Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Α	For the	2023 calen	dar year, or tax year beginning $\operatorname{Apr}\ 1$, 2023, and endin	g Ma	r 31	, 20 2 4
В	Check if	f applicable:	C Name of organization National Society to Prevent Blindness, Chi	o Affiliate	D Emp	ployer identification number
X	Address	change	Doing business as Prevent Blindness, Ohio Affiliate			5063433
	Name ch	hange				phone number
\Box	initial ret	turn		20		4) 464-2020
$\overline{\Box}$		um/terminated	City or town, state or province, country, and ZIP or foreign postal code	20	1012	1/404-2020
	Amende		Columbus, OH 43215	ì	a o	
		ion pending	F Name and address of principal officer:			ss receipts \$1,857,350.
ш	Applicati			H(a) is this a gro	up return	for subordinates? Yes No
_	Tay-eyer	mpt status:	Amy Pulles, 585 S. Front St, Suite 220, Columbus, OH 432			
	Website					list. See instructions.
		OTT TO !	preventblindness.org Corporation Trust Association Other Lyear of forma	H(c) Group ex		
	art I			tion: 1957	M State	e of legal domicile: OH
		Summa				
4	1	Briefly des	cribe the organization's mission or most significant activities: ${ t to} \ { t pre}$	vent blindr	ess	and preserve sight
ĕ						
Activities & Governance						
Š	2	Check this	box \square if the organization discontinued its operations or disposed or	f more than 25°	% of i	ts net assets.
Ö	3	Number of	voting members of the governing body (Part VI, line 1a)		3	
ග	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	33
Ē	5	Total numb	er of individuals employed in calendar year 2023 (Part V, line 2a) .		5	16
Ž	6	Total numb	er of volunteers (estimate if necessary)		6	3,400
Ac	7a	Total unrela	ated business revenue from Part VIII, column (C), line 12		7a	0.
			ed business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
e)	8	Contributio	ns and grants (Part VIII, line 1h)	1,584,	512	
Revenue			ervice revenue (Part VIII, line 2g)		000.	
š			income (Part VIII column (A) lines 2 4 and 7d)			· · · · · · · · · · · · · · · · · · ·
œ	11	Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		765.	123,359.
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>327.</u>	
	13	Grante and	similar amounts paid (Part IX, column (A), lines 1–3)	1,631,		
		Panafita na	<u>978.</u>	9,935.		
	45	Colorina pa	id to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, ou	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	836,	592 <u>.</u>	880,459.
ĕ	16a	Protessiona	al fundraising fees (Part IX, column (A), line 11e)			
묾			aising expenses (Part IX, column (D), line 25) 152, 931.			
_	17	Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	754,0	014.	666,005.
	18	Total exper	ses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,605,	584.	1,556,399.
	19	Revenue les	ss expenses. Subtract line 18 from line 12	26,0	021.	249,632.
Net Assets or Fund Balances				Beginning of Curre	nt Year	
ag a			s (Part X, line 16)	4,575,0	055.	5,289,965.
# E			ies (Part X, line 26)	156,8	335.	139,443.
	22		or fund balances. Subtract line 21 from line 20	4,418,2		5,150,522.
Pa	rt (I	Signatur	e Block			
Und	ler penalt	ties of perjury,	declare that I have examined this return, including accompanying schedules and state	ments, and to the l	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 knowledg	e.	
			Due (Le)	13	125	124
Sig	n [Signature of o	ficer	Date		101
Hei	re	Amy	Pulles, President & CEO			
	İ	Type or print n				
D-:		Print/Type :	oreparer's name Preparer's signature Da	te	The -!-	T If PTIN
Pai				1.	Check self-em	└ ''
	parer		Non-Paid Preparer	L		,
US	e Only	Firm's addr		Firm's E		
VI av	the IP		oss ois return with the preparer shown above? See instructions	Phone i	10.	
у	II W	- GIOCUOO II	no return with the preparet shown above; see instructions			. □Yes ⊠No

Form	agan	(2023)

Part	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:
	to prevent blindness and preserve sight
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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 \$ 418,501. including grants of \$ 2,742.) (Revenue \$ 62,364.)
	Public Education-informing the general public about the basic facts
	of eye care, health and safety, and motivating them to appropriate action;
	conducted through mass media, distribution of Prevent Blindness publications
	and responses to inquiries from the public.
	702,208 persons participated in health education programs and information
	and referral services.
4b	(Code:) (Expenses \$ 322,876. including grants of \$ 2,731.) (Revenue \$ 0.)
	Professional Education-serving as an authoritative source of information
	on the latest developments in vision and eye care so that eye care
	professionals, nurses, scientists, teachers, social workers, and others
	in the field of blindness prevention can better serve their clients.
	1,255 attended professional education symposia. Prevent Blindness Ohio
	also provided two scholorships to young vision researchers.
4c	(Code:) (Expenses \$ 572,652. including grants of \$ 4,462.) (Revenue \$ 1,000.)
	Community Service-sponsoring and promoting screening programs for the
	early detection of signs of eye trouble among preschool children,
	school age children, and adults, particularly ambyopia in children
	and glaucoma and AMD in adults.
	Screenings were provided for 751,557 persons last year.
	In addition, 3,708 people received free eye exams and glasses.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 1 314 020

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	2	×	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		_ ×_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	4	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	5		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	8		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Tukaddi X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		_^ ×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	1.7		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	

Part	Checklist of Required Schedules (continued)			·········
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	20		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	-		^
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
33	complete Schedule N, Part II	32		×
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
	or IV, and Part V, line 1	34	×	
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	38	×	
Part '	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	,		L
	Check is defined an expense of note to any line in this Part V		Yes	No No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	6								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	\$36.58.6.113	in the same and the						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over									
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×						
b	If "Yes," enter the name of the foreign country		4							
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×						
6a	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
ou	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<u>×</u>						
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	200								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
la.		7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	 						
U	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			l						
d	TOTAL THE HEAD AND ADDRESS OF THE AD	7c	200-100-00	X						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		 						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	***	<i>4.</i> 75	,						
	sponsoring organization have excess business holdings at any time during the year?	8	i astraci.	Legal 						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	K CAMPAGEMENT OF	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12			V.SME						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		SHOW.							
11	Section 501(c)(12) organizations. Enter:									
a b	Gross income from members or shareholders									
IJ	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			23/2						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		i ik.	in and						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	1800100	0.000						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		190						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Section	200 kg						
	Note: See the instructions for additional information the organization must report on Schedule O.	134								
b	Enter the amount of reserves the organization is required to maintain by the states in which		3 07774							
	the organization is licensed to issue qualified health plans									
C	Enter the amount of reserves on hand			0.00						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	14111	×						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		×						
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		^						
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			esentation of						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								
	If "Yes," complete Form 6069.		100	3 9 2 1						

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	for a	tions.
Sect	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6		X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	8a	×	
9 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	8b 9	×	×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
100	Did the exceptation have lead charters branches an effiliate 2	r : _	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b	×	
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	11a 12a 12b	×	
13 14 15	describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12c 13 14	× × ×	The state of the s
a b 16a	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15a 15b	×	×
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a 16b		×
	on C. Disclosure		L	
17 18	List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request Other (explain on Schedule Other).	(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and red Amy Pulles, 585 S Front St, Suite 220, Columbus, OH 43215 (614) 464-2020	ords.		

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

Check this box it fletther the organization		0.9	CA1 112		C)	ompo	1100	liou arry current	l little i director,	or dustee.
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	reck is pe	rson firect	e than o is both or/trust	an tee)	(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 below dotted line)	Individual trustee or director	Institutional trustee		Key empioyee	Highest compensated employee	*	1099-NEC)	1099-NEC)	related organizations
(1) Amy Pulles	40.00									
President & CEO				×				115,834.	0.	8,214.
(2) Marcus J Molea	2,00			l						
Board Chair		×		×			L	0.	0.	0.
(3) Carolyn King Immediate Past Chair	2.00	×						0.	0.	0.
(4) Lisa Marie Boyd Vice Chair	2.00	×		x				0.	0.	
(5) Kylie Gang	2.00		-				\vdash		υ.	0.
Vice Chair		×		×				0.	٥.	0.
(6) Bob Bidinger	2.00									0.
Treasurer		×		×				0.	0.	0.
(7) Dave Rath Secretary	2.00	×		×				0.	_	
	2 00			^			ļ	U •	0.	0.
(8) Alan Blumenthal Executive Committee	2.00	×						0.	0.	0.
(9) Robert Bradley Jr. Executive Committee	2.00	×						0.	0.	0.
(10) John Herubin Executive Committee	2.00	×						0.	0.	
(11) Andre Joiner	2.00									0.
Executive Committee		×			<u> </u>		ļ	0.	0.	0.
(12) John Kuhl Executive Committee	2.00	×						0.	0.	0.
(13) Tani Mann Executive Committee	2.00	×						0.	0.	0.
(14) Kristina McCann Executive Committee	2.00	×						0.	0.	0.

Part VIII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, ar	nd F	lighest Compe	ensated Empl	oyees (continued)
					C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					e than		Reportable	Reportable	Estimated amount
	hours					is boti tor/trus		compensation	compensation	of other
	per week			T	_	· · · · · ·		from the	from related	compensation
	(list any	a a	nsti	Officer	(e)	Highest or employee	Former	organization (W-2/	organizations (W-2	/ from the
	hours for related	[8 호	Ē	ĕ	읔	Š Š	ē	1099-MISC/	1099-MISC/	organization and
	organizations	Q =	25		ë	88		1099-NEC)	1099-NEC)	related organizations
	below	l iz	5		Key employee	3				
	dotted line)	Individual trustee or director	Institutional trustee			l sig				1
			92			Highest compensated employee				
(15) Zach Strauss	2.00	 		-			-			
Executive Committee	2.00	×						_	_	
				<u> </u>	ļ	-		0.	0.	0.
(16) Gregory Battisti	2.00	١					l			
Board Member		×						0.	0.	0.
(17) Jenny Camper	2.00									
Board Member] ×				1		0.	ο.	0.
(18) Rachael Carl	2.00				<u> </u>	<u> </u>				1
Board Member		×					ŀ	۱ ,	_	
		<u> </u>			-			0.	0.	0.
(19) Kelly Coate	2.00									
Board Member		×		ļ				0.	0,	0.
(20) Mike D'Ippoloto	2,00			ľ						
Board Member		×						0.	0.	0.
(21) Jim Griveas	2.00									· · · · · · · · · · · · · · · · · · ·
Board Member	<u></u>	×				İ		o.	^	
(22) Alan Gunner								0.	0.	0.
	2.00	U						_		
Board Member		×						0.	0.	0.
(23) Dr Andrew Hartwick	2.00						l			
Board Member		×				İ		0.	0.	0.
(24) Jeff Henderson	2.00	- "								
Board Member		×						0.	0.	_
(25) Alicia Herman	2.00			-			ļ	· · · · · ·	<u> </u>	0.
Board Member	2.00	×								
								0.	0.	0.
1b Subtotal			•					115,834.	0.	8,214.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								115,834.	0.	8,214.
2 Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) wi	ho received more	e than \$100,000) of
reportable compensation from the organiz	zation						•		• •	
						<u></u>				17
3 Did the organization list any former of	fficar disa	atau	L	_4	. 1.					Yes No
	incer, aire	cior,	ıru:	Siee), K	ey er		-	t compensated	j 🔭 💮
employee on line 1a? If "Yes," complete S										3 ×
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	iper	nsatio	n ar	nd other comper	nsation from the	9
organization and related organizations	greater tha	an \$1	50,0	000	? It	"Yes	s," (complete Sched	lule J for suct	,
individual										4 ×
5 Did any person listed on line 1a receive or	r accrue co	mner	ısat	ion	fror	n anv	una	related organizat	ion or individua	
for services rendered to the organization?	If "Yes " o	omole	ate !	Sch	ndı.	ıla I f	or e	uch nerenn	ion or individua	\$5000000000 \$5000000000 0.000.000.000
			,,,,,				0, 0	ucii persori ,		5 ×
Section B. Independent Contractors										
1 Complete this table for your five high	est compe	ensate	id i	nde	pen	ident	COI	ntractors that n	eceived more	than \$100,000 of
compensation from the organization. Repo	rt compens	sation	for	the	cal	endar	yea	ar ending with or	within the organ	nization's tax year.
(A)			••					(B)		(C)
Name and business addr	ess							Description of serv	Ices	Compensation
								,		
2 Total number of independent contractor	s (includin	g but	t no	ot li	mite	ed to	the	ose listed above	e) who	
received more than \$100,000 of compensa	ition from t	he ord	gani	zati	on			0		

Part VIII Statement of Revenue

		Check if Schedule O contains a r	espor	ise or note to a	ny line in this Pa	art VIII...		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ည် ည	1a	Federated campaigns	1a	2,969.			M. Navigier Star	14 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
Contributions, Giffs, Grants, and Other Similar Amounts	b	Membership dues	1b					
	c	Fundraising events	1c	232,327.				
	ď	Related organizations	1d	232/321,				
	<u> </u>	Government grants (contributions)	1e	F14 200				W. 1988
	F			514,328.			主要的	
	'	f All other contributions, gifts, grants, and similar amounts not included above						
			1f	859,080.				
	g	Noncash contributions included in						
<u> </u>		lines 1a-1f	1g					13.00 3 5 4 2 2
<u>0</u> «	h	Total. Add lines 1a-1f			1,608,704.		a the saw to describe the	
_				Business Code				
8	2a	vision screening service	es	900099	1,000.	1,000.	0.	0.
ه څ	b	Solar Eclipe program		900099	62,364.	62,364.	0.	0.
yram Ser Revenue	c	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				1-/	<u> </u>	
₹ \$	d							
F &								
Program Service Revenue		All other program persion revenue						
Ū,	l t	All other program service revenue						
	<u>g</u> 3	Total. Add lines 2a-2f	ا ، ماميمام	. ,	63,364.		100	
	3	Investment income (including diviother similar amounts)						
	_	•			123,359.	0.	0.	123,359.
	4	Income from investment of tax-exen	npt bo	nd proceeds				
	5	Royalties						
		(i) Rea	1	(II) Personal				
	6a	Gross rents 6a			1. 文章 (1) 1. 文章 (1)	- Consider Life (1871-1871)		No Contract of the
	b	Less: rental expenses 6b			上 。1000年的東西	Language and a first		
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)			\$5,000 to 100 to	1.1. Santanas de 6.5. Weil Santanas	Entert administration and	(M. 150, M. 150, 150, 151, 151, 151, 151, 151, 151,
	7a	Gross amount from (1) Securi	ties	(ii) Other		Steensteens.	CHECK MANY SANG	
		sales of assets		(4) 4 4 1 1 2 1	Participal Medical	-20 m	\$6.50 A 4.090 BACK	
		other than inventory 7a				AND VARIO		
_	b	Less: cost or other basis			State of the state			10 più 12 vo, 2 chi ven 1 000 p.4. 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Revenue	IJ				1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ē							12 5 9 5 6 5 6 6	
اية	C	Gain or (loss) 7c			ANTICO LA PARTICIO		自由的 基本分类。	1947年18年18日
	þ	Net gain or (loss)						
Other	8a	Gross income from fundraising				teres intrastrumentos.		ANGELIA SERVE
0		events (not including \$ 232,327.			gue in a payoff and a	and the state of t	7 48 7/6 - WAY 81 GA 154 -	and district of the land
-		of contributions reported on line					Acad Gottagas	机像单位分词
		1c). See Part IV, line 18	8a	60,744.	(C) 401 (A) (A) (A) (A)	1, (f) 43 - Asia (d) 5 (
	b	Less: direct expenses	8b	51,319.				
	C	Net income or (loss) from fundraisin			9,425.	Control of the sound	0	0.405
	9a	Gross income from gaming	7		27-125.		0.	9,425.
- 1		activities. See Part IV, line 19 .	9a					
l	b	Less: direct expenses	9b					
		Net income or (loss) from gaming ac	CIIVITIE	S	######################################			
	10a	Gross sales of inventory, less					2006年3月1日	
		returns and allowances	10a			ja agarrineti (Sprintista) Paktastanasia, matal		
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of in	vento	ry				
ស្ន				Business Code				
ايو ۾	11a	all other revenue		900099	1,179.	0.	0.	1,179.
ᆵ	b				• •			-, -, -, -,
scellaneo Revenue	c							
Miscellaneous Revenue	_	All other revenue						
Σ		Total. Add lines 11a-11d	٠ ٢		1,179.			3504
l.		Total revenue. See instructions			1,806,031.	(2.264	Ž.	100 000
	1.5	TOTAL TEVELINE, SEE HISTRUCTIONS ,			1,000,031.	63,364.	0.1	133,963.

Part IX Statement of Functional Expenses

ection 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	<u> </u>

Caruts and other assistance to domestic and domestic powerments became the process of the proc		ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 and 1	1		0.025			CAPETISES
organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16 4 Banefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation to included above to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 4016) and 403(b) employer contributions 9 Other salaries and wages 19 Qayroll taxes 19 Agroll taxes 19 Agroll taxes 10 Payroll taxes 10 Payroll taxes 10 Accounting 10 Legal 11 Pess for services (noremployees): 12 Advertising and promotion 13 Pess for services (noremployees): 13 Management 14 Lobbying 15 Professional fundralising sarvices. See Part IV, line 17 for line 17 geneses on Schedule O.) 16 Office expenses 17 Payroll taxes 18 Professional fundralising sarvices. See Part IV, line 17 for line 25, column (W), amount, list line 11g expenses on Schedule O.) 19 Advertising and promotion 10 Office expenses 10 Office expenses 10 Couprancy 11 Payrents of travel or entertainment expenses for a complete this line and the suppose of the payment concerns, conventions, and meetings 10 Interest 11 Payrents of travel or entertainment expenses for a complete this line and the column (B) interest 11 Payrents of travel or entertainment expenses for any federal, state, or iocal public officials 12 Advertising and promotion 13 Payrents of travel or entertainment expenses for any federal, state, or iocal public officials 15 Conferences, conventions, and meetings 16 Conferences, conventions, and meetings 17 Payrents to affiliates 17 Payrents to affiliates 18 Payments of travel or entertainment expenses for a complete this line any first payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of the payments of t	2	Grants and other assistance to domestic	9,935.	9,935.		
Compensation of current officers, directors, trustees, and key employees and received presons (as defined under section 4958(f)(f)) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f)(f) and persons (as defined under section 4958(f) and pers	3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
6 Compensation not included above to disqualified persons (as defined under section 4958(o)(8)(B) and persons described in section 4958(o)(8)(B) and Pension plan accruals and contributions (include section 4016() and 403(b) employer contributions	-	Compensation of current officers, directors,	124,048.	103,332.	8,225	12.491
8 Pension plan accruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits	6	persons (as defined under section 4958(f)(1)) and	•		5, 31.0,	127 171.
9 Other employee benefits 71,973. 56,628. 4,518. 10,82 10 Payroll taxes 56,235. 43,673. 3,504. 9,05 1 Fees for services (noremployees): a Management		Pension plan accruals and contributions (include	608,339.	508,743.	40,487.	59,109.
Payroll taxes 56,235 43,673 3,504 9,05	۵	•				2,988.
Teses for services (nonemployees): a Management						10,827.
a Management b Legal			30,233.	43,073.	3,304.	9,058.
C Accounting	а					
d Lobbying 27,000. 22,680 2,160. 2,16 Professional fundraising services. See Part IV, line 17 Investment management fees	b					
Professional fundralsing services. See Part IV, line 17 Investment management fees	C			6,734.	851.	1,350.
Investment management fees 38,624 30,900 3,862 3,862 3,862			27,000.	22,680.	2,160.	2,160.
g Other, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion	_	-	20 604	20.000		
12 Advertising and promotion	_	Other. (If line 11g amount exceeds 10% of line 25, column				3,862.
13 Office expenses	19	- ,	33,727.	30,240.	1,212.	2,275.
14 Information technology 15 Royalties 16 Occupancy		=	308 823	292 912	5.016	10.005
15 Royalties			300,023.	232;312.	3,010.	10,895.
17 Travel 8,572. 6,905. 307. 1,36i 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 57,645. 6,905. 307. 1,36i 19 Conferences, conventions, and meetings 7,645. 6,187. 552. 90i 20 Interest 1 158,019. 121,763. 11,624. 24,63: 21 Payments to affiliates 1,065. 864. 55. 144 23 Insurance 8,639. 6,652. 691. 1,29i 24 Other expenses. Itemize expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 8,639. 6,652. 691. 1,29i 26 degree and of the expenses of the expens	15					
17 Travel	16	Occupancy	54,156.	41,698.	4,324.	8,134.
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . Interest			8,572.	6,905.		1,360.
20 Interest	18					-
20 Interest		· ·	7,645.	6,187.	552.	906.
Depreciation, depletion, and amortization 1,065. 864. 55. 144 Insurance						
Insurance		•				24,632.
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a b c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if if						146.
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a b c d e All other expenses 10,800. 8,554. 804. 1,442 25 Total functional expenses. Add lines 1 through 24e 1,556,399. 1,314,029. 89,439. 152,933 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if			8,639.	6,652.	691.	1,296.
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a b c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		above. (List miscellaneous expenses on line 24e. If				
a b c d e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if if		line 24e amount exceeds 10% of line 25, column				
b c d e All other expenses 10,800. 8,554. 804. 1,442 25 Total functional expenses. Add lines 1 through 24e 1,556,399. 1,314,029. 89,439. 152,931 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	а				在研究等14年,1月次開展等於3	国的政治 的特别的
c d						
e All other expenses 10,800. 8,554. 804. 1,442 25 Total functional expenses. Add lines 1 through 24e 1,556,399. 1,314,029. 89,439. 152,931 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		***************************************				
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if 	d					
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if 	е	All other expenses	10,800.	8,554.	804.	1,442.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						152,931.
following SOP 98-2 (ASC 958-720)	26	organization reported in column (B) joint costs from a combined educational campaign and				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	703,735.	1	648,950.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	99,350.	3	167,152.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
23	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 258,895.	a marketine des series		Contract Processing
	b	Less: accumulated depreciation 10b 258,013.	1,948.	10c	882.
	11	Investments—publicly traded securities	3,643,303.	11	4,329,439.
	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	126,719.	15	143,542.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,575,055.	16	5,289,965.
	17	Accounts payable and accrued expenses	150,160.	17	117,493.
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	6,675.	19	21,950.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	erdamente (menerologia Destrucción de la lación de lación de la lación de la lación de la lación de la lación de lación de la lación de la lación de la lación de la lación de lación de la lación de la lación de lación	22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties 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		24 25	
	26	Total liabilities. Add lines 17 through 25	156,835.	26	139,443.
Secu		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
룓	27	Net assets without donor restrictions	4,295,123.	27	5,028,425.
<u>m</u>	28	Net assets with donor restrictions	123,097.	28	122,097.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		1 5 (5)	
ō	29	Capital stock or trust principal, or current funds		29	And I the south of Court of the Stat
ö	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
§	31	Retained earnings, endowment, accumulated income, or other funds		31	
닯	32	Total net assets or fund balances	4,418,220.	32	5,150,522.
ž	33	Total liabilities and net assets/fund balances	4,575,055.	33	5,289,965.

Enm	ann	(2023)

Page 12

Par	t XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1	1,8	06,0	31.
2		2	1,5	56,3	99.
3		3	2	49,6	32.
4		4	4,4	18,2	20.
5		5		82,6	
6	L	6			
7	,	7			
8		8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	5,1	50,5	22.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
_			F300	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		200		
	If the organization changed its method of accounting from a prior year or checked "Other," expl Schedule O.	lain on			
			A		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	la soro a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			A.	and the
b	Were the organization's financial statements audited by an independent accountant?	· •	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both.	dona			44.0
				Carpate Control	
_	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight of	'		
	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	X	ALANA STATE OF THE
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	lain on			
20			65.05	Acid [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	in the			
b	•		3a		×
IJ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit or audits.	go the			
	required dudit of addite, explain why on contended and describe any steps taken to undergo such auc	iis.	3b	200	

National Society to Prevent Blindness, Ohio Affiliate
Form 990: Return of Organization Exempt from Income Tax
Part VII: Section A (continued)

Part VII: Section A (continued)									Cont	Continuation Statement
			1	Posi	Position					
	Average hours	director	itor	71.dua	Individual trustee tor		n N			7 d + a = + v = 1
Name and titlo	per week (list any	 83 83	Institutional Officer	ituti	onal t	trustee	9	Reportable compensation	Reportable compensation	amount of other compensation
	related		Key (Key employee	yee			irom the organization	from related organizations	from the organization
	organizations on the right)	C5 - Hig employee	High()yee	₽St C	Highest compensated yee	ated		(W-2/1099-MISC)	(W-2/1099-MISC)	and related organizations
		C6 -	Former	ř	-					1
7 - 1 - 7		ដ	ខ	ເລ	2	ည က	92			
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	2 00								0	0
Board Member		×						0	0,	Ö
Karen Levin	2.00	>								
Board Member		<						0	0	0
Shelly Moore-Kennedy	2.00	>								
Board Member		∢	•					0.	0	.0
Liza Paul	2.00	;					ļ			
Board Member		×4						0	0	0.
Douglas Piper	2.00	,								
Board Member		∢						0.	0	0.
Josh Sarver	2.00	>								
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Dr Carol Schaumleffel	2.00	X								
d Member								0	0.	0.
The Honorable Michael Sheehy	2.00	×	•							
Board Member								0.	0.	0.
Ben Antonelli	2.00	×		×						
Treasurer		*		1				0.	0.	.0
Kim Campbell	2.00	>		^		_				
Vice Chair		۷	•	∢				0.	0	0.
Ken Stecher	2.00	>								
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Nick Stack Roard Member	2.00	×						c	C	
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SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

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

Inspection Name of the organization Employer identification number National Society to Prevent Blindness, Ohio Affiliate 31-6063433 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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: An organization that normally receives (1) more than 33½% 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 33½% 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.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (I) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see Instructions)) instructions) Instructions) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 1,951,514. 1,565,741. 1,832,130. 1,584,513. 1,608,704. 8,542,602. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,951,514. 1,565,741. 1,832,130. 1,584,513. 1,608,704. 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) 0. Public support. Subtract line 5 from line 4 8,542,602. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Amounts from line 4 7 1,951,514. 1,565,741. 1,832,130. 1,584,513. 1,608,704. 8,542,602. 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 62,415. 67,046. 74,902. 68,982. 123,359. 396,704. 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.) 723. 1,042. 15,174. 2,640. 1,179. 20,758. 11 **Total support.** Add lines 7 through 10 8,960,064. Gross receipts from related activities, etc. (see instructions) 12 12 606,341. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 95.34% Public support percentage from 2022 Schedule A, Part II, line 14 15 15 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2023. 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 10%-facts-and-circumstances test-2022. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Sect	ion A. Public Support	y diladi tilo te	oto listed per	ow, piedse c	omplete Fart	11.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees					(-)	(i) i o i a;
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			İ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		i				
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	to or expended on its behalf The value of services or facilities						<u> </u>
9	furnished by a governmental unit to the						
	organization without charge			1			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
h	Amounts included on lines 2 and 3				· · · · · · · · · · · · · · · · · · ·		
_	received from other than disqualified						
	persons that exceed the greater of \$5,000		İ				
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	0.000					
	line 6.)						
	on B. Total Support		· · · · · · · · · · · · · · · · · · ·	r	7"		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	i					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
Ŋ	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		V-18%	19.00			
11	Net income from unrelated business						
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or			· · · · · · · · · · · · · · · · · · ·			
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			·			
14	and 12.)		£!	11-1-2-2			
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	s first, second	, third, tourth,	or fifth tax ye	ar as a sectior	1 501(c)(3)
Section	on C. Computation of Public Suppor		· · · · · · · · · · · · · · · · · · ·				· · · □
15	Public support percentage for 2023 (line 8			3 column (fi)		15	%
16	Public support percentage from 2022 Sch	nedule A. Part I	III. line 15			16	
Section	on D. Computation of Investment In	come Percei	ntage	 		10	
17	Investment income percentage for 2023 (y line 13. colu	mn (f))	17	%
18	Investment income percentage from 2022	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests - 2023. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/3%	s. and line
	17 is not more than 331/3%, check this box	and stop here .	The organization	on qualifies as a	a publicly suppo	orted organizatio	on
b	331/3% support tests - 2022. If the organiz	ation did not cl	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 33	31/3%, and
	line 18 is not more than 331/3%, check this i						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, o	check this box	and see instruc	tions .

Rart V Supporting Organizations

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

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

		Yes	No
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d e	3b		
3)	3c		
lf	4a		
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у	5a 5b		
o d or	6		
or Y	7		
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e s	9a	(7) (7) (8) (8)	
h	9b		
iŧ	90 9c		
n d	10a		in ne
5	10a 10b		

	ule A (Form 990) 2023		Page 5
Part	V Supporting Organizations (continued)		
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	Yes 11a	No
b -	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11b	
Sect	ion B. Type I Supporting Organizations		<u> </u>
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations	<u> </u>	<u> </u>
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	No
Secti	on D. All Type III Supporting Organizations	1	
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations	1	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruction	s).
a b	The organization satisfied the Activities Test. Complete line 2 below.		
C	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity 	logo inotrus	tiono)
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	g tru nizat	ist on Nov. 20, 1970 (<i>explai</i> tions must complete Sectio	n in Part VI). See ns A through E.
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		Corp. Sec. Sec. 25.	
а	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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		-
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)			
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).		ntegrated Type III supporting	ng organization

Part	Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continue	ed)	rage I
Sect	ion D-Distributions				Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of supp	orted		
				2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	3	
<u>4</u> 5	Amounts paid to acquire exempt-use assets			4	
6	Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instructions		(VI)	5	
7	Total annual distributions. Add lines 1 through 6.		**	6 7	
8	Distributions to attentive supported organizations to which	ch the organization is re	snonsiva	1	
	(provide details in Part VI). See instructions.	on the organization to to	Spondivo	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	······································		10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				·
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023		Parameter (1976)		P ESSONAL PROPERTY OF THE
a	From 2018			CONTRACTOR OF THE PERSON OF TH	
b	From 2019				美国人类。第150mid (1)是4
C	From 2020		BONNESS CONTRACTOR		化非确固定性 外边医炎的
d	From 2021			2.7	
e	From 2022		1		a sea d'arrent de la company
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years		李晓 条		
<u>h</u>	Applied to 2023 distributable amount	Maria de Carlos		A. 33A	
<u>i</u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from				
4				7.524	
a	Section D, line 7: \$ Applied to underdistributions of prior years			1,2031	
<u>a</u>	Applied to underdistributions of prior years Applied to 2023 distributable amount	CHARLES SALES			
	Remainder. Subtract lines 4a and 4b from line 4.				((1985)/489/482388
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result			4000-4	275 Basic (475 b. 53
	greater than zero, explain in Part VI . See instructions.			3.50	
6	Remaining underdistributions for 2023. Subtract lines 3h	*	Market W. C. S. S. C.	199	
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3	THE RESERVE OF THE PARTY OF THE	<u>\$</u>	y de la	
	and 4c.				
8	Breakdown of line 7:		SIGNESS AMERICA	3.	
а	Excess from 2019				20.000.000 (0.000)
b	Excess from 2020				
С	Excess from 2021		ENCHROSSING OF	744	ANNONSY CONTROL CONTR
d	Excess from 2022			14123	
е	Excess from 2023				ecomo sussidada

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.)
Pt II	In 10: Other Income Part II, Line 10 Description: all other misc revenue
2019:	723. 2020: 1042. 2021: 15174. 2022: 2640. 2023: 1179.

+ -	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

i un, į	see sebarate manaction	oj, ilieli.			
		organizations: Complete Part III.			
	of organization	, <u></u>		Employer ide	ntification number
Nat:	Lonal Society to	Prevent Blindness, Ohio A	Affiliate	31-6063	433
Pari	I-A Complete it	f the organization is exempt unc	ler section 501	(c) or is a section 527	organization.
1	Provide a descriptio	n of the organization's direct and in	ndirect political d	campaign activities in Par	rt IV. See instructions fo
_		campaign activities."			
2	Political campaign ac	ctivity expenditures. See instructions			<u> </u>
3	Volunteer hours for p	olitical campaign activities. See instru	ictions	the second of the second	
Part		f the organization is exempt und	ler section 501	(c)(3).	
1	Enter the amount of a	any excise tax incurred by the organiz	ation under section	on 4955 S	B
2	Enter the amount of a	any excise tax incurred by organizatio	n managers unde	er section 4955 🤄	8
3	If the organization inc	curred a section 4955 tax, did it file Fo	orm 4720 for this y	year?	. Yes No
4a		de?			Yes No
b	If "Yes," describe in F				
Part		the organization is exempt und			(c)(3).
1	Enter the amount di	rectly expended by the filing organiz	zation for sectior	n 527 exempt function	
					S
2	Enter the amount of	the filing organization's funds contrib	outed to other or	ganizations for section	
	527 exempt function	activities . ,			S
3	Total exempt function	on expenditures. Add lines 1 and 2	. Enter here and	d on Form 1120-POL,	
_	line 17b				
4	Did the filing organiza	ation file Form 1120-PO L for this year	?		Yes 🗌 No
5	Enter the names, add	resses, and employer identification nu	mber (EIN) of all	section 527 political organ	izations to which the filing
	organization made pa	yments. For each organization listed,	enter the amount	t paid from the filing organ	ization's funds. Also enter
	the amount of politica	al contributions received that were pro	mptly and directly	y delivered to a separate	political organization, such
	as a separate segrega	ated fund or a political action committe	e (PAC). If addition	onal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				idido: il none, cittor -o	delivered to a separate
					political organization.
					If none, enter -0
(1)					
(2)					
(3)					
	<u></u>				
(4)					
(5)			İ		
(6)					

		1 145
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (elect	ion under
	section 501(h)).	ion anaci
• •		

Λ	Chook V if the filling expenientian helengs to an efficient way (and list to Double).	-
~	Check 🗵 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	
	o b o o o o o o o o o o o o o o o o o o	
	EIN, expenses, and share of excess lobbying expenditures).	
	Lin, expenses, and share of excess loopying expenditures).	

B Check if the filing organization checked box A and "limited control" provisions apply.

		ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affillated group totals
1a	Total lobbying expenditures to influence p	oublic opinion (grassroots lobbying)	0.	0.
b		a legislative body (direct lobbying)	27,000.	147,720.
C		and 1b)	27,000.	147,720.
d	Other exempt purpose expenditures		1,490,775.	8,099,851.
e		lines 1c and 1d)	1,517,775.	8,247,571.
f		ne amount from the following table in both		
-	columns.		225,889.	562,379.
L	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	6 of line 1f)	56,472.	140,595.
h	Subtract line 1g from line 1a. If zero or les	s, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or less	·	0.	0.
j 	If there is an amount other than zero or reporting section 4911 tax for this year? .	on either line 1h or line 1i, did the organization		Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobby	ing Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount	512,338.	522,467.	530,708.	562,379.	2,127,892.
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,191,838.
C	Total lobbying expenditures	214,358.	173,503.	150,856.	147,720.	686,437.
d	Grassroots nontaxable amount	128,085.	130,617.	132,677.	140,595.	531,974.
e	Grassroots ceiling amount (150% of line 2d, column (e))					797,961.
f	Grassroots lobbying expenditures	0.	0.	0.	0.	0.

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

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
	ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			
a			-	
c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912		in its	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	;)(5), (or se	ction
1	Were substantially all (90% or more) dues received nondeductible by members?			Yes No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 -
3	Did the organization make only in ribose lobbying experiditures of \$2,000 of less?			3
_	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	y prior	year r	otion 504(a)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."	: III-A	, line	3, is answered
1	Dues, assessments and similar amounts from members	•	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of		
а	Current year		2a	
b	Carryover from last year		2b	
C	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe and political expenditures next year?			
5	Taxable amount of lobbying and political expenditures. See instructions	•	4_	
Par	Supplemental Information		5	
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, lines 1 and
	I-A Affiliate List: Prevent Blindness, EIN 36-3667121,225 W Wacker I	Or,Cl	nica	go,
IL 6	0606,electing member, total lobbying exp \$84220; Prevent Blind	lness	s Oh	io,EIN
31-6	063433,585 S Front St, Columbus,OH 43215,electing member,total lobb	ying	ј ех	p
\$270	00; Prevent Blindness North Carolina, EIN 56-088141, 4011 Westchase	Blvc	i,Ra	leigh,
1C 2	7607, electing member, total lobbying exp \$26000; Prevent Blindness I	owa,	EI	N
12-6	083207,1111 Ninth St, Des Moines, IA 50314, electing member,total l	zddo.	ing	
				•

Part V Supplemental Information (continued) exp \$10500. Total lobbying expenses \$147,7%0. Total excess \$0.		lule C (For									Page 4
	ехр	\$1050	00.	Total	lobbying	expenses	\$147,720.	Total	excess	\$0.	
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
			the had surkeys are see								

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Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

	n de organization		Employer Identification number
	ional Society to Prevent Blindness		31-6063433
Pa		vised Funds or Other Similar Fund	s 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		
9	funds are the organization's property subject to the	advisors in writing that the assets ne	
	funds are the organization's property, subject to the	le organization s'exclusive legal control	'··· □ Yes □ 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 bene	alt of the donor or donor advisor, or fol	r any other purpose
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🔲 No
Pai	III Conservation Easements		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
-	Preservation of land for public use (for example, recr		f a historiaally immediant least one
	Protection of natural habitat	, —	f a historically important land area
		☐ Preservation of	f a certified historic structure
•	Preservation of open space	-1-1 198 - 4	
2	Complete lines 2a through 2d if the organization has a second and the last days of the towards	aid a qualified conservation contribution	- New Production
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	ts	. 2b
С	Number of conservation easements on a certified I	historic structure included on line 2a	. 2c
d	Number of conservation easements included on lin	ne 2c acquired after July 25, 2006, and	not
	on a historic structure listed in the National Registe	er	· 2d
3	Number of conservation easements modified, tran	isferred released extinguished or term	
	tax year	ionout, rolladout, extingulation, or term	mated by the organization during the
4	Number of states where property subject to conse	runtion accoment is laceted	
5	Does the organization have a written policy re-	garding the periodic monitoring inch	oction bandling of
•	violations, and enforcement of the conservation ea	seemente it holde?	
6			
O	Staff and volunteer hours devoted to monitoring, inspe	cting, nandling of violations, and enforcing	conservation easements during the year
_	Annual Consequent		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	ection 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	in Part Ain, describe now the organization reports (conservation easements in its revenue a	and expense statement and balance
	sheet, and include, if applicable, the text of the foo	tnote to the organization's financial stat	tements that describes the
	organization's accounting for conservation easeme	ents.	
Part	Organizations Maintaining Collection	s of Art, Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered '	"Yes" on Form 990. Part IV. line 8.	
1a	If the organization elected, as permitted under FAS		e 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 describe	es these items
b			
D	If the organization elected, as permitted under FA	56 A50 956, to report in its revenue st	tatement and balance sheet works of
	art, historical treasures, or other similar assets held		·
	provide the following amounts relating to these iter (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	IIS.	
	(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 F	ASB ASC 958 relating to these items.	July Said Ployide file
а	Revenue included on Form 990, Part VIII, line 1 .		o
b	Assets included in Form 990, Part X		Ф
~			

Schedule	D (Form	990) 2023	,

	Organizations Maintaining	i Collections of .	Art. Historic	al Treasure:	s. or O	ther Similar A	ssets /c	ontin	ued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her records, o	check any of t	he follo	wing that make	significar	nt use	of its
а	☐ Public exhibition		d □L	oan or exchan	ge prog	ram			
b	☐ Scholarly research					· · · · · · · · · · · · · · · · · · ·			
C	Preservation for future generations								
4	Provide a description of the organiza XIII.					_		ose	in Part
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive r than to be mainta	donations of lined as part o	art, historical of the organiza	treasure tion's co	es, or other simi	lar · □ Y	'es [□ No
Par	LIV Escrow and Custodial Arra	angements							
	Complete if the organization 990, Part X, line 21.	·				-		n Fo	rm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian, or oth	ner Intermedia	ry for contribu	utions o	r other assets r		es [□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the followi	ng table.		· · /	Amount		
c	Beginning balance				10				
d	Additions during the year				10	:l			
е	Distributions during the year				16	•			
f	Ending balance				111	f			
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, i	or escrow or o	custodia	l account liabilit	y? 🗌 Y	es	No
b	If "Yes," explain the arrangement in P	art XIII. Check here	if the explan	ation has beer	n provid	ed in Part XIII .		. [
Par	Endowment Funds								
	Complete if the organization	answered "Yes"	on Form 99	0, Part IV, lin	ne 10.				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years bad	ck (e) Fou	ır years	s back
1a	Beginning of year balance	20,000.	20,00	0. 20	,000.	20,000		20,	000.
b	Contributions		-						
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								•
f	Administrative expenses								
g	End of year balance	20,000.	20,00	0. 20	,000.	20,000		20.	000.
2	Provide the estimated percentage of t	he current year en	d balance (line			as:	<u> </u>		
а	Board designated or quasi-endowmer	nt 9	6	· ·	"				
b	Permanent endowment 100	. %							
C	Term endowment %								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of the	e organizatior	that are held	and ad	ministered for t	he		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		×
		<i></i> .					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as required o	n Schedule R?	٠		3b		
4	Describe in Part XIII the intended uses	of the organization	n's endowme	nt funds.					
/Part					*******	-			
	Complete if the organization	answered "Yes"	on Form 99	0, Part IV, lin	e 11a.	See Form 990	, Part X,	line '	10.
	Description of property	(a) Cost or oth (investme	erbasis (b) C	ost or other basis (other)	(c)	Accumulated epreciation	(d) Boo		
1a	Land		0.						0.
b	Buildings					THE PERSON NAMED AND POST OF THE PARTY OF TH			
C	Leasehold improvements								
d	Equipment			258,895.		258,013.			882.
е	Other							`	
i otal.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	0, Part X, line	10c, column ('B))			{	882.
									

Part VII	Investments Other Securities		
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" on For		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	derivatives		
	neld equity interests		
(3) Other			
(A)	***************************************		
(B)			
(C)			
(D) (E)	444477477747774777		
(F)			
(G)			
(H)	**************************************		
	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments—Program Related		
	Complete if the organization answered "Yes" on For	m 990, Part IV, I	ne 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)	(a)		
Part IX	mn (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
raitix		ma OOO Dawl IV II	no 11d Coo Farms 000 Book V. Roy d.f.
	Complete if the organization answered "Yes" on For	m 990, Part IV, II	
(1)	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			·
	nn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability		
(1) Federal in			(b) Book value
(2)	OOTHO LANCO		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	,		
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, line 25, col. (B))		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	on's financial statements that reports the
organization's	liability for uncertain tax positions under FASB ASC 740. Check	here if the text of th	e footnote has been provided in Part XIII

Part		ents With Revenue pe	r Return
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		-
d	Other (Describe in Part XIII.)		and the second s
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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		
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b	40)	4c
Part	Reconciliation of Expenses per Audited Financial Statem	12.)	5
- July	Complete if the organization answered "Yes" on Form 990,	ients with Expenses p Port IV line 10e	er Return
1			<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
~ a	Donated services and use of facilities	2a	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	III Supplemental Information		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2	b; 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 i	information.
			·
D+ 17	Time As to be used in South sures as ppol		
PL V	Line 4: to be used in furtherance of PBO's missi	on; to prevent bl	indness
and r	preserve sight		
4110 F			
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Schedule D (For	m 990) 2023	Page :
Part XIII	Supplemental Information (continued)	
**		
(ana ann ann an an an an an an an an an a		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for Instructions and the latest Information.

	2023
	Open to Public Inspection
er identif	ication number
6343	3
Part IV	, line 17.
apply.	

	or the organization					Employer Identific	cation number
	ional Society to Preve					31-6063433	
Par	Fundraising Activities Form 990-EZ filers are	 Complete if the complete if the complete in the c	he organiz complete	ation ansv this part.	wered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organizati	on raised funds	through any	y of the foll	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e	☐ Solicitat	ion of non-govern	ment grants	
b	Internet and email solicitation	ons	f [Solicitat	ion of governmen	t grants	
C	Phone solicitations		g [☐ Special	fundraising events	3	
d	In-person solicitations						
2a b	Did the organization have a wri or key employees listed in Form If "Yes," list the 10 highest paid	n 990, Part VII) o	r entity in c	onnection	with professional t	fundraising services	? 🔲 Yes 🗌 No
	compensated at least \$5,000 b	y the organization	on.	71	0		
	(I) Name and address of Individual or entity (fundraiser)	(ii) Activity	custody of	ndraiser have or control of butlons?	(iv) Gross receipts from activity	(v) Amount pald 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							
rotal		· · · · · · ·					
3	List all states in which the organization or licensing.	anization is regis	tered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt fron
			mand the dat the dat when he got you say arrange on t	~~~~			
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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	rt II	G (Form 990) 2023 Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, Form 990-EZ, lines 1	Page 2 line 18, or reported more and 6b. List events with
			(a) Event #1 dinner-Col. POV (event type)	(b) Event #2 Southwest POV (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	56,252.	54,650.	182,169.	293,071.
ш	2	Less: Contributions Gross income (line 1	48,462.	45,100.	138,765.	232,327.
	4	minus line 2)	7,790.	9,550.	43,404.	60,744.
	5	Noncash prizes	11.	198.	401.	610.
sesue	6	Rent/facility costs	3,519.	2,528.	14,461.	20,508.
Direct Expenses	7	Food and beverages	3,886.	3,721.	15,019.	22,626.
Ö	8	Entertainment				
	9	Other direct expenses .	489.	3,342.	3,744.	7,575.
Pa	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ	act line 10 from line 3, co e organization answe	olumn (d)		51,319. 9,425. or reported more than
Revenue		\$10,000 dil 1 dilli 000 E2	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ř	1	Gross revenue				
nses	2	Cash prizes				
Direct Expen	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
İ	6	Volunteer labor	No	□ No	□ No	
	7	Direct expense summary. Add		, ,		
	8	Net gaming income summary	. Subtract line 7 from lin	e 1, column (d)		
9 a b	l Is	nter the state(s) in which the org the organization licensed to co "No," explain:		in each of these states?		🗌 Yes 🗌 No

If "Yes," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

Yes
No

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	
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
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?		
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			
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part ,	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and (v nal inforn	v); and nation.
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Schedule G (Form 990) 2023

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047	2023	Open to Public Inspection	ication number
			Employer identification number

e G	Blindnes	ss, Ohio Affi	liate			31-60	31-6063433
General Information on Grants and Assistance	rants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the crants or assistance?	ords to subsi	tantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistance	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	's procedure	s for monitoring	the use of grant fu	nds in the United	States		. X Yes
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV line 21 for any recipient that received the part IV line 21 for any recipient that received the part IV line 21 for any recipient that received the part IV line 21 for any recipient that received the part IV line 21 for any recipient that received the part IV line 21 for any recipient that received the part IV line 21 for any recipient that IV line 21 for any recipient that IV line 21 for any	nce to Don	nestic Organization	ations and Dom	estic Governm	ents. Complete if	the organization answe	red "Yes" on Form 990,
1 (a) Name and address of organization (b) EiN (frapplicable) (frapplicable) or government (frapplicable) (frap	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	it carr be duplica (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisa),	g) Description of	(h) Purpose of grant
(1)					on act		DO INCOME O
(2)							
(0)							
(4)		ļ					
(5)	į						
(9)							:
<u>a</u>							;
(8)							
(6)							
(10)	:						
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	(3) and gove	rnment organizat	ions listed in the li	ne 1 table			
g	Instructions	[BAA			REV 05/09/24 PRO	O Schedule I (Form 990) 2023

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Schedule I (F	Schedule I (Form 990)) 2023					Page 2
Part	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	ils. Complete if the	organization answ	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-		-				
8						
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4						
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K						
Part IV	Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	quired in Part I, lin	e 2; Part III, columr	(b); and any other addition	onal information.
		1				
BAA		REV 05/09/24 PRO				Schedule I (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
National Society to Prevent Blindness, Ohio Affiliate	31-6063433
Pt VI, Line 11b: The competed 990 is shared with all members of the	governing
board for review, questions, comments, and approval prior to filing	J.
Pt VI, Line 12c: The policy is reviewed annually during volunteer of	rientation
with all volunteers and staff; COI forms are required to be complet	ed and submitted
by each person serving in any of these capacities.	
Pt VI, Line 15a: The HR committee of the Board of Directors is resp	oonsible for
establishing the compensation for the organization. The Board is re	sponsible
for approval on an annual basis. On an annual basis the HR committe	e establishes, and
the Board of Directors approves, the compensation of the CEO based	on prior year
performance and data comparing similar organizations, region of the	country and
budget capacity. The Board of Directors reviews and approves the an	nual budget
that includes budgeted increases for the remainder of the staff. Th	e CEO then
determines, within parameters set by the Board what the individual	salaries of
the staff will be, including increased compensation based on the em	ployment market,
merit and/or position amendments.	
Pt VI, Line 19: Form 990 is made available at the PBO website, othe	r websites
(ie. GuideStar) and upon request.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

20**23** Open to Public

OMB No. 1545-0047

Attach to Form 990.

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

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

National Society to Prevent Blindness, Ohio Affiliate

Part

Open to Public Inspection

31-6063433

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Š Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Yes (f)
Direct controlling
entity (e) End-of-year assets n/a (e)
Public charity status
(if section 501(c)(3)) (d) Total income r~ (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) (c)
Legal domicile (state
or foreign country) (b) Primary activity 225 W. Wacker Dr, Suite 400 Chicago II, 60606 prevent blindness programs IL one or more related tax-exempt organizations during the tax year. (b) Primary activity (a) (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) Prevent Blindness 36-3667121 Part II Ø ල € 9 Ξ 0 2 ල 3 Ō 9 E

Schedule R (Form 990) 2023

Cat. No. 50135Y

REV 05/09/24 PRO

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

Schedule R (Form 990) 2023 Part III Identification	entification of R cause it had one	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.	ations Taxable organizations	as a Partners treated as a pa	e as a Partnership. Complete if the organiza treated as a partnership during the tax year.	the organi the tax yea	zation answ	ered "Yes	" on Form 990	0, Part IV	, line 34	Page 2
Name, addre related o	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	*****	Share of end-of- Disproportionate year assets allocations?	florate Code V—UBI ons? amount in box 20 of Schedule K-1 (Form 1065)		fral or aging	(k) Percentage ownership
(1)								- 1	2	S	!	
(2)						ļ				i		
(9)												
(4)												
(2)												!
(9)												
(0)												
Part IV Ide	ntification of R	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	t ions Taxable related organi	as a Corporat zations treated	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, zations treated as a corporation or trust during the tax year.	omplete if the or trust du	he organizat iring the tax	ion answe year.	red "Yes" on	Form 99	0, Part I	, ,
Name, addr	(a) Name, address, and EIN of related organization	organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	icile Direct controlling country)		(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
(1)								-		į	Yes	ŝ
(2)												
(3)												
(4)					i							
(9)						-						
(9)							 					
(2)												
BAA			; 	REV	REV 05/09/24 PRO	_	-	~	Š	Schedule R (Form 990) 2023	(Form 99)	3) 2023

3 2023)66 m	Schedule R (Form 990) 2023			AA REV 05/09/24 PRO	BAA
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					(9)	<u></u>
					(4)	2
					(3)	2
					(2)	2
					(1)	-
olved	unt inv	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (as)	(a) Name of related organization	
lds.	resho	hips and transaction the	luding covered relations	mplete this line, inc	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.	ı
	×				,,	
	×					
L					q Heimbursement paid by related organization(s) for expenses	
	×					
×					o draing or paid employees will related organization(s)	
	×					
	×				m Performance of services or membership or fundraising solicitations by related organization(s)	
×			•			
×					k Lease of facilities, equipment, or other assets from related organization(s)	
100						
(×					j Lease of facilities, equipment, or other assets to related organization(s)	
>					i Exchange of assets with related organization(s)	
<	>	<u>.</u>			h Purchase of assets from related organization(s)	
K >	_	= +	· · · ·	•	g Sale of assets to related organization(s) .	
>		#	,	•	f Dividends from related organization(s)	
×	4				s comis of local graduations by lengted of galitzation (s)	
×	_					
	×					
×					Cliff grant or capital contribution to related organization(s)	
×		1a			A receipt of (i) interest, (ii) annutries, (iii) royalties, or (iv) rent from a controlled entity	
		II-IV?	anizations listed in Parts	or more related orga		
S No	Yes				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	

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

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

			ord regarding exchange to certain investment partitions.	מונה כמומו	I IIIVOSIIIIGIII DE	unersinds.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512—514):	Are all p sect 501(organize	(f) Share of total income	(g) Share of end-of-year assets		(f) Code V—UBI arrount in box 20 of Schedule K-1 (Form 1065)	()) General or managing partner?	(k) Percentage ownership
(1)				Yes No		ļ	Yes No	0	Yes No	
(2)										
(6)										
(4)										
(9)						5 5 5 5 5 5				
(9)										
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(8)										
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ВАА			REV 05/0	REV 05/09/24 PRO				Scher	Schedule R (Form 990) 2023	990) 2023

	Form 990) 2023	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	to desire the method for responded to questions on schedule in. See instructions.	
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Schedule R (Form 990) 2023

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

CIVID (VO.	1040-0047	
		_

For calendar year 2023, or fiscal year beginning $\,\mathrm{Apr}\,1\,$, 2023, and ending $\,\mathrm{Mar}\,31$, 2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN National Society to Prevent Blindness, Ohio Affiliate 31-6063433 Name and title of officer or person subject to tax Amy Pulles, President & CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . 1,806,031. Form 990-EZ check here . . . b Total revenue, if any (Form 990-EZ, line 9) 2b Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22) 3a 3b 4a Form 990-PF check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) 4h 5a Form 8868 check here . . . 5b คล Form 990-T check here . . 6b Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) 7b RΑ Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here . . . **b** Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ✓ I authorize Prevent Blindness to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. \square As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 2 0 6 0 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that i am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ERO Must Retain This Form - See Instructions