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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ENVISION FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
610 N MAIN 4TH FLOOR

City or town, state or country, and ZIP + 4
WICHITA, KS 67203

D Employer identification number
20-3874095

E Telephone number
(316) 267-2244

G Gross receipts $ 5,982,345

F Name and address of Principal Officer
LINDA K MERRILL
610 N MAIN 4TH FLOOR
WICHITA, KS 67203

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW ENVISIONUS COM

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 2005

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities

WE ARE DEDICATED TO ENHANCING THE PERSONAL INDEPENDENCE OF INDIVIDUALS WHO ARE BLIND OR LOW VISION THIS IS ACCOMPLISHED THROUGH EDUCATION AND FUNDING OF PROGRAMS WHICH BENEFIT INDIVIDUALS WITH VISION LOSS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,356,802	4,142,474
9	Program service revenue (Part VIII, line 2g)	0	126,710
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-337,495
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-16,037
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,356,802	3,915,652
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,539,065
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)	84,607	337,863
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	73,924
b	(Total fundraising expenses, Part IX, column (D), line 25 79,009)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	169,239	839,854
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	253,846	2,790,706
19	Revenue less expenses Subtract line 18 from line 12	1,102,956	1,124,946

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	3,746,608	4,936,882
21	Total liabilities (Part X, line 26)	372,820	448,722
22	Net assets or fund balances Subtract line 21 from line 20	3,373,788	4,488,160

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

Please Sign Here

****** | 2010-03-31
Signature of officer | Date

KENT WILSON TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ AMANDA A COLEMAN | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP
1551 N WATERFRONT PKWY STE 300
WICHITA, KS 672066601

EIN ▶

Phone no ▶ (316) 265-2811

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

WE ARE DEDICATED TO ENHANCING THE PERSONAL INDEPENDENCE OF INDIVIDUALS WHO ARE BLIND OR LOW VISION THIS IS ACCOMPLISHED THROUGH EDUCATION AND FUNDING OF PROGRAMS WHICH BENEFIT INDIVIDUALS WITH VISION LOSS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 1,546,856 including grants of $ 1,525,382) (Revenue $)

THE FOUNDATION PROVIDES FUNDRAISING SUPPORT FOR THE ENVISION VISION REHABILITATION CENTER, A NON-PROFIT AFFILIATED ORGANIZATION WHICH PROVIDES LOW VISION REHABILITATION SERVICES AND RESEARCH IN ADDITION, VARIOUS OTHER PROGRAMS AND SERVICES ARE SUPPORTED THROUGH THE FOUNDATION SEE SCHEDULE O FOR CONTINUATION

4b (Code) (Expenses $ 610,923 including grants of $ 13,683) (Revenue $)

PUBLIC EDUCATION - ENVISION USES PUBLIC EDUCATION AS A KEY TOOL IN PREVENTION AND AWARENESS OF BLINDNESS AND LOW VISION, AND IN MITIGATING THEIR NEGATIVE EFFECT SEE SCHEDULE O FOR CONTINUATION

4c (Code) (Expenses $ 285,912 including grants of $) (Revenue $ 126,710)

ENVISION CONFERENCE - MULTI-DISCIPLINARY TRAINING CONFERENCE ON TREATMENT OF VISION LOSS SEE SCHEDULE O FOR CONTINUATION

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 2,443,691 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in 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 (gambling) winnings to prize winners?	1c		Yes	
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	0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
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).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 6		
b	Enter the number of voting members that are independent . .	1b 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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 in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed KS

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KENT P WILSON
610 N MAIN ST 4TH FLOOR
WICHITA, KS 67203
(316) 267-2244

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR WILLIAM J WILHELM , DIRECTOR	1 0	X						0	0	0
GREGORY E EK , DIRECTOR	1 0	X						0	0	0
RICHARD KECK , DIRECTOR	1 0	X						0	0	0
DAVE UNRUH , DIRECTOR	1 0	X						0	0	0
JACK E MOFFETT , DIRECTOR	1 0	X						0	0	0
LINDA PARMAN , PRESIDENT	1 0	X		X				0	326,432	53,218
TERRY KELLER , DIRECTOR	1 0	X						0	0	0
KENT WILSON , TREASURER	1 0			X				0	206,419	35,990

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0	532,851	89,208

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 64,578				
	d	Related organizations 1d 2,855,934				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,221,962				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	4,142,474			
Program Service Revenue		Business Code				
	2a	ENVISION CONFERENCE REVENUE 900,099	126,710	126,710		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 126,710				
	3	Investment income (including dividends, interest other similar amounts)	238,561			238,561
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,417,224				
	b	Less cost or other basis and sales expenses: 1,993,280				
	c	Gain or (loss): -576,056				
	d	Net gain or (loss)	-576,056			-576,056
Other Revenue	8a	Gross income from fundraising events (not including $ 57,376 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 64,578				
	b	Less direct expenses b 73,413				
	c	Net income or (loss) from fundraising events	-16,037			-16,037
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ 0				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	3,915,652	126,710		-353,532

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21	1,535,957	1,535,957		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,108	3,108		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	251,872	113,002		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,642	7,747	21,895	
9 Other employee benefits	37,022	18,080	18,942	
10 Payroll taxes	19,327	8,680	10,647	
11 Fees for services (non-employees)				
a Management	0			
b Legal	760		760	
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	73,924			73,924
f Investment management fees	18,931		18,931	
g Other	1,067		1,067	
12 Advertising and promotion	19,458	19,458		
13 Office expenses	49,433	30,901	13,447	5,085
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	23,200		23,200	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	708,353	706,758	1,595	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	825		825	
23 Insurance	0			
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MISCELLANEOUS	17,827		17,827	
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,790,706	2,443,691	268,006	79,009
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	349,363	2	1,753,135
	3	Pledges and grants receivable, net	1,232,180	3	1,548,134
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0	9	67,269
	10a	Land, buildings, and equipment cost basis — 10a: 5,616			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 825	0	10c	4,791
	11	Investments—publicly traded securities	2,165,065	11	1,482,559
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	80,994
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		15	
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	3,746,608	16	4,936,882
Liabilities	17	Accounts payable and accrued expenses	0	17	86,094
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	372,820	25	362,628
	26	**Total liabilities.** *Add lines 17 through 25*	372,820	26	448,722
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,373,788	27	2,940,026
	28	Temporarily restricted net assets		28	1,548,134
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,373,788	33	4,488,160
	34	Total liabilities and net assets/fund balances	3,746,608	34	4,936,882

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b		Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a			No
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Envision Vision Rehabilitation Ctr	261274076	09		No		No	Yes		1525382
Total									1,525,382

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization'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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 advised 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 advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,616	825	4,791
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,791

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other FUTURES HEDGE FUNDS	80,994	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO ENVISION INDUSTRIES	362,628
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	362,628

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,915,652
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,790,706
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,124,946
4	Net unrealized gains (losses) on investments	4	-10,574
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-10,574
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,114,372

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,453,109
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-10,574		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	73,413		
e	Add lines **2a** through **2d**			2e	62,839
3	Subtract line **2e** from line **1**			3	2,390,270
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,525,382		
c	Add lines **4a** and **4b**			4c	1,525,382
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,915,652

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,338,737
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	73,413		
e	Add lines **2a** through **2d**			2e	73,413
3	Subtract line **2e** from line **1**			3	1,265,324
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,525,382		
c	Add lines **4a** and **4b**			4c	1,525,382
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,790,706

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
REVENUE RECONCILIATION	FORM 990, SCH D, PART XII	LINE 2D SPECIAL EVENT EXPENSES 39,537 LINE 4B TRANSFERS TO VISION REHABILITATION CENTER 1,525,382
EXPENSE RECONCILIATION	FORM 990, SCH D, PART XIII	LINE 2D SPECIAL EVENT EXPENSES 39,537 LINE 4B TRANSFERS TO VISION REHABILITATION CENTER 1,525,382
UNCERTAIN TAX POSITIONS	FORM 990, SCHEDULE D, PART X	IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO FIN 48-3, THE FOUNDATION HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDED JUNE 30, 2010 THE FOUNDATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
HARTSOOK COMPANIES	CONSULTS ON CPTL CAMPGN		No	1,196,268	73,924	1,122,344
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

KS

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA EVENT (event type)	(b) Event #2 GOLF TOURNEY (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	50,480	42,667		93,147
	2 Less Charitable contributions	33,650	30,928		64,578
	3 Gross revenue (line 1 minus line 2)	16,830	11,739		28,569
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes		200		200
	6 Rent/Facility costs	16,850	7,485		24,335
	7 Other direct expenses	8,617	6,385		15,002
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				39,537
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-10,968

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Envision Vision Rehabiltiation Center Inc610 N Main St WICHITA,KS 67203	26-1274076	501(C)(3)	1,525,382				SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
MONITORING USE OF FUNDS	FORM 990, SCH I, PART I, LINE 2	Grants to related organizations are budgeted on an annual basis and paid monthly based on need Grants made outside the Envision family are approved pursuant to a formal grant application procedure and policy A committee of the board makes final approval on all grants made outside the Envision family of organizations

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LINDA PARMAN	(i)	0	0	0	0	0	0	0
	(ii)	258,324	65,000	3,108	47,710	5,508	379,650	0
KENT WILSON	(i)	0	0	0	0	0	0	0
	(ii)	137,219	43,680	25,520	28,478	7,512	242,409	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	ENVISION KIDS CLUB SUPPORT GROUPS MONTHLY SUPPORT GROUPS ADDRESS THE NEEDS OF YOUTHS AND TEENS WITH VISUAL IMPAIRMENTS KIDS CLUB IS A COLLABORATIVE EFFORT BETWEEN ENVISION AND THE WOMEN OF THE DELTA GAMMA FRATERNITY AT WICHITA STATE UNIVERSITY KIDS CLUB HELPS OUR VISUALLY IMPAIRED YOUTHS WITH SOCIAL AND EMOTIONAL DEVELOPMENT, EDUCATIONAL INSTRUCTION IN IMPROVING SKILLS, AND NEW TECHNOLOGY AND ACCESSING VISION REHABILITATION SERVICES PARTICIPATION IN KIDS CLUB EMPOWERS YOUTH EXPERIENCING VISION LOSS TO BOND AND BUILD PEER SUPPORT THROUGH INTERACTING WITH OTHER CHILDREN WITH VISION LOSS THIS EMPOWERMENT AND SUPPORT NETWORK HAS SHOWN DIRECT BENEFITS IN HELPING COPE WITH VISION LOSS AND INTEGRATING WITH THEIR NON-DISABLED PEERS THE ENVISION ROUTE 4-12 AND LOL GROUPS OFFER SUPPORT SERVICES FOR CHILDREN AGES 4-12 AND TEENAGERS AGES 13-21 RESPECTIVELY MONTHLY ACTIVITIES LET KIDS BE KIDS, WHILE ALSO ALLOWING ENVISION STAFF TO MONITOR THE PROGRESS AND NEEDS OF EACH INDIVIDUAL CHILD EYES 4 OTHERS PROGRAM EYES 4 OTHERS IS A UNIQUE PROGRAM BRINGING SIGHTED AND VISUALLY IMPAIRED CHILDREN TOGETHER THROUGH THE LOVE OF READING LISTENING OR FOLLOWING ALONG TO BOOKS READ ALOUD BY THEIR PEERS IS A SPECIAL EXPERIENCE FOR VISUALLY IMPAIRED CHILDREN AND IMPROVES LITERACY, BUT THE PROGRAM ALSO BENEFITS THE SIGHTED CHILDREN IN ADDITION TO LEARNING TOLERANCE AND ACCEPTANCE OF THOSE WITH DISABILITIES, SIGHTED CHILDREN EXPERIENCE ENHANCED READING ABILITIES, EMPOWERMENT AND DISCIPLINE AS THEY SET GOALS AND PREPARE THEIR READING SCHEDULES AND ALTRUISM AS THEY LEARN HOW IT FEELS TO GIVE BACK MUSIC PROGRAM MUSIC HAS THE POWER TO REACH EVERYONE REGARDLESS OF DISABILITY RESEARCH INDICATES THAT CHILDREN WITH VISUAL IMPAIRMENTS OFTEN EXCEL AT RHYTHMIC WORK, MUSICAL PATTERNS AND MUSICAL PLAY WHICH CAN BE A VALUABLE TOOL IN ASSISTING OTHER AREAS OF DEVELOPMENT SUCH AS BEHAVIOR, MOVEMENT AND MOBILITY, LANGUAGE, MEMORY AND CONCEPT DEVELOPMENT, MATHEMATICS AND LOGIC, LITERACY, AND SOCIAL INTERACTION THE OPPORTUNITY TO EXPERIENCE MUSIC IS ESSENTIAL IN THE EARLY YEARS IN FACT, ACCORDING TO "MUSIC EDUCATION NOT JUST A FRILL" BY THE NATIONAL ORGANIZATION OF PARENTS OF BLIND CHILDREN, THE EDUCATION CONSEQUENCES OF WEAK MUSICAL FUNDAMENTALS FOR A VISUALLY IMPAIRED CHILD CAN BE AS DEVASTATING AS THE INABILITY TO READ OR WRITE THE ENVISION MUSIC PROGRAM IS A COLLABORATIVE EFFORT INVOLVING COMMUNITY VOLUNTEERS AND MUSIC PROFESSIONALS PRESCHOOL THROUGH HIGH SCHOOL CHILDREN GAIN MUSIC AWARENESS AT THEIR OWN RATE AND/OR AS A CHILD'S INSTRUCTION IS CORRELATED WITH WHAT THEY ARE WORKING ON IN THEIR SCHOOL MUSIC CLASS ART PROGRAM ART CAN GIVE A VISUALLY IMPAIRED CHILD A TANGIBLE WAY TO "MAP OUT" A SENSE OF THE WORLD ART IS CULTIVATED FROM WITHIN, BUILDS CONFIDENCE AND INCREASES SELF-CONCEPT WHILE ENRICHING HEARTS AND MINDS IN ORDER TO REVEAL THAT A PERSON WITHOUT SIGHT CAN STILL ENCOMPASS A CREATIVE VISION, THE ENVISION CHILD DEVELOPMENT CENTER OFFERS AN ACCESSIBLE ART EDUCATION FOR CHILDREN WITH VISION LOSS IN COLLABORATION WITH COMMUNITY VOLUTNEERS AND ARTS PROFESSIONALS, ENVISION'S ART PROGRAM SUPPORTS A VITAL EXPERIENCE FOR VISUALLY IMPAIRED CHILDREN AND TEENS WHO MIGHT NOT OTHERWISE HAVE THIS EXPOSURE PROVIDING ACCESS TO THE ARTS FOR THE BLIND AND VISUALLY IMPAIRED IS OUR CORE PRINCIPLE, WHILE OUR PHILOSOPHY EXPRESSES THE BELIEF THAT INDIVIDUALS WHO ARE VISUALLY IMPAIRED CAN EQUALLY ENGAGE IN CREATIVE ARTS THROUGH EXPLORATION AND DISCOVERY, COUPLED WITH A BROAD VIEW THAT EMBRACES THE DIFFERENCES WITHIN ALL INDIVIDUALS ASSISTIVE TECHNOLOGY CAMP TODAY'S SOCIETY IS DRIVEN BY COMPUTERS, IT IS DIFFICULT TO IMAGINE ANY STUDENT ENGAGING IN SOCIETY WITHOUT ADEQUATE SKILLS STILL, MANY VISUALLY IMPAIRED YOUTHS BELIEVE THAT COMPUTERS, HIGHER EDUCATION AND MANY CAREERS ARE "OUT OF REACH" THE ENVISION ASSISTIVE TECHNOLOGY CAMP IS A WEEK-LONG EDUCATIONAL EXPERIENCE FOR KANSAS STUDENTS FROM ALL 105 COUNTIES NOMINATED FOR PARTICIPATION BY KANSAS TEACHERS OF THE VISUALLY IMPAIRED THE RESIDENTIAL CAMP ALLOWS STUDENTS TO SPEND AN ENTIRE WEEK WITH OTHER VISUALLY IMPAIRED TEENS AS THEY PARTICIPATE IN COMPUTER TRAINING, RESUME BUILDING, AND CAREER BUILDING ACTIVITIES WITH MENTORS WHO USE ASSISTIVE TECHNOLOGY IN THEIR FIELDS THROUGHOUT THE WEEK STUDENTS RECEIVE INSPIRATION FROM PROMINENT BUSINESS PROFESSIONALS AND COMMUNITY LEADERS AND LEARN MORE ABOUT INTERACTING IN SOCIAL SETTINGS AS THEY GO BOWLING, ATTEND A MINOR-LEAGUE BASEBALL GAME AS FEATURED GUESTS, EAT AT VARIOUS RESTAURANTS AND ENJOY A GAME NIGHT IT IS A WONDERFUL OPPORTUNITY FOR THE STUDENTS TO EXPERIENCE - MANY FOR THE FIRST TIME - THE INDEPENDENCE OF BEING AWAY FROM HOME AS WELL AS A TASTE OF COLLEGE LIFE AT THE END OF THE WEEK, STUDENTS ARE PRESENTED WITH THEIR VERY OWN COMPUTERS EQUIPPED WITH THE APPROPRIATE ASSISTIVE TECHNOLOGY SOFTWARE (SCREEN READING OR SCREEN MAGNIFICATION) AT NO COST NO OTHER ORGANIZATION IN KANSAS OFFERS A SIMILAR PROGRAM AND WE ARE NOT AWARE OF ANOTHER PROGRAM LIKE IT IN THE UNITED STATES PHYSICAL EDUCATION PROGRAM THE BENEFITS OF PHYSICAL FITNESS BOTH TO OUR PHYSICAL AND MENTAL HEALTH ARE WELL KNOWN IT IS ALSO WELL KNOWN THAT THE PERCENTAGE OF OVERWEIGHT AND UNFIT CHILDREN IN OUR COUNTRY IS AT AN ALL-TIME HIGH CONSIDER THEN, THAT CHILDREN WHO ARE VISUALLY IMPAIRED GENERALLY HAVE LOWER LEVELS OF FITNESS THAN TYPICAL CHILDREN AND ARE OFTEN EXCLUDED OR DISCOURAGED FROM PARTICIPATING IN STRENUOUS PHYSICAL ACTIVITY ENVISION HAS CREATED A PHYSICAL EDUCATION PROGRAM IN COLLABORATIOIN WITH SENSEI DAVID REECE OF THE SAN TATSU RYU JIU JITSU THIS PROGRAM IS TAILORED TO MEET THE NEEDS OF VISUALLY IMPAIRED STUDENTS THROUGH ENHANCEMENT OF COORDINATION, BALANCE, STRENGTH MOTOR SKILLS AND AREA AWARENESS EQUALLY IMPORTANT, HOWEVER, THE PROGRAM FURTHER EMPHASIZES CONFIDENCE, CHARACTER BUILDING AND LEADERSHIP WEEKLY CLASSES ARE OFFERED TO VISUALLY IMPAIRED CHILDREN BEGINNING AT AGE FIVE INSIGHT INSIGHT EDUCATION RESOURCE GUIDE IS A CURRICULUM SUPPLEMENT FOR GRADES 2-5 THIS PROGRAM IS DESIGNED TO HELP EDUCATORS TEACH STUDENTS THE MANY ASPECTS OF VISION AND VISION LOSS MANY STUDENTS HAVE NEVER INTERACTED WITH A PERSON WHO IS BLIND OR VISUALLY IMPAIRED BECAUSE THE NUMBER OF INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED WILL DOUBLE OVER THE NEXT DECADE, CHANCES ARE THESE STUDENTS SOON WILL BE CONFRONTED WITH A CLASSMATE, LOVED ONE OR FRIEND EXPERIENCING SOME LEVEL OF VISUAL IMPAIRMENT PARENT SUPPORT GROUP FOR PARENTS, LEARNING THAT THEIR CHILD IS VISUALLY IMPAIRED OR BLIND IS OFTEN DEVASTATING ENVISION STRIVES TO PROVIDE SUPPORT, UNDERSTANDING AND RESOURCES SO THAT FAMILIES CAN CONFIDENTLY CONTRIBUTE TO THEIR CHILD'S FULLEST DEVELOPMENT THE MONTHLY SUPPORT GROUPS ADDRESS REHABILITATION SERVICES, EDUCATION, SPECIAL RESOURCES, OUTREACH, AND ADVOCACY ALLOWING THE FAMILY TO BECOME FULLY IMMERSED IN THEIR CHILD'S JOURNEY PIONEERS OF PERSPECTIVE PATIENTS DO NOT HAVE TO EXPERIENCE LOW VISION AND BLINDNESS ALONE THE JOURNEY AND REHABILITATION PROCESS IS MUCH EASIER WHEN SHARED WITH OTHERS EXPERIENCING THE SAME CHALLENGES PIONEERS OF PERSPECTIVE IS A SUPPORT GROUP DESIGNED SPECIFICALLY FOR ADULTS AND SENIORS EXPERIENCING THE CHALLENGES OF VISION LOSS THE MONTHLY SUPPORT GROUPS ADDRESS REHABILITATION SERVICES, EDUCATION, SPECIAL RESOURCES, ASSISTIVE TECHNOLOGY, AND ADVOCACY

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4B	THE ENVISION FOUNDATION PROVIDES EXTENSIVE INFORMATION ON EYE DISEASES AND LOW VISION REHABILITATION TO THE PUBLIC AND WORKS WITH ALLIED AGENCIES TO COMMUNICATE VITAL EYE HEALTH FACTS THE ENVISION FOUNDATION'S PUBLIC EDUCATION AND OUTREACH EFFORTS INCLUDE BROADCAST AND PRINT CAMPAIGNS, TIMELY SEMINARS AND PRESENTATIONS FEATURING OPTOMETRISTS, OPHTHALMOLOGISTS, MEDICAL DOCTORS AND LOW VISION REHABILITATION SPECIALISTS, BROCHURES OUTLINING THE EPIDEMIOLOGY AND PREVENTION OF EYE DISEASES AND EVENTS AIMED AT SHARING THE MISSION OF ENVISION

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4C	THE NUMBER OF INDIVIDUALS WHO ARE BLIND IS PREDICTED TO DOUBLE BY THE YEAR 2020 THAT MEANS MORE THAN 50 MILLION AMERICANS WILL NEED TO LEARN HOW TO LIVE WITH VISION IMPAIRMENTS IN JUST 10 YEARS THE NEED FOR MORE TRAINED PROFESSIONALS IN THE MULTI-DISCIPLINARY LOW VISION FIELD IS PRESENT AND GROWING RAPIDLY THE ENVISION CONFERENCE WAS CREATED BECAUSE ENVISION'S OWN PRACTITIONERS - MD'S, OD'S, OT'S - WERE NOT SATISFIED WITH CURRENT STATE OR NATIONAL CONTINUING EDUCATION OPTIONS AVAILABLE TO THEM FOR CONTINUED PROFESSIONAL TRAINING IN FACT, ENVISION WAS RECEIVING REQUESTS FROM PRACTITIONERS ACROSS THE COUNTRY TO VISIT OUR CENTER TO LEARN AND OBSERVE OUR CLINICIANS AND ATTEND OUR SMALLER VENUE CONTINUING EDUCATION EVENTS FURTHER, SURVEYS AND ASSESSMENT DATA RECEIVED NATIONWIDE INDICATED THAT THIS WAS A NEED IN THE SUB-SPECIALTY OF PROVIDING LOW VISION CARE, INDEED, MOST PRACTITIONERS RECEIVED VERY LITTLE INITIAL EDUCATIONAL TRAINING IN THIS AREA IN ADDITION, THEY FOUND THEIR OWN SKILLS LACKING DUE TO PRACTICE GAPS IN THE TRAINING AND TOOLS AVAILABLE WITH RESPECT TO THE EVER-INCREASING NUMBERS OF VISUALLY IMPAIRED PEOPLE THEY WERE SEEING THE ENVISION CONFERENCE BRINGS TOGETHER 400+ LOW VISION REHABILITATION EXPERTS AND PROFESSIONALS FROM 47 STATES AND 15 COUNTRIES TO SHARE CURRENT STUDIES, RESEARCH, AND REHABILITATION OPTIONS FOR INDIVIDUALS WHO ARE BLIND OR LOW VISION ATTENDEES INCLUDE OPTOMETRISTS, OPHTHALMOLOGISTS, LOW VISION REHABILITATION THERAPISTS, OCCUPATIONAL THERAPISTS, CERTIFIED LOW VISION PROFESSIONALS, NURSES, VISION RESEARCHERS AND OTHER MEDICAL PROFESSIONALS INCLUDING NEUROLOGISTS, ENDOCRINOLOGISTS, AND GENERAL PRACTITIONERS

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES	FORM 990, PART V, LINE 2A	THE ORGANIZATION USED A COMMON PAYMASTER (ENVISION INDUSTRIES, INC) FOR PAYROLL REPORTING UNTIL JANUARY 1, 2009 CONSEQUENTLY, NO FORM W-3 WAS FILED BY THE ORGANIZATION FOR 2008 EVEN THOUGH IT HAD 5 EMPLOYEES AT YEAR-END

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PART VI, LINE 2	LINDA PARMAN AND KENT WILSON HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER THEY EACH SERVE AS AN OFFICER OF SUMMIT PLASTICS, A RELATED FOR PROFIT COMPANY

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PART VI, LINE 6	ENVISION, INC (ENVISION), A KANSAS NONPROFIT CORPORATION, IS THE SOLE MEMBER OF ENVISION FOUNDATION, INC (ENVISION FOUNDATION) ENVISION IS DESIGNATED AS THE SOLE MEMBER SO LONG AS IT SHALL CONTINUE TO QUALIFY AS A TAX EXEMPT, NONPROFIT ENTITY RECOGNIZED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ENVISION HAS THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY OF ENVISION FOUNDATION ENVISION HAS THE RESERVED POWER TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY OF ENVISION FOUNDATION ENVISION IS NOT ENTITLED TO RECEIVE A SHARE OF PROFITS, EXCESS DUES OR A SHARE OF NET ASSETS UPON DISSOLUTION OF ENVISION FOUNDATION

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PART VI, LINES 7A & 7B	LINE 7A THE GOVERNING BODY OF ENVISION FOUNDATION IS ABLE TO NOMINATE NEW MEMBERS TO ITS GOVERNING BODY ENVISION, INC , BEING THE SOLE MEMBER OF THE ENVISION FOUNDATION, RETAINS THE RIGHT TO APPROVE SUCH NEW MEMBERS OF THE GOVERNING BODY OF ENVISION FOUNDATION LINE 7B THE CORPORATE BYLAWS OF THE ENVISION FOUNDATION IDENTIFY CERTAIN RIGHTS AND POWERS WHICH ARE RESERVED TO ENVISION, INC , THE SOLE MEMBER IN EACH INSTANCE, THE RIGHTS AND POWERS RESERVED TO THE SOLE MEMBER MAY BE SUMMARIZED AS FOLLOWS 1 ELECTION OF DIRECTORS THE SOLE MEMBER ELECTS ALL DIRECTORS OF THE ENVISION FOUNDATION BASED UPON NOMINATIONS SUBMITTED BY THE ENVISION FOUNDATION'S BOARD OF DIRECTORS TERMS OF OFFICE ARE STAGGERED ON THE ENVISION FOUNDATION'S BOARD SUCH THAT APPROXIMATELY 1/3 OF THE DIRECTORS' TERMS EXPIRE EACH YEAR 2 ARTICLES OF INCORPORATION AND BYLAWS THE ENVISION FOUNDATION'S ARTICLES OF INCORPORATION AND BYLAWS MAY NOT BE AMENDED, RESTATED, ALTERED OR REPEALED BY THE CORPORATION UNLESS AND UNTIL SUCH ACTION IS RATIFIED AND APPROVED BY THE SOLE MEMBER 3 ANNUAL BUDGETS/FINANCIAL POLICIES/INVESTMENT THE ENVISION FOUNDATION'S ANNUAL OPERATING AND CAPITAL BUDGETS PREPARED AND RECOMMENDED BY THE CORPORATE BOARD ARE SUBJECT TO REVIEW AND APPROVAL OF THE SOLE MEMBER CORPORATE FINANCIAL POLICIES AND INVESTMENT STRATEGIES RECOMMENDED BY THE ENVISION FOUNDATION'S BOARD ARE ALSO SUBJECT TO PRIOR REVIEW AND APPROVAL OF THE SOLE MEMBER 4 SALE OF ASSETS/MERGER, CONSOLIDATION/DISSOLUTION ANY SALE, LEASE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE ASSETS OF THE ENVISION FOUNDATION AND ANY MERGER, CONSOLIDATION, REORGANIZATION OR OTHER NOT-IN-THE-ORDINARY-COURSE TRANSACTION IS SUBJECT TO THE PRIOR REVIEW, RATIFICATION AND APPROVAL OF THE SOLE MEMBER THE ENVISION FOUNDATION SHALL NOT BE DISSOLVED OR LIQUIDATED NOR ANY PLAN OF DISSOLUTION ADOPTED BY THE CORPORATION'S BOARD OF DIRECTORS WITHOUT THE RATIFICATION AND APPROVAL OF THE SOLE MEMBER 5 LONG-TERM DEBT/LEASES ALL LONG-TERM DEBT OBLIGATIONS AND LONG-TERM LEASE OBLIGATIONS IN EXCESS OF ONE YEAR ARE SUBJECT TO PRIOR REVIEW/APPROVAL OF THE SOLE MEMBER 6 CHIEF EXECUTIVE OFFICER ACTIONS OF THE BOARD OF DIRECTORS OF THE ENVISION FOUNDATION TO EMPLOY OR TERMINATE THE EMPLOYMENT OF THE CEO OF THE CORPORATION ARE SUBJECT TO REVIEW AND APPROVAL BY THE SOLE MEMBER

Identifier	Return Reference	Explanation
REVIEW	FORM 990, PART VI, LINE 10	THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING THE 990 ANY QUESTIONS AND CONCERNS THE AUDIT COMMITTEE HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE IF NEEDED THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990

Identifier	Return Reference	Explanation
POLICIES	FORM 990, PART VI, LINE 12C	AT THE TIME OF HIRE (OR ELECTION IN THE CASE OF CORPORATE DIRECTORS AND TRUSTEES) AND ANNUALLY THEREAFTER, THE CEO OR HIS/HER DESIGNEE SHALL PROVIDE TO THE BOARD AND TO ALL EXECUTIVE OFFICERS, ADMINISTRATIVE STAFF, ASSOCIATES AND VOLUNTEERS A COPY OF THE CONFLICT OF INTEREST POLICY AND THE APPLICABLE CONFLICT OF INTEREST DISCLOSURE FORM AND QUESTIONNAIRE, WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WITH RESPECT TO WHICH IT IS BELIEVED A CONFLICT MAY ARISE SUCH ANNUAL MONITORING AND REVIEW PROCEDURES SHALL BE PART OF THE CORPORATE COMPLIANCE PLAN AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE AUDIT COMMITTEE CONCERNING ANY INTEREST SO DISCLOSED EACH MEMBER OF THE BOARD OF DIRECTORS AND ALL MANAGEMENT ASSOCIATES SHALL DISCLOSE FULLY AND FRANKLY ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS OF DUALITY OF INTEREST OR RESPONSIBILITY, WHETHER INDIVIDUAL, PERSONAL OR BUSINESS, WHICH MAY EXIST OR APPEAR AS TO THE ENVISION FOUNDATION OR ANY SYSTEM ENTITY OR ANY MATTER OR BUSINESS WHICH MAY COME BEFORE THE BOARD (INCLUDING ITS COMMITTEES) THE DISCLOSING INDIVIDUAL SHALL NEITHER VOTE NOR ENDEAVOR TO INFLUENCE CORPORATE ACTION IN ANY SUCH MATTER UPON REQUEST OF THE SUBJECT BOARD, THE AFFECTED INDIVIDUAL SHALL LEAVE THE BOARDROOM WHILE THE MATTER IS DISCUSSED AND A VOTE, IF ANY, SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR ITS COMMITTEE

Identifier	Return Reference	Explanation
POLICIES	FORM 990, PART VI, LINE 15A	ENVISION FOUNDATION USES THE FOLLOWING 1 BASE SALARIES - WILL BE POSITIONED SO THAT MIDPOINTS TARGET THE 25TH PERCENTILE EXECUTIVE SALARIES WILL BE ADMINISTERED WITHIN RANGES BUILT AROUND THE 25TH PERCENTILE AND BASED ON PERFORMANCE, EXPERIENCE, TENURE AND OTHER RELEVANT FACTORS 2 INCENTIVES - WILL BE POSITIONED TO PROVIDE TOTAL CASH COMPENSATION AT THE 25TH PERCENTILE OF THE PEER GROUP FOR ON-PLAN PERFORMANCE 3 BENEFITS - WILL BE POSITIONED AT MARKET COMPETITIVE LEVELS, APPROXIMATING THE 60TH TO 75TH PERCENTILE OF THE PEER GROUP 4 TOTAL COMPENSATION - WILL BE POSITIONED AT APPROXIMATELY THE 25TH PERCENTILE FOR ON-PLAN PERFORMANCE WITH TARGET INCENTIVE AWARDS, AND APPROXIMATELY THE 30TH TO 50TH PERCENTILE WITH OUTSTANDING PERFORMANCE WITH MAXIMUM INCENTIVE AWARDS ENVISION'S EXECUTIVE COMMITTEE WILL DETERMINE THE TOTAL COMPENSATION PACKAGE FOR THE CEO THE CEO SHALL ADMINISTER THE SALARIES AND INCENTIVE PAYMENTS FOR OTHER EXECUTIVES UNDER THE GUIDELINES OF THE COMPENSATION PLAN DISCUSSED ABOVE THE LAST COMPENSATION REVIEW WAS CONDUCTED BY THE HAY GROUP IN 2008 A WRITTEN REPORT BY THE HAY GROUP WAS RECEIVED REPORTING THAT THE EXECUTIVE COMPENSATION PACKAGES WERE BELOW THE RECOMMENDED 25TH PERCENTILE RECOMMENDED TARGETS

Identifier	Return Reference	Explanation
DISCLOSURE	FORM 990, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST IN WRITING OR IN PERSON AT THE CORPORATE OFFICE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ENVISION INC 610 N MAIN ST 4TH FLOOR WICHITA, KS67203 26-1392721	SUPPORT	KS	501(c)3	11 TYPE II	NA
ENVISION INDUSTRIES INC 2301 S WATER ST WICHITA, KS67213 48-0543705	EMPLOYMENT	KS	501(c)3	9	NA
ENVISION XPRESS INC 2301 S WATER ST WICHITA, KS67213 48-1250487	EMPLOYMENT	KS	501(c)3	11 TYPE I	NA
ENVISION VISION REHABILITATION CENTER 610 N MAIN ST 2ND FLOOR WICHITA, KS67203 26-1274076	REHAB SERVICE	KS	501(c)3	9	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Summit Plastics Inc 2301 SWater St WICHITA, KS67213 64-0850117	Manufacturer	KS	Encom Inc	C CORP	0	0	0 %
Encom Inc 2301 SWater St WICHITA, KS67213 20-4750408	Holding Company	KS	Envision Ind	C CORP	0	0	0 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No