

EXTENDED TO NOVEMBER 15, 2023  
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 TOLEDO SOCIETY FOR THE BLIND INC.  
 Doing business as THE SIGHT CENTER OF N.W. OHIO  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 1002 GARDEN LAKE PARKWAY  
 City or town, state or province, country, and ZIP or foreign postal code  
 TOLEDO, OH 43614

**D** Employer identification number  
 34-4428258

**E** Telephone number  
 (419) 720-3937

**G** Gross receipts \$ 2,823,489.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.SIGHTCENTERTOLEDO.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1927

**M** State of legal domicile: OH

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE SIGHT CENTER OF NORTHWEST OHIO EMPOWERS INDEPENDENCE AND ENRICHES THE LIVES OF PEOPLE WHO ARE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	35
	6	Total number of volunteers (estimate if necessary)	6	43
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,336,547.	Current Year 518,384.
	9	Program service revenue (Part VIII, line 2g)	307,878.	320,789.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248,570.	402,640.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,624.	206,492.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,083,619.	1,448,305.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	704,917.	706,716.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	132,036.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	315,051.	455,022.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,019,968.	1,161,738.	
	19 Revenue less expenses. Subtract line 18 from line 12	1,063,651.	286,567.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 5,892,217.	End of Year 5,218,185.
	21	Total liabilities (Part X, line 26)	173,650.	150,731.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,718,567.	5,067,454.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Timothy Tegge*  
 Date: 11/8/23  
 Name and title: TIMOTHY TEGGE, EXECUTIVE DIRECTOR

**Paid Preparer Use Only**  
 Print/Type preparer's name: THOMAS E. KOLENA  
 Preparer's signature: *Thomas E. Kolena*  
 Date: 11/6/2023  
 Check  self-employed  
 PTIN: P00189837  
 Firm's name: MIRA & KOLENA, LTD  
 Firm's EIN: 34-1840794  
 Firm's address: 4841 MONROE STREET STE 350  
 TOLEDO, OH 43623  
 Phone no. (419) 474-5020

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No