

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

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: **SPECTRIOS INSTITUTE FOR LOW VISION**

D Employer identification number: **36-3083157**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **219 E COLE AVE** Room/suite: _____

E Telephone number: **630-690-7115**

City or town, state or province, country, and ZIP or foreign postal code: **WHEATON IL 60187**

F Name and address of principal officer:
R. TRACY WILLIAMS O.D.
969 LOCKWOOD CT
BATAVIA IL 60510

G Gross receipts \$ **2,543,259**

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: **SPECTRIOS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1980** **M** State of legal domicile: **IL**

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: VISUAL REHABILITATION OF LOW VISION PATIENTS			
	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)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	14	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	746,716	1,483,193
	9	Program service revenue (Part VIII, line 2g)	332,509	372,654
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,633	60,512
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,340	216,921
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,326,198	2,133,280
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	733,427	917,606
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	130,452	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	390,977	450,420	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,124,404	1,368,026	
19	Revenue less expenses. Subtract line 18 from line 12	201,794	765,254	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,437,435	2,912,925
	21	Total liabilities (Part X, line 26)	206,879	120,862
	22	Net assets or fund balances. Subtract line 21 from line 20	2,230,556	2,792,063

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: **R. TRACY WILLIAMS O.D.** Date: _____
 EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **KENNETH W. PETERSON, CPA** Preparer's signature: _____ Date: **09/12/23** Check if self-employed PTIN: **P00046293**

Firm's name: **KOLNICKI, PETERSON & WIRTH, CPA'S** Firm's EIN: **36-4119639**
 Firm's address: **1400 OPUS PLACE SUITE 100**
DOWNERS GROVE, IL 60515 Phone no: **630-390-1140**

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