

LETTER TO SIGHTS FOR HOPE STAKEHOLDERS

February 2025

Dear Stakeholders,

We appreciate our responsibility to steward your support of Sights for Hope most effectively. When the COVID pandemic struck, we minimized our negative net revenue for 2019-2020. In each following year, we posted positive net revenue. Meanwhile, our affiliated endowment foundation increased in value from June 2020 to November 2024 by more than \$220,000 and is worth about \$2,900,000 presently.

That is why it is our duty to explain our financial performance during our 2023-2024 fiscal year, which ended June 30, 2024. Our audited 2023-2024 financial statements report negative net earnings of \$237,243, or \$167,721, not counting depreciation. Our IRS 990 return shows a negative net of \$282,137, or \$212,615 EBITDA.

In June 2023, we received about \$265,000 in net IRS employee retention credits (ERC). We had applied for those credits several months before and it was unclear when they would arrive. However, we created our 2023-2024 budget confident in that funding. In fact, we believed that they would arrive in the 2023-2024 year and, if they had, the year's financial statements would look much differently.

During 2023-2024, we made several unrepeated investments in our organization – including renovations to our Lehigh Valley Services Center and educational equipment. Unfortunately, we also experienced circumstances beyond our control that hamstrung our fundraising efforts. Fortunately, those circumstances have not affected us in the current fiscal year and will not affect us moving forward.

Lehigh Valley Services Center

845 West Wyoming St. Allentown, PA 18103 610.433.6018 Fax 610.433.4856 Monroe Services Center

4215 Manor Drive Stroudsburg, PA 18360 570.992.7787 Fax 570.992.7772 Digital and Social Media

SightsforHope.org @SightsforHope In our current fiscal year to date, our fundraising program has been significantly stronger and more effective – exceeding expectations in multiple categories. We also have taken advantage of opportunities to decrease personnel costs through attrition. As of this writing, we are on pace to spend up to \$200,000 less than in 2023-2024 and generate a positive net EBITDA.

We know that you expect your investment to be treated with respect and used wisely. We believe that our track record in prior years and our performance so far in this fiscal year encourage your sustained confidence. If you have questions or want to learn how we plan to make greater impacts in our communities, please reach me at 610.433.6018, or ask@sightsforhope.org.

We deeply appreciate your understanding and continued support.

Sincerely yours,

Dennis Zehner

Executive Director and CEO

EXTENDED TO MAY 15, 2025 **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.

Open to Public Inspection

A F	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	
Во	heck if	C Name of organization	D Employer identific	cation number
_				
	Addres	SIGHTS FOR HOPE		
	Name change	Doing business as	23-13522	60
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
	Final return/	845 W. WYOMING STREET	(610) 43	3-6018
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,446,560.
느	Amend	ALLENTOWN, PA 18103	H(a) Is this a group re	
L	Application	F Name and address of principal officer: DENNIS W. ZEHNER	for subordinates	? Yes X No
_	pendin	845 W. WYOMING STREET, ALLENTOWN, PA 1810	3 H(b) Are all subordinates in	ncluded? Yes No
1 1	ax-exe		527 If "No," attach a	list. See instructions
	Vebsit		H(c) Group exemptio	n number
			ear of formation: 1950 N	A State of legal domicile: PA
Pa	rt I	Summary		
e,		Briefly describe the organization's mission or most significant activities: ${ t SIGHTS t t t t t t t t t t t t t $		
Activities & Governance		PROVIDE PEOPLE WITH VISUAL IMPAIRMENTS THE S		
ell		Check this box if the organization discontinued its operations or disposed of n	E	
Š			3	13
જ		Number of independent voting members of the governing body (Part VI, line 1b)		13
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		36
ti		Total number of volunteers (estimate if necessary)		54
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0 ·
		2	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	1,241,685.	764,380. 408,224.
Revenue		Program service revenue (Part VIII, line 2g)	344,101.	4,353.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,488. 52,900.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,636,198.	1,320,774.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
to.		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	885,237.	1,007,352.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 294,824.		
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	583,200.	595,559.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,468,437.	
		Revenue less expenses. Subtract line 18 from line 12	167,761.	-282,137.
Ses			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,060,468.	1,865,466.
ABS BES	21	Total liabilities (Part X, line 26)	92,586.	134,827.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	1,967,882.	1,730,639.
Pa	ırt II	Signature Block		
Und	er pena	lies of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
true,	correc	t and complete. Declaration of preparer (other than officer) is based on all information of which preparer		
		Chw. 22	2/25/20	25
Sigi	n	Signature of officer	Date	
Her	e	DENNIS W. ZEHNER, EXECUTIVE DIRECTOR CEO		
		Type or print name and title	I Date Louis F	1 DTIN
		Print/Type preparer's name Preparer's signature	Date Check [PTIN
Paid	ı	MELISSA A. GRUBE, CPA Miliasa a Struk CPA		
Prep	arer	Firm's name CAMPBELL RAPPOLD & YURASITS LLP	Firm's EIN 2	3-1386942
Use	Only	Firm's address 1033 S CEDAR CREST BLVD	01	10)435-7489
525	32 00	ALLENTOWN, PA 18103-5443	Phone no. (o	X Yes No
May	the l	RS discuss this return with the preparer shown above? See instructions	****************************	LAN. 103

Pai	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:
	PROMOTES INDEPENDENCE AND SUCCESS FOR PEOPLE WITH VISUAL IMPAIRMENTS
	AND BLINDNESS. ITS SERVICES ARE PROVIDED AT NO COST AND ARE PROVIDED
	LARGELY TO INDIVIDUALS WITH LITTLE INCOME AND CHILDREN AGES 0-6. WITH
	SERVICE CENTERS IN PENNSYLVANIA'S LEHIGH VALLEY AND MONROE COUNTY,
2	Did the organization undertake any significant program services during the year which were not listed on the
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 955,396 · including grants of \$) (Revenue \$ 468,636 ·)
	CLIENT AND PATIENT SERVICES: SERVICES FOR PEOPLE WITH QUALIFYING VISUAL
	IMPAIRMENTS INCLUDE GROUP AND ONE-ON-ONE LIFE SKILLS EDUCATION
	PROGRAMS; CASEWORKER SUPPORT; GUIDED TRANSPORT SERVICES THAT INCREASE
	THEIR ACCESS TO MEDICAL CARE, FOOD, AND OTHER ESSENTIALS; PEER SUPPORT
	GROUPS; PERSONAL COUNSELING; SOCIAL AND RECREATIONAL ACTIVITIES; PUBLIC
	SERVICE OPPORTUNITIES; FUNCTIONAL LOW VISION EXAMS BY A PROFESSIONAL
	OPTOMETRIST; AND INDIVIDUALIZED CONSULTATIONS PERFORMED TO MATCH
	CLIENTS AND PATIENTS WITH THE ASSISTIVE DEVICES THAT BEST MEET THEIR
	NEEDS.
_	
4b	(Code:) (Expenses \$96,152. including grants of \$) (Revenue \$)
	PREVENTION SERVICES: SIGHTS FOR HOPE'S SCREENINGS OF CHILDREN, MOST OF
	WHOM ARE AGES 0-6, ARE HIGHLY ACCURATE IN THE DETERMINATION OF
	CONDITIONS SUCH AS NEARSIGHTEDNESS, FARSIGHTEDNESS, ASTIGMATISMS,
	STRABISMUS, AND AMBLYOPIA. SIGHTS FOR HOPE ALSO WORKS WITH PARTNER
	ORGANIZATIONS TO PROVIDE FREE VISION INSURANCE TO FAMILIES AND EYE
	EXAMS AND GLASSES ARE LITTLE OR NO COST. SIGHTS FOR HOPE'S COMMUNITY
	EDUCATION PROGRAMS FOR PRESCHOOL CHILDREN, STUDENTS, ADULTS, AND
	PROFESSIONALS PROMOTE EYE HEALTH, EYE SAFETY, AND INCLUSION OF PEOPLE
	WITH VISUAL IMPAIRMENTS AND BLINDNESS.
)	
4c	(Code:) (Expenses \$
	OUTCOMES - SOME OF SIGHIS FOR HOPE S PRIMARY OUTCOMES ARE AS FOLLOWS:
	97% OF ITS CLIENTS IMPROVED OR MAINTAINED THEIR ABILITY TO PERFORM
	DAILY ACTIVITIES
	96% OF ITS CLIENTS ACHIEVED GREATER ACCESS TO MEDICAL CARE
	96% OF ITS CLIENTS ACHIEVED GREATER ACCESS TO MEDICAL CARE
	THEIR COMMUNITIES
	94% OF ITS CLIENTS LEARNED HOW TO MAKE BETTER USE OF THEIR EXISTING
	SIGHT
	95% OF ITS CLIENTS REPORTED A GREATER ACCEPTANCE OF THEIR VISUAL
	IMPAIRMENTS
	THI ATMENTO
- A-I	Other program conject (Describe on Schedule O.)
4d	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,051,548.
-10	Form 990 (2023

			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	Х	
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	4		x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	3 3 3 7 7			
	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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>, </u>		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	-
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

	990 (2023) SIGHIS FOR HOPE	*****	Р	age 4
Pai	rt 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			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			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			v
	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	<i>;</i>		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
_	Schedule K. If "No," go to line 25a	24a 24b	_	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	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	0.174.1		
	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		Х
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% contro	lled		
	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,	202 (AN)		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_V
	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	-	Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	1	
34		34	X	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	22222	- 21	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		<u> </u>
ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
00	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	X	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	37 595	2	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	9		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

	990 (2023) SIGHTS FOR HOPE **-***	***	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	5		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 36			
h.	g and the state of	O.L	х	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b 3a		Х
3a		3b		41
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	OD		
14	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	_
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	_	
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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	- 3		
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь.	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
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		

332005 12-21-23

Form **990** (2023)

If "Yes," complete Form 6069.

PE **_****

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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 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? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b 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 taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA 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) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DENNIS W. ZEHNER - 610-433-6018 18103 845 W. WYOMING STREET, ALLENTOWN, PA

Form **990** (2023)

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.

(A)	(B)			_ ((C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than or			than	one	Reportable	Reportable	Estimated	
	hours per			ss pe				compensation	compensation	amount of	
	week (list any	\vdash						from the	from related organizations	other compensation	
	hours for	direct				·		organization	(W-2/1099-MISC/	from the	
	related	lrustee or director	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	l lrus	nal trı		loyee	e mb		1099-NEC)		and related	
	below line)	Individua!	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
(1) DENNIS W. ZEHNER	40.00	-	=	0	~	王品	프				
EXECUTIVE DIRECTOR CEO		1		х				76,958.	0.	9,370	
(2) KATHLEEN DUELLEY	2.00		\Box								
BOARD MEMBER		X						0.	0 -	0	
(3) KATE RAYMOND	2.00										
PRESIDENT		X		Х				0.	0 .	0	
(4) DANIEL LOMBARDO	2.00										
TREASURER		X	L	X				0.	0.	0	
(5) DEVIN DARBY	2.00							_	_	_	
SECRETARY		X	_	Х			_	0.	0.	C	
(6) PAUL MILLER	2.00	ļ									
VICE PRESIDENT	2.00	X	_	X		_	_	0.	0.	C	
(7) GARY DVORSHAK	2.00	١.,								_	
BOARD MEMBER	2 00	X				-		0.	0.	C	
(8) FRED FOLLAND	2.00	X						0.		,	
BOARD MEMBER (9) MARTIN LANG	2.00	1						0.	0.	C	
BOARD MEMBER	2.00	X						0.	0.	c	
(10) LUCILLE PIGGOT-PRAWL	2.00	ı.				\vdash	⊢	, ·	0.		
BOARD MEMBER	2.00	x					l	0.	0.	C	
(11) H. ROSS RAMALEY	2.00	1	\vdash	\vdash			_		0.		
BOARD MEMBER	2100	\mathbf{x}						0.	0.	C	
(12) MICHAEL SAVAGE	2.00		\vdash	T	Т	T					
BOARD MEMBER		\mathbf{x}		l				0.	0.	l c	
(13) STEVEN SAVINO	2.00					T					
BOARD MEMBER		X						0.	0.	C	
(14) NICOLE WILLIAMS	2.00										
BOARD MEMBER		X						0.	0.	0	
		-									
		1	\vdash			<u> </u>					
	-	1									
332007 12-21-23	 			_	•	-	_	*	•	Form 990 (202	

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghes	st C	Compensated Employe	es (continued)			
(A)	(B)	,		((C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per week	box	, unles	s pe	rson	is both or/trus	n an	compensation	compensation from related		ount o	of
	(list any	lor	П				Ė	from the	organizations		other oensat	tion
	hours for	r direc				pa		organization	(W-2/1099-MISC/		m the	
	related	stee o	rustee			pensat		(W-2/1099-MISC/	1099-NEC)	_	ınizati	
	organizations below	ual tru	ional t		ployee	t com		1099-NEC)			relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	inzatic	3115
		_	-	Ť	×	-		· · · · · · · · · · · · · · · · · · ·				
			П		Г							
		_	Н		_		_					
			Н	_		H	_			-		
				П		\vdash						
						Щ						
					-	\vdash	_			-		
		ł										
1b Subtotal	1	_				_		76,958.	0		3,3	70.
c Total from continuation sheets to Part V								0.	0			0.
d Total (add lines 1b and 1c)								76,958.	0		3,3	70.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			-		-		_				- 1	Х
4 For any individual listed on line 1a, is the s		****	omp.	ane:	ation	o and	l ot	her compensation from	the organization	3		
and related organizations greater than \$15										4		X
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	nplete Schedul	e J i	or st	ıch	pers	son .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co									•	sation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	ithir T		year.			
(A) Name and busines:	address	N	INC	7.				(B) Description of s	services	(C Comper		n
							┪					
							\neg					
							_					
		-			_							
2 Total number of independent contractors	(includina but r	not li	mite	d to	the	se li	sted	d above) who received n	nore than			
\$100,000 of compensation from the organ	_					0		,				
										Form !	990 /	2022/

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Page 8

Га		V.III		note to any lin	o in this Part VIII			
			Check if Schedule O contains a response or	note to any iii	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and	50,000. 58,160. 2,490.	764,380.			
				lusiness Code				
ė	2	a	GOVERNMENT CONTRACTS	634310	366,132.	366,132.		
Ž,		b		624310	42,092.	42,092.		
Sel		С		A CONTRACTOR OF THE PROPERTY O		<u> </u>		
am		d						
Program Service Revenue		е						
Ā		f	All other program service revenue					
			Total. Add lines 2a-2f		408,224.			
	4		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro	ceeds	4,353.			4,353.
	5)	Royalties (1) Pool					
	6		Gross rents Less: rental expenses (i) Real 6a 6b	(ii) Personal				
		C	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
Revenue			Less; cost or other basis and sales expenses					
ev.								
Other F	8		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				48,306.				
		b	Less: direct expenses 8b	2,190.				
			90.000000000000000000000000000000000000		46,116.			46,116.
	9	a	Gross income from gaming activities. See					
			//////////////////////////////////////	11,441.				
		b	Less: direct expenses 9b	4,082.				
		С	Net income or (loss) from gaming activities		7,359.	7,359.		
	10			56,803.				
		b	Less: cost of goods sold 10b1	19,514.				
	_	С			37,289.			37,289.
Miscellaneous Revenue	11	а		900099	53,053.	53,053.		
llar /en		b						
sce Re		C						
Ξ			All other revenue		53,053.		-	
_	40		Total Add lines 11a-11d		1,320,774.	468,636.	0.	87,758.
_	12	_	Total revenue. See instructions		1,J4U, //4.	00, 000 e	·	01,130.

Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respon		Inis Part IX	/C) 1	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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,	EC 100	4 505	E 4 . C.C.1	46 828
	trustees, and key employees	76,183.	4,785.	54,661.	16,737.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	UCO 002	504 050	35 540	100 604
7	Other salaries and wages	769,283.	604,059.	35,540.	129,684.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	02 220	40.264	20 760	04 100
9	Other employee benefits	93,328.	48,364.	20,768.	24,196.
10	Payroll taxes	68,558.	48,925.	8,255.	11,378.
11	Fees for services (nonemployees):				
1.5	Management	22 112		22 112	
b	9	22,112.		22,112.	
	Accounting	67,900.		67,900.	
	Lobbying Co. Part W. Sing 47				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			+	
g		57,092.	44,032.	13,060.	
	column (A), amount, list line 11g expenses on Sch 0.)	33,498.	44,032.	13,000.	33,498.
12	Advertising and promotion	33,430.			33,430.
13	Office expenses				
14	Information technology				
15	Royalties	84,993.	70,539.	8,502.	5,952.
16	Occupancy	43,519.	43,519.	0,302.	3,332.
17	Travel	43,317.	43,313.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	7,014.	5,132.	1,449.	433.
19 20		7,014.	3,132.	1,117.	433.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	69,522.	57,703.	6,952.	4,867.
23		54,219.	45,002.	5,422.	3,795.
24	Other expenses. Itemize expenses not covered	31,2131	13/0021	371221	37,33.
24	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	TELEPHONE/INTERNET/WEBS	55,733.	28,822.	3,223.	23,688.
b	POSTAGE AND PRINTING	46,838.	8,393.	145.	38,300.
c	SUPPIES	31,436.	27,650.	2,227.	1,559.
d	EQUIPMENT RENTAL & MAIN	10,566.	8,769.	1,057.	740.
	All other expenses	11,117.	5,854.	5,266.	-3.
25	Total functional expenses. Add lines 1 through 24e	1,602,911.	1,051,548.	256,539.	294,824.
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)				
	0 12-21-23				Form 990 (2023

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	424,601.	1	174,176.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	120,791.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,	***		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
9 7	Notes and loans receivable, net		7	
7 8 8	Inventories for sale or use		8	31,719
ž 9	Prepaid expenses and deferred charges	9,118.	9	1,078.
108	Land, buildings, and equipment: cost or other	"		
	basis. Complete Part VI of Schedule D 10a 1,861,978	3.		
1	Less: accumulated depreciation 10b 1,057,333		10c	804,647
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	634,965.	12	679,859
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	67,402.	15	53,196
16	Total assets. Add lines 1 through 15 (must equal line 33)	0 000 400	16	1,865,466
17	Accounts payable and accrued expenses		17	132,637
18	Grants payable		18	·
19	Deferred revenue		19	3
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	2,187
22 م	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22 22 22 22 22 22 22 22 22 22 22 22 22	controlled entity or family member of any of these persons		22	
3 ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	***		
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	227	25	
26	Total liabilities. Add lines 17 through 25	92,586.	26	134,827
	Organizations that follow FASB ASC 958, check here			
S	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,328,653.	27	1,024,516
28	Net assets with donor restrictions		28	706,123
	Organizations that do not follow FASB ASC 958, check here			V - 1
[]	and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds	201	29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
8 31	Retained earnings, endowment, accumulated income, or other funds		31	
27 28 29 20 27 28 29 30 31 32 32	Total net assets or fund balances		32	1,730,639
33	Total liabilities and net assets/fund balances	0 0 5 0 1 5 0	33	1,865,466.
	111111111111111111111111111111111111111			Form 990 (2023

Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			****	X			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,32					
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5						
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	4	4,8	94.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,73	0,6	39.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	****************		000000				
				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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer							
	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?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:		· · · 0					
	Separate basis X 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	e audit.						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
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?		3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	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.

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number **_**** SIGHTS FOR HOPE

Pa	rt I	Reason for Public C	Charity Status.	All organizations must co	omplete th	is part.) S	ee instructions.				
he	organi	zation is not a private found									
1		A church, convention of chu)(A)(i).				
2		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).									
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
7		city, and state:									
_			r the basefit of a col	logo or university ewner	l or operat	od by a g	vornmental unit describ	and in			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_		section 170(b)(1)(A)(iv). (C									
6	V	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									
7	Δ	-		ntial part of its support fi	rom a gov	emmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Co									
8		A community trust describe									
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	college			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or			
	_	university:									
10		An organization that normal	ly receives (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from			
		activities related to its exem	pt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	nplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See s	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or			
		more publicly supported org	ganizations describe	d 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 o	f supporting organization	n and com	plete lines	s 12e, 12f, and 12g.				
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the dire	ctors or trustees of the s	supporting			
		organization. You must c									
Ь		Type II. A supporting orga			tion with it	s support	ed organization(s), by ha	iving			
		control or management o									
		organization(s). You mus					,				
c		Type III functionally inte			in connec	tion with.	and functionally integrate	ed with.			
		its supported organization						,			
d		Type III non-functionally						ization(s)			
		that is not functionally int						* *			
		requirement (see instruct									
6		Check this box if the orga	·								
Ī		functionally integrated, or					. 1)po i, 1)po ii, 1)po iii				
f	Ente	er the number of supported of									
		ride the following information			****************						
_		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see mandeneris)							
Tot	al										

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			·			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		(-,		1-7-0	(0),2020	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	membership fees received. (Do not						
	include any "unusual grants.")	406,428.	657,718.	498,946.	533,560.	414,380.	2511032.
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	406,428.	657,718.	498,946.	533,560.	414,380.	2511032.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						413,496.
	Public support. Subtract line 5 from line 4.						2097536.
_	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 4	406,428.	657,718.	498,946.	533,560.	414,380.	2511032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	40 500	00 406	0.4.600			74 600
	and income from similar sources	18,709.	29,426.	24,639.	-2,488.	4,353.	74,639.
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			ľ			
	assets (Explain in Part VI.)						2505671
	Total support. Add lines 7 through 10						2585671.
	Gross receipts from related activities,	,					,992,812.
13	First 5 years. If the Form 990 is for the			-	•	, , , ,	
Sar	organization, check this box and store ction C. Computation of Publ			********************		************************	
_	Public support percentage for 2023 (column (f\)		14	81.12 %
	Public support percentage from 2022					15	88.64 %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the o						************
_	and stop here . The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to						
h	10% -facts-and-circumstances tes	•				17a. and line 15 is	
~	more, and if the organization meets the						
	organization meets the facts-and-circ						
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.)

Section A. Public Support	elow, please com	piete i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	1=3 == 0.10	(0, 2020	17,2021	12,2022	(5,2520	(1)
membership fees received. (Do not						
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 organization's tax-exempt purpose					1	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			Î			
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that			i			
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	T Nove	1 500	f 500	T 699	1	87.583
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6				ļ.		
10a Gross income from interest, dividends, payments received on						
securities loans, rents, rovalties.						
and income from similar sources						
b Unrelated business taxable income	1					
(less section 511 taxes) from businesses						
acquired after June 30, 1975				-		
c Add lines 10a and 10b 11 Net income from unrelated business					-	
activities not included 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		1				
assets (Explain in Part VI.)					1	
Total support. (Add lines 9, 10c, 11, and 12.)First 5 years. If the Form 990 is for t	he organization's f	iret eacond third	fourth or fifth to	vegras a soction	501(c)(3) organizat	ion
check this box and stop here	•			-		
Section C. Computation of Pub			*******************************		***************************************	
15 Public support percentage for 2023			column (f))		15	%
16 Public support percentage from 202					16	9/
Section D. Computation of Inve					****	
17 Investment income percentage for 2)	17	9/
18 Investment income percentage from					18	9/
19a 33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, ch	-					
20 Private foundation. If the organizati					-	

332023 12-21-23

Schedule A (Form 990) 2023

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)
- 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).
- 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		
35		
Зс		
4-		
4a		
4b		
4c		_
3 -5		
5a		
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9a		
9b		L
35		i vi
9c		
10a		
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Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either acine or together with persons described on lines 11b and 11b above, the governing body of a supported organization? A 35% controlled entity of a person described on line 11a art 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of a person described on line 11a or 11b above? A 35% controlled entity of 35%	Pa	rt IV Supporting Organizations (continued)			
a A person wind directly or indirectly controls, either acine or together with persons described on lines 11b and 11b cle below, the governing body of a supported organization? b A tamily member of a person described on line 11a a brow? c 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. Section B. Type I Supporting Organizations 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 organizations officers, directors, or trustees at all times during the tax year? If "No." (describe in Part VI from the supported organizations officers, directors, or trustees at all times during the tax year? If "No." (describe in Part VI from the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization person for the benefit of any supported organization of the time the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization person for the benefit of any supported organization of the time the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 3 Did the organization person for the benefit or any supported organization of the "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organizations) by the directors or trustees of each of the organization is a supported organization in the supporting organization is a supported organization in the supporting organization in the same persons that controlled or managed the supporting organization is a supported organization in the supported organization is governing documents in effect on the date of notification, and (ii) copies of the organization is governing documents in				Yes	No
11a below, the governing body of a supported organization? 2 A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide defail in Part VI. Section B. Type I Supporting Organizations 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 effectively operated, supervised, or controlled the organization's activities. If the organization the supported organization, describe have the power to apported and for runse early if the organization's activities. If the organization of the transported organization, describe have the powers to apported organization's describe the part I have the supported organization when the supported organization of the transported organization of the organization organization organization organization organization organization	11	Has the organization accepted a gift or contribution from any of the following persons?		1	
b. A Saffi controlled entity of a person described on line 11a above? A S5F6 controlled entity of a person described on line 11a to 11b above?! A S5F6 controlled entity of a person described on line 11a or 11b above?! The section B. Type I Supporting Organizations 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 organizations officers, directors, or trustees at all times during the tax year? If 'No, 'describe in Part VI how the supported organizations of controlled the organization and very than one supported organization, describe how the powers is appoint and/or ramove efficers, directors, or trustees were allocated among the supported organization or development and or among the supported organization or development and or among the supported organization or controlled that supported organization or controlled that supported organization or than the supported organization (s) that operated, supervised, or controlled the supporting organization ("I 'Yes," exclaim in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supporting organization ("I 'Yes," exclaim in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supporting organization ("Yes," the organization of a supported organization of the supported organization of the organization of the organization of the date of notification, and (iii) copies of the organization is governing documents in effect on the date of notification, and (iii) copies of the organization or the powering body of a supported organization ("I), organization shall be organization organization organi	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
c 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 Per VI. Section B. Type I Supporting Organizations 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 organizations officers, directors, or trustees and unit make during the tax year? If "I/b, decades in Par VI Now the supported organizations of organizations of organizations and organizations have the powers to appoint and/or remove officers, directors, or trustees were ellocated among the supported organization describe how the powers to appoint and/or remove officers directors, or trustees were ellocated among the supported organization organization operate for the benefit of any supported organization of the tax year. 2 Did the organization operate for the benefit of any supported organization of their than the supported organization operated, supported organizations of the supported organization of the provide organizations of the supported organizations of the provide organizations of the supported organizations of the provided organizations of the supported organizations of the supported organizations of the supported organizations of the organizations of the organizations and the supported organizations of the organizations or trustees during the tax year also a majority of the directors or trustees of each of the organizations supported organizations of the organizations		11c below, the governing body of a supported organization?	11a		
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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 majerity of the organization's officers, directors, or trustoes at all mines during the tax year? If No, discorbibly operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization's and what conditions are restrictions, if any, applied the supported organization had more than one supported organization's and what conditions or restrictions, if any, applied the surported organization had more than one supported organization operate for the benefit of any supported organization had more than one supported organization operate for the benefit of any supported organization's understanding the tax year also a majority of the directors or trustees of each of the organization's governities of the supporting organization. Section C. Type II Supporting Organization's usuported organization's that operated, supervised, or controlled the supporting organization's usuported organization's provided organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization's provided organization's or trustees of each of the organization's usuported organization's supported organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a volume to the supporting Organization's tax year, (i) a volume to the organization's supported organization's governing documents in effect on the date of notification, and (ii) copies of the organization's supported organization's governing documents in effect on the date of notification, and (ii) copies of the organization's organization maintained a close and continuous working relationship with the supported organization's provided orga	C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Yes No management 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 or majority of the organization's officers, directors, or trustees are all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees ever elicoted among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			11c		
Did the governing body, members of the governing body, offices acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least an anjerity of the organization's officers, directors, or trustees at all times during the tax year /! "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operated for the benefit of any supported organization ost or providing the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the thing the supported organization such powers during the tax year. 3 Parent of Type II Supporting Organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested organizations, by the last day of the fifth month of the organization's tax year, () a written notice describing the type and amount of support provided during the prior tax year, () a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization majoriation's officers, directors, or trustees either () appointed or elected by the supported organization maintained a close and continuous working relationship	Sec	tion B. Type I Supporting Organizations			
more supported organizations have the power to regularly appoint or elect at teast 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 organization organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated organization of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 2 Post No or trustees of each of the organization and supported organizations. 3 Esction C. Type II Supporting Organizations 4 Ves No or trustees of each of the organization was vested in the same persons that controlled or managed to management of the supporting organization was vested in the same persons that controlled or managed to management of the supporting organizations was vested in the same persons that controlled or managed to managed the supported organization was vested in the same persons that controlled or managed to managed the supported organizations are vested in the supported organization and the organizations are vested in the same persons that controlled or managed to the supported organizations are vested to the date of notification, to the extent not previously provided? 1 Did the organization is accomment in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization is officers, directors, or trustees either () appointed organizations have a significant voice in the organization is				Yes	No
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 and more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization of such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If the supported organization such benefit carried out the purposes of the supported organization? If the organization such benefit carried out the purposes of the supported organization? If the organization is supported organizations. 1 Were a majority 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 was vested in the same persons that controlled or managed the supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's supported organizations that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, cirectors, or trustees either (i) appointed organizations in Part VI how the organization in waste organization's involvement, or supported organization's in Part VI how the organization in substance in the organization's involvement and the supported organization's involvement and the supported organization's unsupported organization's unsupported organization's unsupported organization's unsupported organization'	1				
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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 Parent of Supported Organizations. Answer lines 3a and 3b below.			0-		
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these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below.					
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			26		
	2				
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	a		32		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b		Ju		

332025 12-21-23

Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
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	X X					
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-functional	ally integrat	ed Type III supporting org	janization (see				
	instructions).							

Schedule A (Form 990) 2023

					1 404	_
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ied)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	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			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					Ī
2	Underdistributions, if any, for years prior to 2023 (reason-					Ī
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					Ì
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					_
i_	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					_
C	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	V Y I I I I I I I I				
	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.					
8	Breakdown of line 7:					
	Excess from 2019			_ 4		
	Excess from 2020					
C	Evenes from 2021					

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

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.

2023
Open to Public Inspection

Name of the organization

SIGHTS FOR HOPE

Employer identification number ** - * * * * * *

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		Is or Accounts. Complete if the
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by ti	he organization during the tax
4	Number of states where property subject to conservation ea	noment is legated	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	- f
3	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	and voidings, made devoted to monitoring, mappeding,	Than all ig or violatione, and officially oc	risorvation outsomerite defining the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	5, T	, ,	3 ,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fui	rtherance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tree	easures, or other similar assets for financ	sial gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X	·····	\$

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

Schedule D (Form 990) 2023

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		82,500.		82,500.			
b Buildings		1,344,090.	683,216.	660,874.			
c Leasehold improvements							
d Equipment		259,567.	215,581.	43,986.			
e Other		175,821.	158,534.	17,287.			
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))							

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SIGHTS FOR H	OPE		**-***** Pag
Part VIII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	11h See Form 990 Part X lin	o 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
N Figure del desirent	(-,		
Classic hald aguity interests			
3) Other			
(A) OUTSIDE PERPETUAL TRUSTS	679,859.	END-OF-YEAR M	ARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	679,859.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990 Part IV line:	11d See Form 990 Part X lin	e 15
	escription	Tra. Occ Form 550, Fart X, III	(b) Book value
(1)			(2) 2 3 3 1 1 2 3
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	*************************************	
Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Pa	rt X, line 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Column (b) must equal Form 990, Part X, line 25, col. (B))
 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.

Schedule D (Form 990) 2023

(8)

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY-THAN-NOT THAT THE TAX

GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFITS FROM AN

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SIGHTS FOR HOPE	**_**** Page 5
Part XIII Supplemental Information (continued)	
THE TECHNICAL MERITS OF THE POSITION.	EXAMPLES OF TAX POSITIONS INCLUDE
THE TAX-EXEMPT STATUS OF THE ORGANIZAT	ION AND VARIOUS POSITIONS RELATED TO
THE POTENTIAL SOURCES OF UNRELATED BUS	INESS TAXABLE INCOME (UBIT). THE
TAX BENEFITS RECOGNIZED IN THE FINANCIA	AL STATEMENTS FROM SUCH A POSITION
ARE MEASURED BASED ON THE LARGEST BENEI	FIT THAT HAS A GREATER THAN 50%
LIKELIHOOD OF BEING REALIZED UPON ULTIN	MATE SETTLEMENT. THERE WERE NO
UNRECOGNIZED TAX BENEFITS IDENTIFIED OF	R RECORDED AS LIABILITIES FOR FISCAL
YEAR 2023.	
THE ORGANIZATION FILES ITS 990 WITH THE	E UNITED STATES INTERNAL REVENUE
SERVICE. THE ORGANIZATION IS GENERALLY	Y NO LONGER SUBJECT TO EXAMINATION
BY THE INTERNAL REVENUE SERVICE FOR YEAR	ARS BEFORE 2021.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SUPPLIES-STORE SALES	
Y	
: 	

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

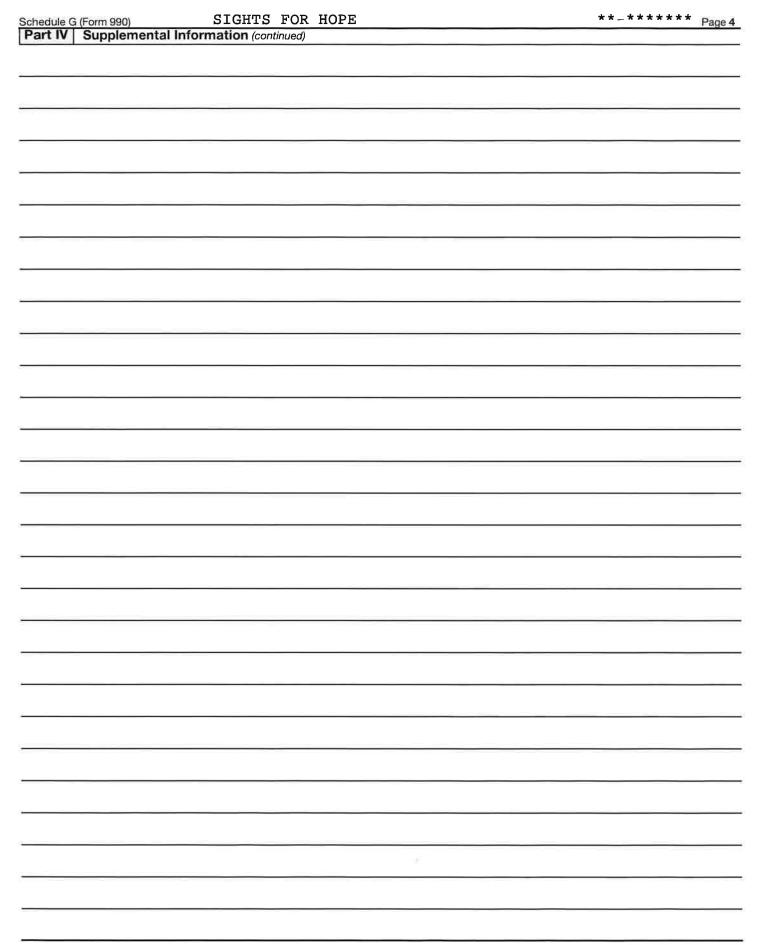
Open to Public Inspection

Name of the organization SIGHTS	FOR HOPE					Employer ide	ntification number **
Part I Fundraising Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
required to complete this par Indicate whether the organization rais Mail solicitations	ed funds through any of the following solicitates of Solicitates or oral agreement with any individual solicitates or entities (fundraisers) pursured	tion of tion of fundra I (inclue profess	non-g gover lising ding o ional f	overnment grants rnment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No					
					500		
Fotal							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contril	oution	s or has been notifie	d it is	exempt from r	egistration
For Paperwork Reduction Act Notice, s	ee tne Instructions for Form 990 o	r 990-	ĿΖ.			Schedule	G (Form 990) 202

LHA 332081 09-13-23

Pa	rt I					
		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1 LIONS CLUB	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BREAKFAST (event type)	(event type)	(total number)	col. (c))
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	48,306.			48,306.
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	48,306.			48,306.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	2,190.			2,190.
Direct Expenses	7	Food and beverages				
Д	8	Entertainment				
		Other direct expenses				·
		Direct expense summary. Add lines 4 through	h 9 in column (d)		******	2,190.
ГБ.	11	Net income summary. Subtract line 10 from I				46,116.
Pa	nı		answered "Yes" on Forn	n 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
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es		Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		***************************************	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condi	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_					-
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
	-	-				
2200	12.00	1 12 92			2:	dula 0 /F 000\ 000
3320	52 09	9-13-23			Sche	edule G (Form 990) 2023

Sch	edule G (Form 990) 2023 SIGHTS FOR HOPE	. * * * * * * *	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	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	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:	8 19	
	The first and are a second and possess and property and singuing appropriate ordinal possess.		
	Name		
	Address		
	, addison		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
		8282	
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	If "Yes," enter name and address of the third party:		
	the res, entername and address of the third party.		
	Nama		
	Name		
	Address		
	Address		
10			
16	Gaming manager information:		
	News		
	Name		
	Coming manager companation of		
	Gaming manager compensation \$		
	Described on the control of the cont		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
47			
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
De	organization's own exempt activities during the tax year \$		
Fa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2023
Open to Public Inspection

Name of the organization

SIGHTS FOR HOPE

Employer identification number

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

SOLUTIONS THAT ADVANCE THEIR SELF-SUFFICIENCY. SIGHTS FOR HOPE SERVICES

IN PENNSYLVANIA'S LEHIGH, NORTHAMPTON, AND MONROE COUNTIES TRANSFORM

LIVES OF THE PEOPLE IT SERVES BY REMOVING THE BARRIERS TO THEIR

INDEPENDENCE AND SUCCESS. THESE SERVICES TEACH ADAPTIVE SKILLS TO

ACCOMPLISH DAILY LIFE ACTIVITIES; PROVIDE SUPPORTS THAT COUNTER THE

EFFECTS OF VISUAL IMPAIRMENTS AND INCREASE ACCESS TO ESSENTIAL

SERVICES, INCLUDING MEDICAL CARE AND HEALTHY FOOD; AND ADVANCE

SOLUTIONS THAT ENHANCE SIGHT CAPABILITIES. ALMOST 49% OF SIGHTS FOR

HOPE'S CLIENTS LIVE BELOW OR NEAR THE FEDERAL POVERTY LINE. MOST OF ITS

SERVICES ARE PROVIDED AT LITTLE OR NO COST

PART III, LINE 1 CONTINUATION

SIGHTS FOR HOPE CARRIES FORWARD A TRADITION INSPIRED BY HELEN KELLER

NEARLY A CENTURY AGO. FOUNDED IN 1928, IT IS THE ONLY PRIVATE VISION

SERVICE AGENCY IN ITS SERVICE AREA AND IS A MEMBER OF THE PENNSYLVANIA

ASSOCIATION FOR THE BLIND.

SIGHTS FOR HOPE'S CALL TO ACTION IS THE FACT THAT PEOPLE WITH VISUAL

IMPAIRMENTS AND BLINDNESS FACE UNACCEPTABLE DISPARITIES WITH RESPECT TO

PERSONAL INDEPENDENCE AND WELLBEING. THESE INEQUALITIES ARE MANIFEST

PARTICULARLY BY INCREASED CHALLENGES IN ACCOMPLISHING DAILY LIFE

ACTIVITIES; LIMITED ACCESS TO MEDICAL CARE, NUTRITIOUS FOOD, AND OTHER

CRITICAL SERVICES; DIFFICULTIES WITH EMOTIONAL HEALTH, INCLUDING

DEPRESSION; AND DECREASED POTENTIAL TO LEARN SUCCESSFULLY IN SCHOOL.

WHEN SIGHTS FOR HOPE REMOVES KEY BARRIERS TO SELF-SUFFICIENCY FOR

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

Schedule O (Form 990) 2023

Name of the organization **Employer identification number** **_*** SIGHTS FOR HOPE PEOPLE WITH VISUAL IMPAIRMENTS, THEN THEY BECOME EMPOWERED TO ACHIEVE A GREATER EQUALITY OF INDEPENDENCE AND QUALITY OF LIFE FOR THEMSELVES. THE THREE PILLARS THAT ARTICULATE SIGHTS FOR HOPE'S WORK AS IDENTIFIED BELOW. 1. SKILLS: SIGHTS FOR HOPE TEACHES PEOPLE WITH VISUAL IMPAIRMENTS THE ADAPTIVE SKILLS TO ACCOMPLISH DAILY LIFE ACTIVITIES. 2. SUPPORTS: SIGHTS FOR HOPE PROVIDES SUPPORTS TO PEOPLE WITH VISUAL IMPAIRMENTS THAT COUNTER THE EFFECTS OF THEIR CIRCUMSTANCES AND INCREASE THEIR ACCESS TO ESSENTIAL SERVICES, INCLUDING MEDICAL CARE AND HEALTHY FOOD. 3. SOLUTIONS: SIGHTS FOR HOPE ADVANCES SOLUTIONS TO PEOPLE WITH VISUAL IMPAIRMENTS THAT ENHANCE THEIR SIGHT CAPABILITIES. SIGHTS FOR HOPE'S CLIENTS AND PATIENTS ARE INDIVIDUALS WHOSE ABILITIES TO CONDUCT DAILY ACTIVITIES ARE IMPEDED BY PERMANENT VISUAL IMPAIRMENTS THAT CANNOT BE CORRECTED WITH GLASSES OR EQUIVALENT SOLUTIONS. SIGHTS FOR HOPE'S CLIENT AND PATIENT SERVICES ARE PROVIDED TO PEOPLE WHO RESIDE IN ITS SERVICE AREA AND HAVE A VISUAL ACUITY OF 20/70 OR WORSE IN THEIR STRONGEST EYE WITH BEST CORRECTION; HAVE A VISUAL FIELD OF 20 DEGREES OR WORSE IN THEIR STRONGEST EYE WITH BEST CORRECTION; HAVE A VISUAL FUNCTION THAT IS EQUIVALENT TO AN ACUITY OF 20/70 OR WORSE IN THEIR STRONGEST EYE WITH BEST CORRECTION; HAVE A DIAGNOSIS OF

A DEGENERATIVE EYE CONDITION OR VISION DISORDER; HAVE EXPERIENCED A

Name of the organization

SIGHTS FOR HOPE

Employer identification number

PROGRESSIVE LOSS OF EYESIGHT DUE TO A DISEASE; OR HAVE OTHER PERMANENT

SIGHT-RELATED CONDITION THAT MAKES IT DIFFICULT FOR THEM TO PERFORM

THEIR TYPICAL DAILY ACTIVITIES. MORE THAN 80% OF ITS CLIENTS ARE AGES

55 AND UP AND APPROXIMATELY 65% OF ITS CLIENTS ARE AGES 65 AND UP.

SIGHTS FOR HOPE'S PREVENTION SERVICES ARE PROVIDED PRIMARILY TO CHILDREN AGES 0-6.

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

PROGRAM SERVICE ACCOMPLISHMENTS:

3,306 GUIDED TRANSPORTS PROVIDED TO CLIENTS, A 5% INCREASE OVER THE PRIOR YEAR.

12,990 HOURS OF SERVICES WERE PROVIDED TO CLIENTS AND PATIENTS.

5,977 CHILDREN AGES 0-6 RECEIVED FREE VISION SCREENINGS - A 28%

INCREASE OVER THE PRIOR YEAR AND A CONTINUED PROGRESSION TOWARD

PRE-PANDEMIC LEVELS.

14% OF CHILDREN AGES 0-6 WHO RECEIVED VISION SCREENINGS WERE FOUND TO

HAVE AN UNDETECTED VISUAL IMPAIRMENT OF SOME KIND AND WERE REFERRED FOR

SERVICE BY EYE CARE PROFESSIONALS.

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

A PRESENTATION OF THE 990 IS MADE TO THE BOARD BY THE BOARD TREASURER, WHO IS THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE.

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

ANNUAL STATEMENTS FROM EACH BOARD MEMBER. IF A CONFLICT IS DISCOVERED, IT WILL RESULT IN REMOVAL FROM THE BOARD.

Name of the organization **Employer identification number** **_**** SIGHTS FOR HOPE A MEMBER OF THE BOARD IS AN ATTORNEY WHO PROVIDES PRO BONO LEGAL SERVICES TO THE ORGANIZATION. A MEMBER OF THE BOARD IS A SIGHTS FOR HOPE CLIENT. THE VICE PRESIDENT OF THE BOARD IS A FORMER CLIENT OF THE ORGANIZATION WHEN IT HAD A DIFFERENT NAME. FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR'S (ED) SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE USING COMPARISON TO THE ED SALARIES OF COMPARABLE AGENCIES, CONSIDERATION OF THE ORGANIZATION'S FINANCIAL RESOURCES, AND THE COMMITTEE'S EVALUATION OF THE ED'S PERFORMANCE. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST, ON THEIR WEBSITE AND ALSO ON THE GUIDESTAR WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: UNREALIZED GAIN/LOSS ON OUTSIDE PERPETUAL TRUSTS 44,894.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

SIGHTS FOR HOPE

(a)	(b)	(c)	(d)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		me End-
<u> </u>				
Part II Identification of Related Tax-Exempt Organizations during the tax year.		·		
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	ations. Complete if the organization a (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public ch
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity SUPPORT THE OPERATIONS AND	(c) Legal domicile (state or	(d) Exempt Code	
organizations during the tax year. (a) Name, address, and EIN of related organization SIGHTS FOR HOPE ENDOWMENT FOUNDATION -	(b) Primary activity SUPPORT THE OPERATIONS AND	(c) Legal domicile (state or	(d) Exempt Code	(e) Public characteristics (if see 501(c)(3)
organizations during the tax year. (a) Name, address, and EIN of related organization SIGHTS FOR HOPE ENDOWMENT FOUNDATION - 23-2129736, 845 W. WYOMING ST, ALLENTOWN, PA	(b) Primary activity SUPPORT THE OPERATIONS AND ACTIVITIES OF SIGHTS FOR	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if se 501(c)(:
organizations during the tax year. (a) Name, address, and EIN of related organization SIGHTS FOR HOPE ENDOWMENT FOUNDATION - 23-2129736, 845 W. WYOMING ST, ALLENTOWN, PA	(b) Primary activity SUPPORT THE OPERATIONS AND ACTIVITIES OF SIGHTS FOR	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if se 501(c)(:
organizations during the tax year. (a) Name, address, and EIN of related organization SIGHTS FOR HOPE ENDOWMENT FOUNDATION - 23-2129736, 845 W. WYOMING ST, ALLENTOWN, PA	(b) Primary activity SUPPORT THE OPERATIONS AND ACTIVITIES OF SIGHTS FOR	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chastatus (if set 501(c)(3)

40

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

(b)	(c)	(d)	(e)	(f)	(g)
Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets
		Primary activity Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity Comparison

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part I organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of tot income

41

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transa			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled			
b Gift, grant, or capital contribution to related organization(s)			***************************************
c Gift, grant, or capital contribution from related organization(s)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d Loans or loan guarantees to or for related organization(s)		**{\.******	
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************************
g Sale of assets to related organization(s)		***************************	
h Purchase of assets from related organization(s)		***************************************	
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)			
I Performance of services or membership or fundraising solicitations for related	d organization(s)	****************************	
m Performance of services or membership or fundraising solicitations by related	d organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related orga			
Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			
 S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes." see the instructions for information 			
			relationships and tra
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method
1) SIGHTS FOR HOPE ENDOWMENT FOUNDATION	С	350,000.	CASH
2) SIGHTS FOR HOPE ENDOWMENT FOUNDATION	В	190,394.	CASH
(3)			
(4)			
W.			
(5)			
(6)			
32163 09-28-23	42		***

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (rr that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(0	e all rs sec. c)(3) s.?	(f)	(g)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Partne	all is sec.	Share of	Share of
of entity		(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year
		country)	sections 512-514)	Yes	No	income	assets
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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. Type or Taxpayer identification number (TIN) Print SIGHTS FOR HOPE **_**** File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 845 W. WYOMING STREET return, See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALLENTOWN, PA 18103 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 **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 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 08 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 **DENNIS W. ZEHNER** 845 W. WYOMING STREET - ALLENTOWN, PA 18103 Telephone No. 610-433-6018 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 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 I request an automatic 6-month extension of time until MAY 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or JUL 1 20 23 X tax year beginning JUN 30 📗 .2024 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c