

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

2008

OMB No 1545-0047

Open to Public Inspection

B Che	ck ıf ap	pplicable	Please	C Name of organization ENVISION INC			D Emplo	yer iden	tification number
- Addı	ress ch	ange	use IRS label or					92721	
Nam	ne char	nge	print or	Doing Business As			E Teleph	one nun	nber
7 Initia	al retur	rn	type. See Specific	Number and street (or P O box if mail is i	not delivered to street addre	ess) Room/su	ıte .	267-2	
– Tem	nınatıo	n	Instruc- tions.	610 N MAIN 4TH FLOOR	iot delivered to en eet dad.	, , , , , , , , , , , , , , , , , , , ,	G Gross	receipts	\$ 12,003,450
– Ame	ended r	return		City or town, state or country, and ZIP +	4		_		
_		pending		WICHITA, KS 67203					
Аррі	ication	pending							
				ne and address of Principal Officer K MERRILL		1	this a group	return f	
				MAIN 4TH FLOOR		aff	liates?		⊤Yes ▼ No
			WICHI	TA,KS 67203		H(b) Are	all affiliates	ncluded	?
Tax	-exem	pt status	501(c	(3) ◀ (Insert no)	527	(If	"No," attach	a list s	See instructions)
We	eb site	e: ► WW	WENVISI	ONUS COM		H(c) G	oup Exempt	on Num	ber ►
(Type	of org	anızatıon	Corporat	ion		L Year of	Formation 20	07 M S	tate of legal domicile KS
Par	÷Τ	Sumr	marv						
				e organization's mission or most sign	ıfıcant actıvıtıes				
				E PERSONAL INDEPENDENCE OF I		E BLINDNE	SSORLOW	VISIO	N, OFTEN
<u> </u>				BY OTHER DISABILITIES, IMPACTS					
₹		INTEGR	NOITAS	ITO LIFE					
≣									
sovemance.	2	Check t	hıs box 🦵	ıf the organızatıon dıscontınued ıts op	perations or disposed (of more thai	n 25% of its	assets	
	3	Number	of voting r	nembers of the governing body (Part	VI, line 1a)			3	8
6 0	4	Number	ofindeper	dent voting members of the governin	g body (Part VI, line 1	b)		4 _	4
ACUMUES	5	Total nu	ımber of er	nployees (Part V, line 2a)				5	0
€	6	Total nu	ımber of vo	lunteers (estimate if necessary)				6	
₹	7a	Total gr	oss unrela	ted business revenue from Part VIII,	line 12, column (C)			7a	0
				ness taxable income from Form 990-				 7Ь	
					<u> </u>	-	rior Year		Current Year
	8	Contril	butions and	grants (Part VIII, line 1h)		0	4,536,748		
9	9			revenue (Part VIII, line 2g)				0	0
Revenue	10	_		ne (Part VIII, column (A), lines 3, 4,	'		0	-1,125,160	
歪	11			art VIII, column (A), lines 5, 6d, 8c,			0	218,664	
	12		-	dd lines 8 through 11 (must equal Pa				-	210,004
	12	12)	evenue u	ad imes o tinough II (must equal i a	rt viii, column (A), m			0	3,630,252
	13	Grants	and simila	er amounts paid (Part IX, column (A),	lines 1-3)			0	872,040
	14	Benefit	ts paid to c	r for members (Part IX, column (A), l	ine 4)			0	0
	15	Salarıe	s, other co	ompensation, employee benefits (Part	: IX, column (A), lines	5-			
8		10)						0	1,472,370
<u>∓</u>	16a	Profes	sional fund	raising fees (Part IX, column (A), line		0	0		
Ехрепзея	b	(Total fu	ındraısıng ex	penses, Part IX, column (D), line 25 <u>0</u>)				
-	17	Other	expenses	Part IX, column (A), lines 11a–11d,	11f-24f)			0	1,609,914
	18	Totale	xpenses—	add lines 13–17 (must equal Part IX	, line 25, column (A))			0	3,954,324
	19	Reveni	ue less exp	penses Subtract line 18 from line 12				0	-324,072
8 %						Beai	nning of Yea	r	End of Year
9 <u>æ</u>	20	Totala	issets (Pai	t X, line 16)				0	17,599,365
83 E									
net Assets or Fund Bafances	21		·	Part X, line 26)				0	2,436,334
	22			d balances Subtract line 21 from line	20			0	15,163,031
Par	t II		ature Bl						
				rjury, I declare that I have examined this reti correct, and complete Declaration of prepare					
Pleas	se	****	,		(said direct) is base	1		r.epuici	any knowledge
Sign			ature of office	er			10-05-04 nte		
lere		;							
			OF WILSON CF						
		F		T	Data	Charle f	D /	DTTN: /2	as Can In-t \
		Preparer' signature		DA A COLEMAN		Check if self-	Preparer'	S PIIN (S	ee Gen Inst)
Paid	_	Jignature	7			empolyed 🕨			
Prepa			me (or your	BKD LLP			EIN Þ		
Jse O	nly		nployed), and ZIP + 4	1551 N WATERFRONT PKWY STE 300			- LINF		
							Phone no	(31)	5) 265-2811
/lav +l	he ID	L discus	e thie ratio	WICHITA, KS 672066601	ee instructions)				Vas ENO

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

1	Briefly describe the organization's mission				
	THE ORGANIZATION'S MISSION IS TO ENHAL DISABILITIES, IMPACTS THEIR OPPORTUNIT				N, OFTEN ACCOMPANIED BY OTHER
2	Did the organization undertake any the prior Form 990 or 990-EZ? .		ces during the year w	hich were not listed on	Yes ▼ No
	If "Yes," describe these new servic	es on Schedule O			, ,
3	Did the organization cease conductive services?	ting or make significant c	nanges in how it condi	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes o	n Schedule O			
4	Describe the exempt purpose achie Section 501(c)(3) and (4) organiza others, the total expenses, and rev	ations and 4947(a)(1) tru:	sts are required to rep	ort the amount of grants	
4a	(Code) (Expense ENVISION IS A SUPPORTING ORGANIZATI REHABILITATION CENTER, INC ENVISION	ON TO TWO OTHER AFFILIATED	ocluding grants of \$ 0 501(C)3 CORPORATIONS T AND OPERATIONAL SUPP	872,040) (Revenue \$ ENVISION INDUSTRIES, INC ORT SERVICES TO THESE ENTI	5,681) AND ENVISION VISION FIES
4b	(Code) (Expense	es \$ ind	cluding grants of \$) (Revenue \$)
4 c	(Code) (Expense	es \$ Ind	cluding grants of \$) (Revenue \$)
4d	Other program services (Describ	e in Schedule O) including grants of\$) (Revenue \$)
4e	Total program service expenses s	1,425,088	Must equal Part IX, Li	ne 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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		Νο
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
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		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
Ь	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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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		Νο
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		Νο

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			
а	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			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
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	Yes	
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		Νο
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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					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	18			
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 t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c	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				
h	If at least one is reported in 2a, did the organization file all required federal employr		av returns?			
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during	ng the	year covered by this			
	return?			3a		N o
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-	_		
_	file Form 8282?	1		7c		N o
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	y prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
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 f	file a F	orm 1098-C as			
_	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		Νo
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			0-		
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	۱٬ .		9b		
10	Section 501(c)(7) organizations. Enter	10-	I			
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b				
ь	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	-				
_	against amounts due or received from them)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu <i>i</i>	of Form 1041?	12a		
	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 processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,						
1a	Enter the number of voting members of the governing body	8							
Ь	Enter the number of voting members that are independent	are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a bus 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?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization	5		Νo					
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		Νο				
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		No			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the						
а	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		Νo			
b	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?								
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								
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								

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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			
а	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
- 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
- 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 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

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

- * 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

		Posit	(C non (chec		l			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LINDA PARMAN, CEO/DIRECTOR	40 0	Х		Х				326,432	0	53,218
JOHN MARSTALL , DIRECTOR	1 0	X						0	0	0
DR WILLIAM WILHELM , DIRECTOR	1 0	Х						0	0	0
DAVE UNRUH, DIRECTOR	1 0							0	0	0
GREG EK , DIRECTOR	1 0	Х						0	0	0
SUSAYN BRANDES , DIRECTOR	1 0	Х						0	0	0
SAM WILLIAMS , DIRECTOR	1 0	X						0	0	0
MICHAEL MONTEFERRANTE , DIRECTOR	1 0	Χ						0	0	0
KENT WILSON , CFO	40 0			Х				206,419	0	35,990
-										

Part VIII Continued

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

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

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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	-		N.o.

Section B. Independent Contractors

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				
BKD LLP 1551 N WATERFRONT PKWY SUITE 300 WICHITA, KS 67206	AUDIT & TAX CONSULT	102,852				
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation						

Yes

Νo

	Pa	1	7	t	
K	7	ī	ŧ	ī	

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>* 2</u>	1a	Federated cam	paigns 1a					314
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b					
gg	c	Fundraising eve	ents 1c					
±£ a	d	Related organiz	ations 1d	4,536,748				
s, G ⊞	e	Government grants	s (contributions) 1e					
ੂੰ ਭਾਵਾ	f		ons, gifts, grants, and 1f					
be E	g	similar amounts no	t included above butions included in					
달	9	lines 1a-1f \$ _						
S E	h	_	s 1a-1f)		4,536,748			
				Business Code				
TILE	2a							
e. e.	ь							
or GE	c							
Z Z	d							
₹	e							
Ta E	f	All other progra	ım service revenue					
Program Serwce Revenue								
Δ.	g	Total. Add lines	s 2a-2f	► \$				
	3	Investment inc	ome (including dividen	ds, interest				
		other sımılar ar	nounts)	🛌	295,286			295,286
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties			0			
	_		(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	261,600 48,617					
	b	expenses	,					
	C	Rental income or (loss)	212,983					
	d	Net rental inco	me or (loss)		212,983			212,983
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of	6,904,135					
		assets other than inventory						
	b	Less cost or other basis and	8,324,581					
		sales expenses Gain or (loss)	-1,420,446					
	d	, ,	s)	▶	-1,420,446			-1,420,446
	8a	Gross income f						
		events (not inc						
۸.		\$	reported on line 1c)					
ř		See Part IV , lin	e 18					
⊕ ≥			G if total exceeds					
Other Revenue	Ь		a penses b					
ъ.	c		loss) from fundraising	events 🛌	0			
ᅙ	9a		rom gaming activities					
		See part IV, lın	e 19					
		\$15,000	ule G if total exceeds					
			а					
	Ь		penses b					
	С		loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
			a					
	ь	Less cost of g	oods sold b					
	С	Net income or (loss) from sales of inve	entory 🛌	0			
		Miscellaneous	Revenue	Business Code				
	11a	OTHER INCOM	1 E	900,099	5,681	5,681		
	Ь							
	c							
	d	All other reven	ue					
	e		11a-11d	\$				
	12	Total Danser	Add lines 15 2 - 2 1	5,681	3,630,252	5,681		-912,177
	**	9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	ə, οu, /a, δC, ▶-	3,030,232	5,001		

Part IX Statement of Functional Expenses

	ll other organizations must complete column (A) but are not re not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
ו סט	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	872,040	872,040		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
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	532,851		532,851	
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	609,623			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	144,514		144,514	
9	Other employee benefits	120,018		120,018	
LO	Payroll taxes	65,364		65,364	
.1	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	139,930		139,930	
d	Lobbying	0			
	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	39,246		39,246	
g	Other	327,495		327,495	
2	Advertising and promotion	21,877		21,877	
3	Office expenses	224,142		224,142	
4	Information technology	13,965		13,965	
5	Royalties	0			
6 -	Occupancy	140,916	140,916		
.7 .8	Payments of travel or entertainment expenses for any Federal, state or local public officials	91,389		91,389	
.9	Conferences, conventions and meetings	68,275		68,275	
0	Interest	122,229	122,229	33,2.3	
1	Payments to affiliates	0	,		
2	Depreciation, depletion, and amortization	202,280	202,280		
23	Insurance	87,623	87,623		
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) RECRUITMENT	113,851		113,851	
	MISCELLANEOUS EXPENSE	16,696		16,696	
c		10,030		20,030	
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,954,324	1,425,088	2,529,236	
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	2,23,132.1	_,2,330		

Part X Balance Shee	_		
	B D	- C	chaa

1						(A) Beginning of year		(B End of	
Pledges and grants receivable, net 3 3 2.346		1	Cash—non-interest-bearing				1	2.1.4 0.	72,819
3 Pledges and grants receivable, net 3 3 3 3 4 4 4 4 4 4		2	-				2		
4 Accounts receivable, net		3							
S Receivables from current and former officers, directors, tristees, key employees or other related partits. Complete Part I of Schedule L		4				0	4		2,346
Receivables from other dissulatified persons (as defined under section 49 55 (R(1)) and person described in section 49 55 (R(1)) and persons described in section 49 55 (R(1)) and persons described in section 49 55 (R(1)) and persons described in section 49 56 (R(1)) and persons described for use and deferred charges		5	Receivables from current and former officers, directors, trustees				5		
Notes and loans receivable, net		6	Receivables from other disqualified persons (as defined under se	ection	4958(f)(1)) and		6		
8		7					7		
9		8					8		
10a	S	9				0	9		7,864
b Less accumulated depreciation Complete Part VI of Schedule D . 10b 252.275 0 10c 7.016.854 11 Investments—publicly traded securities . 11 10.023.455 12 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . 12 421.038 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . 15 55.180 D . 16 17.599.385 D . 17 Accounts payable and accrued expenses . 0 17 44.964 D . 18 Grants payable . 18 Grants payable . 18 Grants payable . 18 Grants payable . 19 Deferred revenue .	ě	10a							·
b Less accumulated depreciation Complete Part VI of Schedule D . 10b 252.275 0 10c 7.016.854 11 Investments—publicly traded securities . 11 10.023.455 12 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . 12 421.038 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . 15 55.180 D . 16 17.599.385 D . 17 Accounts payable and accrued expenses . 0 17 44.964 D . 18 Grants payable . 18 Grants payable . 18 Grants payable . 18 Grants payable . 19 Deferred revenue .	8		Land, buildings, and equipment cost basis	10a	7,268,929				
12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D. 13 Investments—program—related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Intangible assets	*	ь			252,275	0	10c		7,016,654
13 Investments—program-related See Part IV, line 11 Complete Part VIII 13 14 15 15 15 16 15 15 16 15 16 15 16 17 16 16 17 17 18 18 19 19 19 19 19 19		11					11	1	0,023,455
13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D 14 Intangible assets 14		12	Investments—other securities See Part IV, line 11 Complete Pa	ert VII	of		12		421,038
14 Intengible assets		13	Investments—program-related See Part IV, line 11 Complete Part IV	I		13			
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D		14					14		
16 Total assets. Add lines 1 through 15 (must equal line 34) 0 16 17,599,365 17 Accounts payable and accrued expenses 0 17 44,964 18 Grants payable 18 19 19 Deferred revenue 19 20 Tax-exempt bond liabilities 0 20 2,391,370 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 D 22 23 Secured mortgages and notes payable 24 24 Unsecured notes and loans payable 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities Add lines 17 through 25 0 26 2,436,334 27 Unrestricted net assets 0 27 15,163,031 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 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 31 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 0 34 17,599,365 20 Part XII Financial Statements and Reporting		15	Other assets See Part IV , line 11 Complete Part IX of Schedule			0	15		55,189
17		16				0		1	7.599.365
18 18 19 Deferred revenue 19 19 20 20 2,391,370 21 Escrow account liabilities 21 22 23 24 25 23 24 25 25 25 25 25 25 25				0			44,964		
19 Deferred revenue 19									<u> </u>
Tax-exempt bond liabilities									
Escrow account liability Complete Part IV of Schedule D				0			2.391.370		
23 Secured mortgages and notes payable to unrelated third parties	တ္ထ		·				 		
23 Secured mortgages and notes payable to unrelated third parties	biliti		Payable to current and former officers, directors, trustees, key						
23 Secured mortgages and notes payable to unrelated third parties	Ę.				•		22		
24 Unsecured notes and loans payable	_	23	·				23		
25 Other liabilities Complete Part X of Schedule D									
26 Total liabilities. Add lines 17 through 25		25	·				25		
Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26				0	26		2,436,334
through 29, and lines 33 and 34. 27 Unrestricted net assets				lete li	nes 27				
Permanently restricted net assets	ě		· ·						
Permanently restricted net assets	an	27	Unrestricted net assets			0	27	1	5,163,031
Permanently restricted net assets	ထ	28	Temporarily restricted net assets				28		
Second	된	29	Permanently restricted net assets				29		
30 Capital stock or trust principal, or current funds			•	plete					
31 Paid-in or capital surplus, or land, building or equipment fund		30					30		
32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances	Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31		
33 Total net assets or fund balances	AS	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Part XI Financial Statements and Reporting		33	Total net assets or fund balances			0	33	1	5,163,031
	Z	34	Total liabilities and net assets/fund balances			0	34	1	7,599,365
	Pa	rt XI	Financial Statements and Reporting						
								Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
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	
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	Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b	

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

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.

Open to Public Inspection

ENVISIO	N INC											
	_								-139272			
Part				harity Status (to be co					Instruct	ions)		
	ganız —			ation because it is (Please					/ # \ / · \			
1	<u> </u>			nurches, or association of ch			Section :	1/0(b)(1)	(A)(I).			
2	<u> </u>			tion 170(b)(1)(A)(ii). (Attac		•						
3	<u> </u>		·	e hospital service organizati			-				•	
4	ı		-	zation operated in conjuncti	on with a l	nospital d	escribedi	n Section	1/U(b)(1)	(A)(III). ⊨	nter the	
_	_	•	name, city, and									
5	ı			or the benefit of a college or	runiversit	y owned o	roperated	by a gov	ernmental	unit desc	ribed in	
_	_			(Complete Part II)								
6	<u> </u>	•	, -	overnment or governmental					• •			
7	ı			ally receives a substantial p		support fro	om a gove	rnmental ı	unit or fror	n the gene	eral public	С
	_		_	o)(1)(A)(vi) (Complete Par	•							
8	<u> </u>		•	ed in Section 170(b)(1)(A)		•	-					
9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and g								SS				
				ated to its exempt functions	-		•		•			
			•	estment income and unrelate			•			k) from bu	sinesses	
	_	acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.)										
10	<u> </u>											
11	-	one or more the box that a T	e publicly suppo it describes the ype I b		ed in section tion and c Type III	on 509(a) omplete li - Functioi	(1) or sec ines 11e t nally Integ	tion 509(a hrough 11 grated	a)(2) See .h d	Section 5	09(a)(3) III - Ot	.Check her
e f	I	other than section 50 If the organ check this	foundation man 9(a)(2) nization receive box	rtify that the organization is agers and other than one or	more publ	icly suppo	orted orga a Type I,	nizations Type II o	described r Type III	ın sectior	509(a)(1) or
g		following pe		as the organization accepted	u any gni	or contrib	ution irom	any or the	:			
				r indirectly controls, either a	alone or to	gether wi	th persons	s describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	Νο
		(ii) a family	y member of a p	erson described in (i) above	2					11g((ii)	No
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	oove?				11g(No
h		Provide the	e following inform	nation about the organizatio	ons the org	anızatıon	supports				-	
(i) Name of Supported Organization		orted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go		the orga	ou notify anization i) of your port?	organiz	s the ation in organized US?	(vii) An	nount of port?
					Yes	No	Yes	No	Yes	No		
Envisio Rehabi Center	lıtatıoı		261274076	09	Yes		Yes		Yes			0
Envisio Inc	n Indu	ustries	480543705	0.9	Yes		Yes		Yes		14	125088
					1		1	1	1	1		

Total

1,425,088

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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					

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	ection 501(c)(4), (5), or (6) organi ime of the organization	T. T		Employer ider	ntıfıcatıon number	
EN	VISION INC					
Dar	t I-A To be completed b	y all organizations exemp	t under section	26-1392721		
		e the instructions for Schedule		ii 501(c) and section	527	
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Pai	rt I-B To be completed b	y all organizations exemp	t under sectio	n 501(c)(3). (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization u	ınder section 4955	5	\$	
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955	\$	
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	r?	☐ Yes ☐	_ _{No}
4a	Was a correction made?				☐ Yes ☐	– _{No}
ь	If "Yes," describe in Part IV					
Pai		y all organizations exemp for Schedule C for details.)	t under sectio	n 501(c), except sec	tion 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities	\$	
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contril	outed to other orga	nızatıons for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and en	ter here and on Form	\$	
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐	_ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	ıl funds or were s a separate	ıts
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of po contributions red and promptly a directly delivere separate politi organization If enter -0-	ceived and ed to a ical
					-	
					†	

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

Α	Check	~	ıf the filing organization belongs to an affiliated group 🖫
В	Check	\Box	if the filing organization checked box A and "limited control" provisions apply

		bbying Expenditures— es" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		0
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	46,294	314,421
c	Total lobbying expenditures (add line	es 1a and 1b)	46,294	314,421
d	Other exempt purpose expenditures		1,378,794	142,386,372
e	Total exempt purpose expenditures	(add lines 1c and 1d)	1,425,088	142,700,793
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a)	he amount from the following table in both	217,509	2,662,636
	or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	54,377	665,659
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- if line f is more than line c		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
_2a	Lobbying non-taxable amount				217,509	217,509			
b	Lobbying ceiling amount (150% of line 2a, column(e))					326,264			
c	Total lobbying expenditures				46,294	46,294			
_d	Grassroots non-taxable amount				54,377	54,377			
e 	Grassroots ceiling amount (150% of line d, column (e))					81,566			
f	Grassroots lobbying expenditures								

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
C	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493130001250

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Employer identification number Name of the organization **ENVISION INC** 26-1392721 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and

- - enforcement of the conservation easements it holds?
 - Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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.

- 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
- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Collections of Art,	His	<u>tori</u>	cal Treasu	ires, or Oth	er Sim	ilar Ass	ets (c	ontinued)
3	Using the organization's accession and other records, check any citems (check all that apply) $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) +\frac{1}{2}\left(\frac{1}{2}\right) +$	f th	e fol	_	-		s collection	on	
а	Public exhibition	d	Γ	Loan or exc	hange progran	ns			
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIV	how	the	y further the o	organization's	exempt p	ourpose in		
5	During the year, did the organization solicit or receive donations o assets to be sold to raise funds rather than to be maintained as pa					mılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990	om	plet	e if the orga		wered '	'Yes" to I	Form 9	90,
1a	Is the organization an agent, trustee, custodian or other intermedi included on Form 990, Part X?	ary	for c	ontributions (or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table					_			
							A mo	ount	
с	Beginning balance				10	+			
d	Additions during the year				10				
e	Distributions during the year				16	1			
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part X, line 2	17					Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete if the organization a (a)Current Year		were Prior			art IV, I d)Three Ye		(-) [ears Back
1-	Beginning of year balance	(0)	FIIOI	rear (c) iw	TO TEATS DACK (a)Timee Te	ars back ((e)i oui i	cais back
1a L									
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships Other expenditures for facilities								
e	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balance held as								
а	Board designated or quasi-endowment								
ь	Permanent endowment -								
c	Term endowment ▶								
3a	Are there endowment funds not in the possession of the organization ganization by	on t	hata	are held and a	administered fo	or the		Yes	No
	(i) unrelated organizations						. 3a(i))	
	(ii) related organizations						. 3a(ii)	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required of						. 3b		
4	Describe in Part XIV the intended uses of the organization's endor								
Par	IVI Investments—Land, Buildings, and Equipment	. 5							
	Description of investment			Cost or other (investment)	(b)Cost or othe basis (other)	r (c) De	epreciation	(d) Bo	
1a L	and								ook value
									ook value
b E	Guildings				6,828,69	6	213,548		6,615,148
	easehold improvements				6,828,69	6	213,548		
c L		•			6,828,69		213,548 38,727		
c L d E e C	easehold improvements	,		40() ;			38,727		6,615,148

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
<u>O ther</u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) book value	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, I			/b) D
BOND COSTS NET OF AMORTIZATION	ption		(b) Book value
BOND COSTS NET OF AMORTIZATION			55,189
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	L.	
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		†	
, , , , , , , , , , , , , , , , , , , ,	1	1	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	T T	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	- 1	
c	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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		
Ь	Other (Describe in Part XIV)		
C -	Add lines 4a and 4b	4c	
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
rell	Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS		IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO FIN 48- 3, THE COMPANY 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 COMPANY 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130001250

OMB No 1545-0047

Open to Public

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

ENVISION INC

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

Employer identification number

26 1202721

						26-1392/21	
Part I General Inform	nation on Gran	ts and Assistance					
Does the organization ma the selection criteria userDescribe in Part IV the or	d to award the grant	ts or assistance?					✓ Yes
Form 990, Part I Part IV and Scho	IV, line 21 for any edule I-1 if additi	y recipient that rece onal space is	and Organizations in the street was inveded in the street was street and street was a second contract of the street was a second contract	0. Check this box if	f no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
ENVISION FOUNDATION INC610 N MAIN WICHITA,KS 67203	20-3874095	501(C)(3)	872,040				FUNDING
ARVO INC12300 TWINBROOK PKWY ROCKVILLE,MD 20852	34-0812556	501(C)(3)	12,500				
WICHITA METRO CHAMBER OF COMMERCE INC350 W DOUGLAS AVE WICHITA,KS 67202	48-0477290	501(C)(6)	6,000				SUPPORT
2 Enter total number of sec organizations							2
3 Enter total number of other	er organizations .						1
or Danomuork Bodustion Act Not	ica coatha Instructi	and for Form 000		Cat No EOOEED		د م	andula I (Form 000) 2000

	,
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)A mount of cash grant	(d)A mount 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

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANTS		AGENCIES RECEIVING GRANTS MUST PROVIDE AN ACCOUNTING OF THE FUNDS IN ORDER TO ENSURE THAT GRANT CRITERIA ARE MET

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130001250

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

2008

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number ENVISION INC** 26-1392721

Рa	Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to	ed any of the following to or for a person listed in Form 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 writte provision of all the expenses described above? If "No,"		1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di	<u> </u>	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee	·			
	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, Par	t VII, Section A, line 1a			
а	Receive a severance payment or change of control pay	ment?	4a		Νo
b	Participate in, or receive payment from, a supplemental	l nonqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-base	ed compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide				
	501(c)(3) and 501(c)(4) organizations only must comp	lete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1a, dıd the organizatıon pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc	, ,	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		8		No

Cat No 50053T

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

Ident if ier	Return Reference	Explanation
-		
	•	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130001250

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

	e of the organization									Employer i	dentificat	ion numl	per	
ENV	ISION INC									26-1392	721			
Pa	art I Bond Issues (Require	ed for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue Price		(f) Des	cription of P	urpose	(g) Det	feased	(h) O n Behalf o Issuer	
											Yes	No	Yes	No
A	City of Wichita Series V 2006	48-6000653	0111EN066	12-22-	2006	2,	700,000	PURCHASE N MAIN	OFBUILDI	NG @ 610		х		Х
Pa	rt III Proceeds (Optional fo	r 2008)		-		1								
1	Total Proceeds of Issue			-	A	E	3			D		+	E	
2	Gross Proceeds in Reserve Fund	ds												
3	Proceeds in Refunding or Defeas	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	om Proceeds											,	
7	Capital Expenditures from Proce	eds												
8	Year of Substantial Completion					•		•	•					
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>; </u>	No
9	Were the bonds issued as part o	f a current refunding is	sue?											
10	Were the bonds issued as part o	f an advance refunding	ıssue?											
11	Has the final allocation of procee	eds been made?												
12	Does the organization maintain a final allocation of proceeds?	adequate books and red	cords to support the											
Pa	rt IIII Private Business Us	e (Optional for 2008	2)											
				-	A	E			3	D		 	E	
1	Was the organization a partner ii which owned property financed b		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	i	No
2	Are there any lease arrangemen which may result in private busii		inanced property											
For	Paperwork Reduction Act Notice, see t	the Instructions for Forn	n 990.			Cat No 501	.93E			Scl	hedule K ((Form 99	0) 2008	į.

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A B			3	С		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493130001250

OMB No 1545-0047

SCHEDULE 0 (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.

Inspection Employer identification number

26-1392721

Name of the organization **ENVISION INC**

ldentifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990, PART IV, LINE 12	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT

ldentifier	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 16 EMPLOYEES AT YEAR-END

ldentifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990, PART VI, LINE 2	LINDA PARMAN, KENT WILSON, SUSAYN BRANDES, JOHN MARSTALL, AND MICHAEL MONTEFERRANTE ALL HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER LINDA PARMAN AND KENT WILSON SERVE AS OFFICERS OF SUMMIT PLASTICS, A RELATED FOR PROFIT COMPANY SUSAYN BRANDES, JOHN MARSTALL, AND MICHAEL MONTEFERRANTE SERVE AS DIRECTORS OF SUMMIT PLASTICS, A RELATED FOR PROFIT COMPANY

ldentifier	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

ldentifier	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 ENVISION 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

ldentifier	Return Reference	Explanation
POLICIES	FORM 990, PART VI, LINES 15A & 15B	ENVISION 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

ldentifier	Return Reference	Explanation
DISCLOSURE	FORM 990, PART VI, LINE 19	A REQUEST FOR THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS MAY BE MADE IN WRITING OR IN PERSON AT ONE OF THE ORGANIZATION'S OFFICES

DLN: 93493130001250

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

ENVISION INC

(Form 990)

SCHEDULE R

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

Department of the Treasury ► See separate instructions. Internal Revenue Service **Employer identification number** Name of the organization

26-1392721

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 Organization	tions						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sect	(E) Public chanty sta (if section 501(c))	ttus (F) Direct controlling (3)) entity		
ENVISION INDUSTRIES INC 2301 S WATER WICHITA, KS67213 48-0543705	EMPLOYMENT	KS	501(c)3	9	NA		
ENVISION VISION REHABILITATION CENTER 610 N MAIN 2ND FLOOR WICHITA, KS67203 26-1274076	REHAB SERVICE	KS	501(c)3	9	NA		
ENVISION XPRESS INC 2301 S WATER WICHITA, KS67213 48-1250487	EMPLOYMENT	KS	501(c)3	11 type 1	NA		
ENVISION FOUNDATION INC 610 N MAIN 4TH FLOOR WICHITA, KS67203 20-3874095	FUNDING	KS	501(c)3	11 type 1	NA		

(A) Name, address, and EIN of related organization	(B) Primary ac	tivity	(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 Disprop allocat	l) ortionate tions?	Code V—UB on Box 20 o		(J) Gener mana partn	al or ging
								Yes	No			Yes	No
											ļ		
									-				
											ļ		
											ļ		
											ļ		
											ļ		
Part IV Identification of Re	elated Org	anizations	Taxable a		or Trust								
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activ	rity	(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 inc	ome	Sh end	(G) lare of -of-year ssets	Perce	1) ntage ership	
SUMMIT PLASTICS INC 2301 S WATER WICHITA, KS67213 64-0850117		MANUFACTURE	:R	MS	ENCOM INC	C CORP		0		0	0 %		
ENCOM INC 2301 S WATER WICHITA, KS67213 20-4750408		HOLDING COM	PANY	KS	NA	C CORP		0		0	0 %		
								\dashv					
											1		

Part V	Transactions with Related Organizations
--------	---

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV		•	Yes	No
L 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	7			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1:	а		No
b Gift, grant, or capital contribution to other organization(s)	11	ь	Yes	
c Gift, grant, or capital contribution from other organization(s)	10	c ·	Yes	
d Loans or loan guarantees to or for other organization(s)	10	d		No
e Loans or loan guarantees by other organization(s)	10	e		No
f Sale of assets to other organization(s)	11	f		No
g Purchase of assets from other organization(s)	19	g		No
h Exchange of assets	11	h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1	i	Yes	
	L			
j Lease of facilities, equipment, or other assets from other organization(s)	1:	_		No
k Performance of services or membership or fundraising solicitations for other organization(s)	11	k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1	.I		No
m Sharing of facilities, equipment, mailing lists, or other assets	1.	m		No
n Sharing of paid employees	1.	n		No
• Reimbursement paid to other organization for expenses	10	0		No
p Reimbursement paid by other organization for expenses	1,	p		No
q O ther transfer of cash or property to other organization(s)	10	q		No
r Other transfer of cash or property from other organization(s)	1	r		No

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	ENVISION FOUNDATION INC	В	844,791
(2)	ENVISION INDUSTRIES INC	С	21,241,583
(3)	ENVISION VISION REHABILITATION CENTER INC	I	138,000
-/4\			

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

(3)	ENVISION VISION REHABILITATION CENTER INC	I	138,000
(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	57	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493130001250
•		

Name: ENVISION INC

Affiliated Group Business Name:		ENVISION INDUSTRIES INC	
Address. Either US or Foreign Type:		2301 S WATER WICHITA, KS 67213	
EIN:		48-0543705	
Electing Organization Checkbox:		▽	
Total Grassroots Lobbying:	0		
Total Direct Lobbying:	268,127		
Total Lobbying Expenditures:	268,127		
Other Exempt Purpose Expenditures:	55,039,201		
Total Exempt Purpose Expenditures:	55,307,328		
Lobbying Nontaxable Amount:	1,000,000		
Grassroots Nontaxable Amount:	250,000		
Tot Lobbying Grassroot Minus Non Tx:	0		
Tot Lobby Expend Mns Lobbying Non Tx:	0		
Share Of Excess Lobbying:	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493130001250
•		

Name: ENVISION INC

Affiliated Group Business Name:	ENVISION XPRESS INC
Address. Either US or Foreign Type:	2301 S WATER WICHITA, KS 67213
EIN:	48-1250487
Electing Organization Checkbox:	Г
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	82,644,192
Total Exempt Purpose Expenditures:	82,644,192
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493130001250
TV 2000 ACCITAL ALCOHOLOGICAL	•	

Name: ENVISION INC

Affiliated Group Business Name:	ENVISION FOUNDATION INC
Address. Either US or Foreign Type:	610 N MAIN 4TH FLOOR WICHITA, KS 67203
EIN:	20-3874095
Electing Organization Checkbox:	Г
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,245,823
Total Exempt Purpose Expenditures:	2,245,823
Lobbying Nontaxable Amount:	262,291
Grassroots Nontaxable Amount:	65,573
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493130001250

Name: ENVISION INC

Affiliated Group Business Name:	ENVISION VISION REHABILITATI
Address. Either US or Foreign Type:	610 N MAIN 2ND FLOOR WICHITA, KS 67203
EIN:	26-1274076
Electing Organization Checkbox:	Г
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,078,362
Total Exempt Purpose Expenditures:	1,078,362
Lobbying Nontaxable Amount:	182,836
Grassroots Nontaxable Amount:	45,709
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493130001250

Name: ENVISION INC

Affiliated Group Business Name:	ENVISION INC	
Address. Either US or Foreign Type:	610 N MAIN 4TH FLOOF WICHITA, KS 67203	8
EIN:	26-1392721	
Electing Organization Checkbox:	Г	
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	46,294	
Total Lobbying Expenditures:	46,294	
Other Exempt Purpose Expenditures:	1,378,794	
Total Exempt Purpose Expenditures:	1,425,088	
Lobbying Nontaxable Amount:	217,509	
Grassroots Nontaxable Amount:	54,377	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	