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-947,118
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	129,141
e	Add lines 2a through 2d	2e	-817,977
3	Subtract line 2e from line 1	3	22,793,975
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	66,879
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	66,879
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	22,860,854

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

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

1	Total expenses and losses per audited financial statements	1	22,549,990
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	22,549,990
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	66,879
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	66,879
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	22,616,869

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 38-2117115

Name: EVERSIGHT

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE PURPOSE OF THE GIFT OF HOPE EYE AND VISION RESEARCH ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO SUPPORT THE MIDWEST EYE-BANKS' GIFT OF HOPE EYE AND VISIONS RESEARCH PROGRAM THE PURPOSE OF THE GIFT OF SIGHT CHARITABLE ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO SUPPORT MIDWEST EYE-BANKS' PROGRAM WHICH WAIVES TISSUE PROCESSING FEES, OR REDUCES THE FEE FOR PATIENTS WHO ARE UNABLE TO PAY THE FULL AMOUNT THE PURPOSE OF THE COMMUNITY EDUCATION ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO SUPPORT THE MIDWEST EYE-BANKS' COMMUNITY EDUCATION PROGRAM

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENT EXPENSES 129,141

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number

38-2117115

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		GALA (event type)	SATURDAY FOR SI (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	57,275	39,038	86,811	183,124
	2 Less Contributions	39,975	33,948	43,679	117,602
	3 Gross income (line 1 minus line 2)	17,300	5,090	43,132	65,522
Direct Expenses	4 Cash prizes			179	179
	5 Noncash prizes	22,341	6,931	15,121	44,393
	6 Rent/facility costs	12,242		21,988	34,230
	7 Food and beverages	26,260	5,274	4,151	35,685
	8 Entertainment	1,385		57	1,442
	9 Other direct expenses	5,455	836	6,921	13,212
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				129,141
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-63,619

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶
 Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
EVERSIGHT

Employer identification number
38-2117115

Part I Questions Regarding Compensation

	Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<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)		
<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)			
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input 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		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input 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			
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No		
	5b	No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID BOSCH PRESIDENT & CEO	(i)	200,504			30,384		230,888	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 KEVIN ROSS FRM PRESIDENT & CEO	(i)	208,754			36,042		244,796	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 CHARLES PIVONEY COO	(i)	169,516			29,342		198,858	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 MICHAEL O'KEEFE COO	(i)	160,874			24,958		185,832	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 JULIE COLLINS CFO	(i)	159,626			24,958		184,584	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 MICHAEL TITUS VP CLINICAL SERVICES	(i)	148,494			26,653		175,147	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 KRISTEN MCCOY VP INNOVATIONS	(i)	143,207			26,417		169,624	
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 DIANE HOLLINGSWORTH VP PARTNER RELATIONS	(i)	128,191			22,123		150,314	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III **Supplemental Information**

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number
38-2117115

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 ▶ ()	X	7	47,539	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
EVERSIGHT

Employer identification number

38-2117115

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>EVERSIGHT'S MISSION IS TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH THE HEALING POWER OF DONATION, TRANSPLANTATION AND RESEARCH BLINDING EYE DISEASES AFFECT 80 MILLION AMERICANS THAT MEANS MILLIONS OF PEOPLE CANNOT SEE THEIR LOVED ONES, DRIVE TO WORK OR READ THE NEW SPAPER ON A SUNDAY MORNING THEIR VISION LOSS RESULTS IN AN ECONOMIC IMPACT OF 51 4 BILLIO N EVERY YEAR IN THE UNITED STATES ALONE EVERSIGHT ENVISIONS A WORLD WITHOUT BLINDNESS-A W ORLD WHERE ALL MOTHERS CAN SEE THEIR CHILDREN AND EVERY CHILD CAN GROW UP TO LEAD INDEPEND ENT, PRODUCTIVE LIVES THROUGH THE GIFT OF SIGHT TO MAKE VISION A REALITY FOR ALL, EVERSIG HT AIMS TO EXPAND ITS REACH, CONNECT MORE EFFECTIVELY WITH COMMUNITIES IN NEED AND PROVIDE THE GIFT OF SIGHT TO EVERYONE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	RESORING SIGHT IN 2018, EVERSIGHT PROVIDED THE GIFT OF SIGHT TO MORE THAN 8,000 PEOPLE ACROSS THE UNITED STATES AND AROUND THE WORLD EVERSIGHT'S WORK BEGAN IN 1947 WITH THE ESTABLISHMENT OF THE FOURTH EYE BANK IN THE UNITED STATES, THEN KNOWN AS THE ILLINOIS EYE-BANK OVER TIME, NONPROFIT EYE BANKS WERE ESTABLISHED IN EVERY STATE TO MEET THE CRITICAL DEMAND FOR CORNEAL TISSUE TO TREAT PREVENTABLE BLINDNESS IN 1985, THE ILLINOIS EYE-BANK AND MICHIGAN EYE-BANK FORMED A PARTNERSHIP- ONE THAT WOULD EARN A REPUTATION FOR CLINICAL EXCELLENCE MADE POSSIBLE BY SOME OF THE FINEST MEDICAL DIRECTORS, STAFF AND BOARD MEMBERS IN THE EYE BANKING FIELD THE SUCCESS OF THE ORGANIZATION ATTRACTED AFFILIATIONS WITH OTHER REGIONAL EYE BANKS LIKE THE BROMENN-WATSON GAILEY EYE-BANK, LIONS EYE BANK OF NEW JERSEY, CLEVELAND EYE BANK AND THE CONNECTICUT EYE BANK, FORMING ONE OF THE LARGEST NETWORKS OF EYE BANKS IN THE U S IN 2015, THE NETWORK BECAME KNOWN AS EVERSIGHT, ALL WORKING TOGETHER AS A UNIFIED OPERATION TO DELIVER THE HIGHEST QUALITY SERVICES TO SURGEONS AND THEIR PATIENTS AND TO CONTINUE TO GROW OUR IMPACT AROUND THE WORLD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>FINDING A CURE IN THE PURSUIT TO ELIMINATE BLINDING EYE DISEASES, EVERSIGHT ESTABLISHED THE EVERSIGHT CENTER FOR VISION AND EYE BANKING RESEARCH IN CLEVELAND, OHIO, TO PROVIDE LEADING OPHTHALMOLOGY RESEARCHERS WITH THE RESOURCES THEY NEED TO FIND CURES AND TREATMENTS FOR EYE DISEASES SUCH AS AGE-RELATED MACULAR DEGENERATION, DIABETIC RETINOPATHY AND GLAUCOMA</p> <p>EVERSIGHT PROVIDES MORE THAN 3,000 TISSUES ANNUALLY FOR RESEARCH AND EDUCATION PURPOSES</p> <p>EVERSIGHT HAS A LONGSTANDING TRACK RECORD OF RESEARCH AND DEVELOPMENT, TO DATE AWARDING MORE THAN 4 MILLION IN GRANTS THAT STIMULATE PIONEERING CLINICAL AND BASIC SCIENCE RESEARCH AIMING TO DEVELOP NEW WAYS TO RESTORE SIGHT, PREVENT BLINDNESS AND ULTIMATELY HELP PATIENTS LIVE LIFE TO THE FULLEST</p> <p>THE ORGANIZATION ALSO FACILITATES RESEARCH INITIATIVES DRIVEN BY EVERSIGHT TEAM MEMBERS WHO ARE ACTIVELY INVOLVED IN OCULAR RESEARCH AND REGULARLY PUBLISH IN PRESTIGIOUS PEER-REVIEWED JOURNALS</p> <p>CHARITABLE DONATIONS TO EVERSIGHT'S GIFT OF HOPE FUND HELP PROVIDE TISSUES AND GRANT FUNDING TO RESEARCHERS INVESTIGATING CAUSES AND TREATMENTS OF BLINDING EYE DISEASES</p> <p>SINCE 1980, THE EYE & VISION RESEARCH GRANT PROGRAM HAS SUPPORTED RESEARCHERS AT LEADING ACADEMIC MEDICAL INSTITUTIONS INCLUDING HARVARD, TUFTS, CLEVELAND CLINIC, CASE WESTERN RESERVE, UNIVERSITY OF MICHIGAN AND NORTHWESTERN</p> <p>BY DESIGN, EVERSIGHT'S GRANT PROGRAM PROVIDES CRITICAL, EARLY-STAGE FUNDING OR SEED GRANTS THAT ARE INTENDED TO DRIVE FOUNDATIONAL RESEARCH AND DISCOVERY</p> <p>MANY OF THESE PROJECTS HAVE STIMULATED LARGER-SCALE STUDIES AND WON FURTHER FINANCIAL SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH</p> <p>FIVE GRANTS TOTALING 95,000 WERE AWARDED IN 2018 AND RESEARCHERS RECEIVED SIX GRANTS TOTALING 105,000 IN 2019</p> <p>EACH YEAR, RECIPIENTS ARE SELECTED BY AN INDEPENDENT REVIEW PANEL COMPRISED OF FOREMOST ACADEMICS, OPHTHALMOLOGISTS AND HEALTH SERVICES RESEARCHERS</p> <p>THIS DISTINGUISHED REVIEW PANEL FUNDS PROPOSALS THAT ALIGN WITH EVERSIGHT'S MISSION TO RESTORE SIGHT AND PREVENT BLINDNESS THROUGH MEANINGFUL SCIENTIFIC INQUIRY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>SUSTAINABLE INTERNATIONAL IMPACT ACCORDING TO THE WORLD HEALTH ORGANIZATION, EVERY DOLLAR SPENT ON IMPROVING EYE HEALTH IN UNDERDEVELOPED AREAS GENERATES A FOUR-FOLD RETURN ON INVESTMENT EVERSIGHT ACTIVELY WORKS WITH MEDICAL PROFESSIONALS, GOVERNMENTS, VISION HEALTH ORGANIZATIONS AND OTHER NGOS IN COUNTRIES LACKING EYE BANKS AND INFRASTRUCTURE TO RESTORE SIGHT TO MILLIONS IN NEED MOST RECENTLY-THROUGH AN EVERSIGHT PARTNERSHIP WITH PAKISTANI MEDICAL PROFESSIONALS AND ORGANIZATIONS-THE FIRST OF THREE NEW WORLD-CLASS EYE BANKS OPENED IN 2019 AT AL-SHIFA TRUST EYE HOSPITAL IN RAWALPINDI, PAKISTAN PAKISTAN PRESIDENT ARIF ALVI CALLED THE PROGRAM "A REVOLUTIONARY STEP IN RETURNING EYESIGHT" FOR AS MANY AS TWO MILLION PAKISTANIS WHO ARE BLIND DUE TO EYE DISEASES AND AN ESTIMATED 250,000 WHO ARE SUFFERING WITH CORNEAL BLINDNESS WITH PROVEN EYE BANKING AND TECHNICAL TRAINING PRACTICES AND HAVING PLAYED A PART IN THE ELIMINATION OF THE U S CORNEA TRANSPLANT WAITING LIST, EVERSIGHT UNIQUELY QUALIFIED TO WORK WITH COUNTRIES LACKING TRANSPLANT PROGRAMS TO HELP THEM ESTABLISH A NATIONAL NETWORK FOR EYE BANKING AND CORNEA DONATION WITH CULTURALLY APPROPRIATE DONATION MODELS AND STATE-OF-THE-ART CLINICAL CAPABILITIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED BY THE CEO AND CFO PRIOR TO FILING COMPLETED 990 IS PROVIDED VIA E-MAIL TO ALL BOARD MEMBERS FOR COMMENTS AND QUESTIONS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE POLICY IS REVIEWED DURING NEW EMPLOYEE ORIENTATION AND ANNUALLY WITH THE ENTIRE STAFF AND BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY SENIOR STAFF UPON DISCOVERY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	A PERFORMANCE REVIEW IS CONDUCTED BY THE BOARD HR COMMITTEE WITH CEO, MERIT INCREASE IS RECOMMENDED BY THE HR COMMITTEE AND APPROVED BY THE BOARD THE CEO IS NOT PART OF COMPENSATION DISCUSSION AND CEO DOES NOT PARTICIPATE IN THE SELECTION OF BOARD MEMBERS THE CEO SALARY IS COMPARED TO SALARIES OF OTHER CEO'S AT PEER ORGANIZATIONS, OTHER EYE BANKS, OPOS, OTHER NONPROFIT ORGANIZATIONS OF SIMILAR SIZE IN 2016 THE ORGANIZATION ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT TO CONDUCT A LEADERSHIP COMPENSATION ANALYSIS THEIR SOURCE OF SALARY INFORMATION IS THE 990'S ISSUED BY PEER ORGANIZATIONS, MICHIGAN NONPROFIT ASSOCIATION SALARY SURVEY, PUBLISHED BUDGETS, WEB-BASED RESEARCH THROUGH FOIA SOURCES AND INDEPENDENT SALARY SURVEY DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	PERFORMANCE REVIEW FOR OFFICERS AND KEY EMPLOYEES IS CONDUCTED BY THE EMPLOYEES' IMMEDIATE MANAGER, MERIT INCREASES ARE RECOMMENDED BY THE MANAGER AND APPROVED BY THE CEO SALARIES OF OFFICERS AND KEY EMPLOYEES ARE COMPARED TO SALARIES OF OTHER SIMILAR POSITIONS AT PEER ORGANIZATIONS, OTHER EYE BANKS, OPOS, OTHER NONPROFIT ORGANIZATIONS OF SIMILAR SIZE A REPORT IS PROVIDED TO THE HR COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW IN 2016 THE ORGANIZATION ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT TO CONDUCT A LEADERSHIP COMPENSATION ANALYSIS THEIR SOURCE OF SALARY INFORMATION IS THE 990'S ISSUED BY PEER ORGANIZATIONS, MICHIGAN NONPROFIT ASSOCIATION SALARY SURVEY, PUBLISHED BUDGETS, WEB-BASED RESEARCH THROUGH FOIA SOURCES AND INDEPENDENT SALARY SURVEY DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSES 129,141 COMPANY TRANSFER 0 COMPNAY TRANSFER 0 TOTAL 129,141

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
EVERSIGHT

Employer identification number

38-2117115

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EVERSIGHT INTERNATIONAL 4889 VENTURE DRIVE ANN ARBOR, MI 48108 47-1671769	EYE BANK	MI	3	10	EVERSIGHT EVERSIGHT	Yes	
(2) EVERSIGHT NEW JERSEY 77 BRANT AVE SUITE 100 CLARK, NJ 07066 20-3345087	EYE BANK	NJ	3	7	EVERSIGHT EVERSIGHT	Yes	
(3) EVERSIGHT MICHIGAN 4889 VENTURE DRIVE ANN ARBOR, MI 48108 27-3107692	EYE BANK	MI	3	7	EVERSIGHT EVERSIGHT	Yes	
(4) EVERSIGHT ILLINOIS 547 WEST JACKSON BLVD SUITE 600 CHICAGO, IL 60661 27-3107617	EYE BANK	IL	3	7	EVERSIGHT EVERSIGHT	Yes	
(5) MIDWIRE SYSTEMS 4889 VENTURE DRIVE ANN ARBOR, MI 48108 38-3557111	SOFTWARE	MI	3	7	EVERSIGHT EVERSIGHT	Yes	
(6) EVERSIGHT OHIO 6700 EUCLID AVE SUITE 101 CLEVELAND, OH 44103 45-5111431	EYE BANK	OH	3	7	EVERSIGHT EVERSIGHT	Yes	
(7) EVERSIGHT CONNECTICUT 4889 VENTURE DRIVE ANN ARBOR, MI 48108 47-5113503	EYE BANK	CT	3	7	EVERSIGHT EVERSIGHT	Yes	

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EVERSIGHT INTERNATIONAL 274622	O	308,115	COST
(2) EVERSIGHT INTERNATIONAL 231250	L	512,750	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation