Product: Exempt Category: IRS Center: Ogden

Name: NORTH CENTRAL SIGHT SERVICES

INC

FEIN: *****4118 Plan Number: Notification:

Bank Info:

Fiscal Year Begin Date: 1/1/2023 Fiscal Year End Date: 12/31/2023 eSigned:

IRS Message:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/09/2024	23X:10823.01:V1	Upload Started			Smith,Sara	
05/09/2024	23X:10823.01:V1	Released for Transmission - Validation in Progress			Smith,Sara	
05/09/2024	23X:10823.01:V1	Ready to transmit - Validation Complete				
05/09/2024	23X:10823.01:V1	Transmitted to FD	25570920241300333e18			
05/09/2024	23X:10823.01:V1	Accepted by FD on 5/9/2024				

e-Postmark: 5/9/2024 6:59 AM

ID Status Date Status State/Other State Category FBAR FBAR BSA ID

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year begini	nning , 2023, and ending	, 20

2023

OMB No. 1545-0047

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** NORTH CENTRAL SIGHT SERVICES INC 24-0814118 Name and title of officer or person subject to tax PRESIDENT/CEO Part I Type of Return and Return Information 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) 1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here **b Total tax (**Form 1120-POL, line 22) 3**b** Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5a b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here b Total tax (Form 4720, Part III, line 1) Form 4720 check here 7a 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) 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

A authorize matter buessel, CPA s	to enter my PIN	1.0843
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the a on the return's disclosure consent screen.	1.2	9
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on return. If I have indicated within this return that a copy of the return is being filed with a state agency(in IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.		ities as part of the
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		

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.

number (EFIN) followed by your five-digit self-selected PIN.

25570912345

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

PIN: check one box only

Date 5/7/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

	Oi tile	r 2023 Calendar year, or tax year beginning	and	enung	1	
B (heck if pplicabl	C Name of organization			D Employer ident	tification number
	Addre	NORTH CENTRAL SIGHT SERVICES INC				
	Name chang	Doing business as			24-081411	.8
	∏lnitial ∏return ∏Final	Number and street (or P.O. box if mail is not del 2121 REACH ROAD	E Telephone num 570-323-94			
	∟return. termin ated	_		12,667,585.		
	□Amen		G Gross receipts \$			
	_return Applic tion	,	тммгр		H(a) Is this a group	
	⊥tion pendir		TIMIN		for subordinat	····· — —
_			H(b) Are all subordinate			
		empt status: X 501(c)(3) 501(c)() ee: WWW,NCSIGHT,ORG	(insert no.) 4947(a)(1)	or 527	1 ′	a list. See instructions
	Vebsi		sociation Other	I Voor	H(c) Group exemp	
	art I	Summary	Sociation Other	L Year	of formation: 1957	M State of legal domicile; PA
-	1	Briefly describe the organization's mission or most	significant activities: CREATE	SUSTAINA	ABLE,	
Governance		PERSON-CENTERED PROGRAMS, AND EMPLOYM	ENT THAT ENHANCE INDEPE	NDENCE		
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net	assets.
OVE	3	Number of voting members of the governing body	(Part VI, line 1a)			3 10
5		Number of independent voting members of the gov				4 9
es &		Total number of individuals employed in calendar y				58
ξ	6	Total number of volunteers (estimate if necessary)				6 9
Activities &	l	Total unrelated business revenue from Part VIII, co		7a 0.		
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b 0.
					Prior Year	Current Year
ē	l				733,426	
Revenue	I				8,957,173	
Re.		Investment income (Part VIII, column (A), lines 3, 4,		392,043		
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		45,552		
		Total revenue - add lines 8 through 11 (must equal		10,128,194. 10,220,		
	l	Grants and similar amounts paid (Part IX, column (<u> </u>		
	I	Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,			0.
es	15	Salaries, other compensation, employee benefits (F			2,851,993	· · ·
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	4 = 4			0.
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line			7 464 474	7 500 755
	''	Other expenses (Part IX, column (A), lines 11a-11d,			7,464,474	
		Total expenses. Add lines 13-17 (must equal Part I)			10,316,467	
	19	Revenue less expenses. Subtract line 18 from line	12		-188,273 ginning of Current Yea	
ts o		Tatal access (Dart V. Para 40)		D6	11,679,644	
Sse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			2,478,626	<u> </u>
Net Assets or	21 22	Net assets or fund balances. Subtract line 21 from	lina 20		9,201,018	
Pa	rt II	Signature Block	III le 20		2,202,02	2,200,500.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of	my knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				,
		-,	.,			
Sig	n	Signature of officer			Date	
Her		KIM ZIMMER, PRESIDENT/CEO				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	[Date Check	PTIN
Paid	l	JONATHAN MENTZER			if self-em	ployed P01795412
Prep	arer	Firm's name MAHER DUESSEL, CPA'S			Firm's EIN	25-1622758
Use	Only	Firm's address 1800 LINGLESTOWN ROAD, SU	TTE 306			
		HARRISBURG, PA 17110			Phone no.7	17-232-1230
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

	1 990 (2023) NORTH CENTRAL SIGHT SERVICES INC	24-0814118	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🔲
1	Briefly describe the organization's mission:		
	CREATE SUSTAINABLE, PERSON-CENTERED PROGRAMS, AND EMPLOYMENT THAT		
	ENHANCE INDEPENDENCE FOR INDIVIDUALS WITH UNIQUE VISUAL CAPABILITIES.		
	WE FOSTER POSITIVE CHANGE, AWARENESS, AND ADVOCACY WHILE REMOVING		
	BARRIERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		Ves	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc	X No
3		res	LA INO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	na
_	revenue, if any, for each program service reported.		
4a		* \$)
	PROGRAM SERVICES - TO PROVIDE ADJUSTMENT TO BLINDNESS TRAINING AND		
	SUPPORT SERVICES FOR PEOPLE WHO ARE LOSING THEIR SIGHT TO LIVE		
	INDEPENDENTLY IN THEIR OWN HOME. THIS IS ACCOMPLISHED BY OFFERING A		
	VARIETY OF ADJUSTMENTS TO BLINDNESS SERVICES DEFINED BY THE UNIQUE		
	NEEDS OF THE INDIVIDUAL SUFFERING FROM VISION LOSS. OUR SCREENING AND		
	EDUCATION PROGRAMS ARE DESIGNED TO EDUCATE THE PUBLIC ABOUT GOOD EYE		
	HEALTH AND SAFETY, CONDUCT VISION SCREENINGS DESIGNED TO DETECT		
	SYMPTOMS THAT MAY INDICATE VISION PROBLEMS IN CHILDREN AND ADULTS AND		
	PREVENT THE NEEDLESS LOSS OF VISION. OUR REMEDIAL EYE CARE PROGRAM		
	ASSISTS CUSTOMERS TO PURCHASE DISCOUNTED EYEWEAR AND OBTAIN AN EYE		
	EXAMINATION. OUR FICTIONAL VISION CLINIC PROVIDES SPECIALIZED SERVICES		
	TO LOW INCOME CHILDREN.		
4b		9,05	5 416
40	(Code:) (Expenses \$.,,,,,	3,410.
	VARIETY OF QUALITY EMPLOYMENT OPTIONS, PAID SIGNIFICANTLY ABOVE MINIMUM		
	WAGE WHILE RECEIVING THE SAME BENEFIT PACKAGE AS OUR PROFESSIONAL STAFF		
	ASSOCIATES, OUR MOST IMPORTANT GOAL IS TO CREATE A WORK ENVIORNMENT		
	THAT HELPS PROMOTE A POSITIVE IMAGE OF PEOPLE WHO ARE BLIND AND BOOST		
	SELF-ESTEEM. OUR GOAL IS TO MAXIMIZE THE INDIVIDUAL'S CAPABILITY AND		
	WHERE POSSIBLE, PROMOTE FROM WITHIN.		
4c	(Code:) (Expenses \$ 677,626. including grants of \$) (Revenue	.\$ 28	1,872.
	COMMERCIAL BUSINESS - TO PROVIDE SALES, CUSTOMER SERVICE, AND MARKETING		
	SUPPORT TO EXTERNAL AND INTERNAL CUSTOMERS, EDUCATING THEM ABOUT		
	SERVICES, PROJECTS, AND THE MISSION OF THE ORGANIZATION.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 9,541,310.	,	
	· · ·		000 /

Form 990 (2023) NORTH CENTRAL SIGHT SERVICES INC 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		Х
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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			x
^	Schedule D, Part III	8		
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?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10		10	х	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, ,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I G		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	Х	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

24-0814118

Form 990 (2023) NORTH CENTRAL SIGHT SERVICES INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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		X
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	l		
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b		35b		
36	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 related organization?	330		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	'		
00		38	х	
Pai		, 50	1	
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	

023) NORTH CENTRAL SIGHT SERVICES INC

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

			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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	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?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI.								
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х						
a	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?	7a		Λ						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		х						
٨		7c								
d e		7e		Х						
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		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?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand Did the averagination vaccing any payments for indeed temping any ingents the tay year?	110		Х						
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "Ne " provide an explanation on School of Community of of C	14a								
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b								
10	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.	13								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.	.5								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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

800	check it Schedule O contains a response or note to any line in this Part VI.			Δ
Sec	GOOT A. Governing Body and Management		V	
4.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ıa	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	4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	9		
b	Enter the flamber of voting members included of time 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Ι
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
		11a	Х	
b			77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	Х	
С	1 , , , , , , , , , , , , , , , , , , ,			,,
	on Schedule O how this was done	12c	37	Х
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	V
b	, , , , , , , , , , , , , , , , , , , ,	15b		Х
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA Section 5104 varyives on prescription to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (section 501(a))	0.651.3	01/2/1-1	ale.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avaılal	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records KIM ZIMMER - 570-323-9401			
	2121 REACH ROAD, WILLIAMSPORT, PA 17701			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela		orga T	ınıza			nper	isate			(E)
(A)	(B)		(C) Position					(D) Reportable	(E)	(F) Estimated
Name and title	Average hours per	(do not check more than one box, unless person is both an					one	compensation	Reportable compensation	amount of
	week	offic	officer and a director/trustee)				tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee	ruste		a.	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		ploye	t com		1099-NEC)		and related
	below line)	divid	stitut	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MIKE BRIDGHAM	2.50	=	-	0	~	王壶	Œ			
CHAIR		х		х				0.	0.	0.
(2) AARON CARTER	2.50									
VICE CHAIR/TREASURER		х		х				0.	0.	0.
(3) BRIAN MCCLINTOCK	2.50									
SECRETARY		х		х				0.	0.	0.
(4) TINA HELM-BITTENBENDER	2.50									
DIRECTOR		Х						0.	0.	0.
(5) DR. JAMES KASENCHAK	2.50									
DIRECTOR		Х						0.	0.	0.
(6) TERRY MUMMA, ABOC	2.50									
DIRECTOR		Х						0.	0.	0.
(7) DR. MICHAEL BONNER	2.50									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(8) STEPHANIE OAKES	2.50									
DIRECTOR		Х				_		0.	0.	0.
(9) ERIC SCHOONOVER	2.50									
DIRECTOR		Х						0.	0.	0.
(10) KIM ZIMMER	40.00									
PRESIDENT/CEO		Ь		Х		_		165,000.	0.	23,455.
(11) BRANDY MOON	40.00								_	
CHIEF OPERATIONS OFFICER		—				Х		106,000.	0.	24,331.
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332007 12-21-23 Form **990** (2023)

Tominoso (Ecco)	TRAL SIGHT SER								24-08	1411	8	Pag	ge 8
Part VII Section A. Officers, Directors,		oloye	ees,			ghes	t C		, ,	1			
(A) Name and title	(B) Average hours per week	box,	not cl	ss per	tion nore t son is	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Estii amo	(F) mated ount of ther	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	s	compe fror orgar and	ensation the nization related	n d
	line)	Individ	Institut	Officer	Key employee	Highes employ	Former				organ	ızatıdı	
													—
													—
1b Subtotal								271,000.		0.		47,7	
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)								271,000.		0. 0.		47,7	0. 86.
Total number of individuals (including compensation from the organization	but not limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	•	1-		2
3 Did the organization list any former of	,		•	•	•		•		•				No
line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t	he sum of reportab	е со	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3		X
and related organizations greater thanDid any person listed on line 1a receive	e or accrue comper	nsatio	on fr	om a	any I	unre	late	ed organization or individ	dual for services		·	Х	
rendered to the organization? If "Yes." Section B. Independent Contractors	" complete Schedul	e J fo	or su	ıch p	erso	on .					5		X
Complete this table for your five highe the organization. Report compensation	•	•							•	ensat	ion from	1	
(A Name and busi)	NOI		J				(B) Description of s		С	(C) ompens	ation	
2 Total number of independent contract \$100,000 of compensation from the or	,	ot lim	nited	to t	hos: 0		ed	above) who received me	ore than				

24-0814118

Form 990 (2023)
Part VIII

Statement of Revenue

		Check if Schedule O	conta	ins a re	sponse	or note to any lin	e in this Part VIII			
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c e f	Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	ibutio	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a b c d e f	230,841.				
o b	ç			_	g \$		621,186.			
Oa	<u> </u>	Total. Add lines 1a-1f				Business Code	021,100.			
	2 8	PRODUCT AND SERVICE	RE			900099	9,041,201.	9,041,201.		
Š.	Ł					310000	281,872.	281,872.		
Ser		OTHER INCOME				900099	14,215.	14,215.		
am	c	d								
Program Service Revenue	6	·								
Ā	f	All other program service	rever	nue						
	ç						9,337,288.			
	3	Investment income (included other similar amounts) Income from investment of					118,637.			118,637.
	5	Royalties	. <u></u>							
	6 a	Gross rents	6a	(i) F	Real	(ii) Personal				
	k	Less: rental expenses	6b							
	C	, ,	6с							
		Net rental income or (loss)) <u></u>	<i>(</i> ') 0						
	7 a	Gross amount from sales of		.,	urities	(ii) Other				
		assets other than inventory	7a	2,52	2,235.					
0	k	Less: cost or other basis		2 42	6,508.					
ğ		and sales expenses	7b 7c		5,727.					
eve		Gain or (loss) Net gain or (loss)					95,727.			95,727.
Other Revenue		Gross income from fundraising s	ng eve	ents (not	:					,
		contributions reported on Part IV, line 18	line 1	1c). See		68,239.				
	k	Less: direct expenses			8b	20,480.				
		Net income or (loss) from					47,759.			47,759.
	9 a	Gross income from gamin								
	_	Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from			ities					
	10 a	Gross sales of inventory, less returns and allowances 10a								
	ŀ	Less: cost of goods sold								
		Net income or (loss) from				1				
		2. ,			.,	Business Code				
Miscellaneous Revenue	11 a	1								
ane	k									
Sell	c									
Mis	C	d All other revenue								
		Total. Add lines 11a-11d					40.000.00	0.00= 0.00		0.52 .52
	12	Total revenue. See instruction	ns				10,220,597.	9,337,288.	0.	262,123.

24-0814118

Part IX Statement of Functional Expenses

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

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	318,786.	210,381.	55,638.	52,767.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,924,549.	1,512,603.	348,433.	63,513.
8	Pension plan accruals and contributions (include	44 505	24 000	0.416	006
	section 401(k) and 403(b) employer contributions)	44,535.	34,293.	9,416.	826.
9	Other employee benefits	527,010.	402,055.	110,156.	14,799.
10	Payroll taxes	169,340.	123,488.	37,633.	8,219.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	40,618.	38,101.	2,158.	359.
	Accounting	40,010.	30,101.	2,130.	337.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch O.)	181,573.	170,321.	9,645.	1,607.
12	Advertising and promotion	11,676.	5,302.	5,614.	760.
13	Office expenses	204,519.	182,742.	19,014.	2,763.
14	Information technology				
15	Royalties				
16	Occupancy	155,691.	59,805.	95,135.	751.
17	Travel	77,324.	70,157.	5,890.	1,277.
18	Payments of travel or entertainment expenses	,	·	·	·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	70,263.	34,288.	32,702.	3,273.
20	Interest	46,239.		46,239.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	147,140.	139,764.	6,102.	1,274.
23	Insurance				
24	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 0.)				
а	COST OF GOODS SOLD	6,422,949.	6,420,187.	1,266.	1,496.
b	EQUIPMENT & MAINTENANCE	140,296.	43,340.	94,033.	2,923.
c	CREDIT LOSS EXPENSE	30,683.	30,683.	, -	,
d	SPECIFIC ASSISTANCE	518.	517.	1.	
-	All other expenses	70,266.	63,283.	5,461.	1,522.
25	Total functional expenses. Add lines 1 through 24e	10,583,975.	9,541,310.	884,536.	158,129.
26	Joint costs. Complete this line only if the organization		,	•	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2222)

Form 990 (2023) Part X Balance Sheet

ı u	ILΑ	Check if Schedule O contains a response or	note to an	/ line in this Part X			
		Oncok ii Ochedule O Contains a response or	note to an	y into in this react.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,793,545.	2	3,028,082.
	3	Pledges and grants receivable, net			4,173.	3	4,224.
	4	Accounts receivable, net			792,040.	4	593,486.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B) L		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		1	2,107,659.	8	1,986,830.
As	9	Prepaid expenses and deferred charges			45,770.	9	53,110.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,939,544.			
	b	Less: accumulated depreciation		2,497,765.	2,355,524.	10c	2,441,779.
	11	Investments - publicly traded securities			2,845,899.	11	3,178,392.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			735,034.	15	849,822.
	16	Total assets. Add lines 1 through 15 (must e			11,679,644.	16	12,135,725.
	17	Accounts payable and accrued expenses			1,635,954.	17	1,001,390.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
s	22	Loans and other payables to any current or f	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
ig		controlled entity or family member of any of	these perso	ons		22	
Ë	23	Secured mortgages and notes payable to un	related thir	d parties	696,346.	23	1,513,309.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D			146,326.	25	162,060.
	26	Total liabilities. Add lines 17 through 25			2,478,626.	26	2,676,759.
		Organizations that follow FASB ASC 958,	check here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,329,262.	27	8,499,908.
Bal	28	Net assets with donor restrictions			871,756.	28	959,058.
pu		Organizations that do not follow FASB AS					
Ī		and complete lines 29 through 33.					
, o	29	Capital stock or trust principal, or current fur	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,201,018.	32	9,458,966.
~	33	Total liabilities and net assets/fund balances			11,679,644.	33	12,135,725.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1				597.
2	Total expenses (must equal Part IX, column (A), line 25)					975.
3	3 Revenue less expenses. Subtract line 2 from line 1					378.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				018.
5	Net unrealized gains (losses) on investments	5			505,	134.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			116,	192.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		9,	458,	966.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	tit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** NORTH CENTRAL SIGHT SERVICES INC 24-0814118 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 3 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 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). X 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 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 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, 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) 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 I, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	tion A. Public Support						
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 received. (Do not						
	include any "unusual grants.")	513,166.	661,524.	1,121,641.	733,426.	621,186.	3,650,943.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	513,166.	661,524.	1,121,641.	733,426.	621,186.	3,650,943.
	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)						1,838,429.
6	Public support. Subtract line 5 from line 4.						1,812,514.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	513,166.	661,524.	1,121,641.	733,426.	621,186.	3,650,943.
	Gross income from interest,	-				-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	93,732.	94,781.	45,582.	70,226.	118,637.	422,958.
9	Net income from unrelated business	,	,	,	,	,	· · · · · · · · · · · · · · · · · · ·
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,073,901.
	Gross receipts from related activities,	etc (see instructio				12	42,767,480.
	First 5 years. If the Form 990 is for th	•		ourth or fifth tax v	ear as a section 50		
	organization, check this box and stor	_		•			
Sec	tion C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		14	44.49 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	45.55 %
16a	33 1/3% support test - 2023. If the d	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did not	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	heck a box on line			
	more, and if the organization meets th						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		

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.)

Sec	ction A. Public Support						
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 received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | 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

- 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
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
С	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 55	
-	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	s).	
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		<u> </u>
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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
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				
Sect	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)	3				
4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		
	instructions)					

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	<u> </u>	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c. Breakdown of line 7:				
<u>8</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	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.)
-	

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

NORTH CENTRAL SIGHT SERVICES INC

24-0814118

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

NORTH CENTRAL SIGHT SERVICES INC

24-0814118

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRY PLANKENHORN FOUNDATION INC 202 EAST THIRD STREET WILLIAMSPORT, PA 17701	\$127,775.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CENTRE FOUNDATION 1377 RIDGE MASTER DRIVE STATE COLLEGE, PA 16803	\$62,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CLINTON COUNTY UNITED WAY 8 N GROVE STREET LOCK HAVEN, PA 17745	\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE BRUNO AND LENA DEGOL FAMILY FOUNDATION 3229 PLEASANT VALLEY BOULEVARD ALTOONA, PA 16602	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MARGARET KANE TRUST WOODLANDS BANK, 2450 EAST THIRD STREET WILLIAMSPORT, PA 17701	\$14,872.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	GLENN O HAWBAKER, INC. 1952 WADDLE ROAD, SUITE 203 STATE COLLEGE PA 16803	\$	Person X Payroll

Name of organization

Employer identification number

NORTH CENTRAL SIGHT SERVICES INC

24-0814118

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALLONE CHARITIES 83 EAST UNION STREET WILKES-BARRE, PA 18701	\$10,320.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TIOGA DOWNS REGIONAL COMMUNITY FOUNDATION 2384 W RIVER ROAD NICHOLS, NY 13812	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ABRAHAM SNYDER FOUNDATION 3791 LYCOMING CREEK ROAD COGAN STATION, PA 17728	\$5,470.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4 PENNSYLVANIA ASSOCIATION FOR THE BLIND 555 GETTSYBRUG PIKE, SUITE A300 MECHANICSBURG, PA 17055	\$ 228,530.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NORTH CENTRAL SIGHT SERVICES INC

24-0814118

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

	NTRAL SIGHT SERVICES INC			24-0814118
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	through (e) and the following line entry. haritable, etc., contributions of \$1,000 or less	For organizations	at total more than \$1,000 for the year
a) No	Use duplicate copies of Part III if additional s	pace is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_	Transferee's name, address, an	(e) Transfer of gift	Relationship of trai	nsferor to transferee
			Total Color of the	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_	Transferee's name, address, an	(e) Transfer of gift	Relationship of tra	nsferor to transferee
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I		(o, coc o. g		
-		(e) Transfer of gift		
	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No.				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, an	Relationship of tra	nsferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization

Employer identification number

NORTH CENTRAL SIGHT SERVICES INC 24-0814118 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ______ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or C	ther S	imilar Ass	sets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ake signi	ficant use of	its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further th	e organization's	exempt	purpose in I	Part XI	II.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the organization	answered "Yes	s" on For	m 990, Part	IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other asset	s not inc	luded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
							P	Mount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo				liability?)		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	orovided in Part	XIII				
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV,	line 10.				
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years b	oack (e) Four ye	ears back
1a	Beginning of year balance	5,174,169.	6,078,365.	5,196,1	.69.	4,607,1	49.	3,93	16,060.
b	Contributions	232,190.		200,0	00.	. 100,000. 151,210.			
С	Net investment earnings, gains, and losses	689,690.	-601,082.	958,0	02.	682,101.			76,802.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	514,726.	303,114.	275,8	06.	193,0	81.	23	36,923.
f	Administrative expenses								
g	End of year balance	5,581,323.	5,174,169.	6,078,3	65.	5,196,1	69.	4,60	07,149.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	98.0000	_%						
b	Permanent endowment 2.0000	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered	for the				
	organization by:							Υ	es No
	(i) Unrelated organizations?							3a(i) 2	K
								3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or o	` '	or other (other)		umulated ciation	(0	d) Book v	/alue
1a	Land			240,000.				24	40,000.
	Buildings		3	,121,163.	1	,264,558.		1,8	56,605.
	Leasehold improvements								
	Equipment		1	,578,381.	1	,233,207.		3 4	45,174.
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e		X. line 10c, column	(B))				2,4	41,779.

Schedule D (Form 990) 2023 NORTH CENTRAL SIG	HT SERVICES INC		24-0814118	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description	114. 3301 3111 333, 1 4177, 1110 13.	(b) Book v	value
(1) LIFE INSURANCE ANNUITY	The second secon			347,357.
(2) PERPETUAL TRUSTS HELD BY THIRD PARTY			_	340,405.
(3) RIGHT OF USE ASSET - FINANCING LEASE				106,366.
(4) RIGHT OF USE ASSET - OPERATING LEASE				55,694.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))			849,822.
Part X Other Liabilities				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2		
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				106 266
(2) OPERATING LEASE LIABILITY - FINANCING			-	106,366.
(3) OPERATING LEASE LIABILITY - OPERATING	TCADE			55,694.
<u>(4)</u>			+	
			+	
			+	
(8)			+	

Total. (Column (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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

162,060.

Schedule D (Form 990) 2023 NORTH CENTRAL SIGHT	SERVICES INC			24-081411	8 Page 4
Part XI Reconciliation of Revenue per Audited	d Financial Statemer	nts With Rev	enue per Re	turn	-
Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited finan	cial statements			1	10,841,923.
2 Amounts included on line 1 but not on Form 990, Part VII	I, line 12:				
a Net unrealized gains (losses) on investments		2a	505,134.		
b Donated services and use of facilities		2b			
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)			116,192.		
e Add lines 2a through 2d				2e	621,326.
3 Subtract line 2e from line 1				3	10,220,597.
4 Amounts included on Form 990, Part VIII, line 12, but not					
a Investment expenses not included on Form 990, Part VIII		4a			
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b				4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form				5	10,220,597.
Part XII Reconciliation of Expenses per Audite				_	
Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.				
Total expenses and losses per audited financial statemer	its			1	10,583,975.
2 Amounts included on line 1 but not on Form 990, Part IX,					
a Donated services and use of facilities		2a			
b Prior year adjustments					
c Other losses					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d				2e	0.
3 Subtract line 2e from line 1				3	10,583,975.
4 Amounts included on Form 990, Part IX, line 25, but not					· · ·
a Investment expenses not included on Form 990, Part VIII		4a			
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b				4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal For				5	10,583,975.
Part XIII Supplemental Information	m ood, r aren, mic ro.,				
Provide the descriptions required for Part II, lines 3, 5, and 9; P	art III. lines 1a and 4: Part I	V. lines 1b and	2b: Part V. line 4	: Part X. line 2:	Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete th	·	•		, ,	,
	, , , , , , , , , , , , , , , , , , , ,				
PART XI, LINE 2D - OTHER ADJUSTMENTS:					
GAIN ON PERPETUAL TRUST HELD BY THIRD PARTY		35,365.			
CHANGE IN VALUE OF LIFE INSURANCE ANNUITY		80,827.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D		116,192.			
PART V, LINE 4:					
TO PROVIDE REHABILITATION AND ADJUSTMENT SERVICE	CES TO PEOPLE LOSING	THEIR			
VICTON CDEAME MEANINGER EMDIOVMENT ODDODMINI	TIEC FOR DEODIE WUO	ADE:			
VISION, CREATE MEANINGFUL EMPLOYMENT OPPORTUNITY	ILES FOR PEOPLE WHO	ARE			
BLIND AND PROVIDE EDUCATION AND SCREENING SERV	ICES TO MINIMIZE THE				
NEEDLESS LOSS OF SIGHT FOR CHILDREN AND ADULTS					
THE PARTY OF STORY OF CHIEDREN AND ADDRESS	•				

PART X, LINE 2:

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number NORTH CENTRAL SIGHT SERVICES INC 24-0814118 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NORTH CENTRAL SIGHT SERVICES INC 24-0814118 Schedule G (Form 990) 2023 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through LIONS NIGHT GOLF FOR SIGHT col. (c)) (event type) (event type) (total number) 12,074. 53,750. 2,415. 68,239. 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 12,074. 53,750. 2,415. 68,239. 4 Cash prizes 3,865. 3,865. 5 Noncash prizes 80. 80. Direct Expenses 6 Rent/facility costs 6,838. 6,838. 1,500. 4,650. 3,150. **7** Food and beverages 8 Entertainment 251. 3,386. 1,410. 5,047. 9 Other direct expenses 20,480. **10** Direct expense summary. Add lines 4 through 9 in column (d) 47,759. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes % Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990) 2023 NORTH CENTRAL SIGHT SERVICES INC 24	-08141.	18	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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	O No
13	Indicate the percentage of gaming activity conducted in:	_		
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	Figure 1 is a second of the state party:			
_	, in 155, sino hand all all all all aparty,			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D -	organization's own exempt activities during the tax year \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	'art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990) NORTH CENTRAL SIGHT SERVICES INC Supplemental Information (continued)	24-0814118	Page 4
Part IV	Supplemental Information (continued)		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

NORTH CENTRAL SIGHT SERVICES INC

Employer identification number

24-0814118

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			,,
	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		v
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	I

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KIM ZIMMER	(i)	165,000.	0.	0.	3,617.	19,838.	188,455.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE 0 (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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NORTH CENTRAL SIGHT SERVICES INC

Employer identification number 24-0814118

NORTH CHAIRED DIGHT BERVICED I	110	24 0014110					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:						
FOR INDIVIDUALS WITH UNIQUE VISUAL CAPABILITIES. WE FOSTER POSITIVE							
CHANGE, AWARENESS, AND ADVOCACY WHILE REMOVING BARRIEF	S						
FORM 990, PART VI, SECTION B, LINE 11B:							
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND FOR	MAL ADOPTION OCCURS						
PRIOR TO SUBMISSION							
FORM 990, PART VI, SECTION B, LINE 15A:							
THE EXECUTIVE COMMITTEE CONDUCTS AND EVALUATION OF THE	CEO'S PERFORMANCE						
AND THE COMPENSATION IS DETERMINED BASED ON A COMBINAT	ION OF PERFORMANCE						
AND SIMILAR INDUSTRY SALARY TRENDS. THE EXECUTIVE COMM	HITTEE PRESENTS A						
SALARY RECOMENDATION TO THE BOARD OF DIRECTORS FOR THE	IR CONSIDERATION. THE						
APPROVED SALARY IS THEN CONVEYED TO THE CEO. ALL OTHER	SALARIES ARE SET AS						
PART OF THE ANNUAL BUDGET THAT IS REVIEWED AND ADOPTED	BY THE BOARD OF						
DIRECTORS.							
FORM 990, PART VI, SECTION C, LINE 19:							
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FIN	ANCIAL STATEMENTS						
AVAILABLE TO THE PUBLIC AT ITS ADMINISTRATIVE OFFICES	LOCATED AT 2121 REACH						
ROAD, WILLIAMSPORT, PA 17701. THE IRS FOR 990 IS POSTE	D ON THE						
ORGANIZATIONS WEBSITE AT WWW.NCSIGHT.ORG.							
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
GAIN ON PERPETUAL TRUST HELD BY THIRD PARTY	35,365.						
CHANGE IN VALUE OF LIFE INSURANCE ANNUITY	80,827.						

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** NORTH CENTRAL SIGHT SERVICES INC 24-0814118 TOTAL TO FORM 990, PART XI, LINE 9 116,192. FORM 990, PART XII, LINE 2C: THE ORGANIZATION'S FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND MAKES RECOMMENDATIONS FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT, WHICH IS APPROVED BY THE BOARD OF SUPERVISORS

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** NORTH CENTRAL SIGHT SERVICES INC 24-0814118 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2121 REACH ROAD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILLIAMSPORT, PA 17701 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of KIM ZIMMER 2121 REACH ROAD - WILLIAMSPORT, PA 17701 Telephone No. 570-323-9401 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this $\overline{\ \ }$ and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____ , 20 ____ , and ending ___ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс