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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

2009Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , 2009, and ending

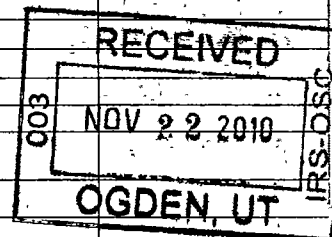
G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation NEW VISIONS FOUNDATION		A Employer identification number 36-4291720
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see the instructions) (847) 883-9700
	485 HALF DAY ROAD	200	C If exemption application is pending, check here <input type="checkbox"/>
	City or town BUFFALO GROVE	State ZIP code IL 60089	D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 1,481,373.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE				
1 Contributions, gifts, grants, etc., received (att sch)	365,322.			
2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	485.	485.		
4 Dividends and interest from securities	18,563.	19,592.		
5a Gross rents				
b Net rental income or (loss)		L-6a Stmt		
6a Net gain/(loss) from sale of assets not on line 10	-21,584.			
b Gross sales price for all assets on line 6a	105,376.			
7 Capital gain net income (from Part IV, line 2)		33,192.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule) See Line 11 Stmt	6,355.	1,018.		
12 Total. Add lines 1 through 11	369,141.	54,287.		
ADMINISTRATIVE AND OPERATING EXPENSES				
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) L-16a Stmt	1,330.			1,330.
b Accounting fees (attach sch)				
c Other prof fees (attach sch) L-16c Stmt	42,340.	632.		42,340.
17 Interest				
18 Taxes (attach schedule) (see instr) FROM K-1 - MF SRI		35.		
19 Depreciation (attach sch) and depletion L-19 Stmt	634.			
20 Occupancy				
21 Travel, conferences, and meetings	1,678.			1,678.
22 Printing and publications				
23 Other expenses (attach schedule) See Line 23 Stmt	1,553.	822.		1,553.
24 Total operating and administrative expenses. Add lines 13 through 23	47,535.	1,489.		46,901.
25 Contributions, gifts, grants paid	337,500.			337,500.
26 Total expenses and disbursements. Add lines 24 and 25	385,035.	1,489.		384,401.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-15,894.			
b Net investment income (if negative, enter -0-)		52,798.		
c Adjusted net income (if negative, enter -0-)				



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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing			
	2 Savings and temporary cash investments	409,441.	412,417.	412,417.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)	24,357.		
	Less: allowance for doubtful accounts	0.	41,708.	24,357.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U.S. and state government obligations (attach schedule) L-10a Stmt	259,367.	266,654.	276,029.
	b Investments — corporate stock (attach schedule) L-10b Stmt	835,676.	827,394.	767,675.
	c Investments — corporate bonds (attach schedule)			
	11 Investments — land, buildings, and equipment basis			
Less: accumulated depreciation (attach schedule)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment basis	3,070.			
Less: accumulated depreciation (attach schedule)	2,175.	1,419.	895.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	1,547,611.	1,531,717.	1,481,373.	
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)			
NET FUND ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	1,547,611.	1,531,717.	
	30 Total net assets or fund balances (see the instructions)	1,547,611.	1,531,717.	
	31 Total liabilities and net assets/fund balances (see the instructions)	1,547,611.	1,531,717.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,547,611
2 Enter amount from Part I, line 27a	2	-15,894.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	1,531,717.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,531,717.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a FROM K-1 MF SRI INDEX FUND LLC		P	Various	Various
b SEE ATTACHED STATEMENT		P	Various	Various
c NORTHERN TRUST ACCT 7850 - CAP GAIN DIST		P	Various	various
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 54,776.		0.	54,776.
b 105,332.		126,960.	-21,628.
c 44.		0.	44.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a 0.	0.	0.	54,776.
b			-21,628.
c 0.	0.	0.	44.
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	33,192.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 </div>	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	413,468.	1,302,516.	0.317438
2007	179,374.	1,338,549.	0.134006
2006	97,591.	1,305,856.	0.074733
2005	85,611.	1,317,494.	0.064980
2004	104,723.	1,305,367.	0.080225

2 Total of line 1, column (d)	2	0.671382
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.134276
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	1,093,010.
5 Multiply line 4 by line 3	5	146,765.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	528.
7 Add lines 5 and 6	7	147,293.
8 Enter qualifying distributions from Part XII, line 4	8	384,511.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -- see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1 528.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2 0.
3 Add lines 1 and 2		3 528.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4 0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5 528.
6 Credits/Payments.		
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a 1,030.	
b Exempt foreign organizations -- tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7 1,030.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 502.	
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	11 502.	Refunded

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>IL - Illinois</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>ERIC F. ACHEPOHL</u> Telephone no <u>(847) 883-9700</u> Located at <u>485 HALF DAY ROAD</u> <u>BUFFALO GROVE IL</u> ZIP + 4 <u>60089-8806</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?**5b**

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b**

If 'Yes' to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
R. MILLER 485 HALF DAY ROAD BUFFALO GROVE IL 60089	DIRECTOR-PRESIDENT 1.00	0.	0.	0.
J. KRISTEL BURLINGTON VT 05401	DIRECTOR-VP 1.00	0.	0.	0.
E. ACHEPOHL 485 HALF DAY ROAD BUFFALO GROVE IL 60089	DIRECTOR-TREASURER 1.00	0.	0.	0.
E. VERSTEN 485 HALF DAY ROAD BUFFALO GROVE IL 60089	SECRETARY 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	972,946.
b	Average of monthly cash balances	1b	136,709.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,109,655.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,109,655.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	16,645.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,093,010.
6	Minimum investment return. Enter 5% of line 5	6	54,651.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	54,651.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	528.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	528.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	54,123.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	54,123.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	54,123.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	384,401.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	110.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	384,511.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	528.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	383,983.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				54,123.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2009:				
a From 2004	41,268.			
b From 2005	20,263.			
c From 2006	33,303.			
d From 2007	113,151.			
e From 2008	348,934.			
f Total of lines 3a through e	556,919.			
4 Qualifying distributions for 2009 from Part XII, line 4: \$	384,511.			
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2009 distributable amount				54,123.
e Remaining amount distributed out of corpus	330,388.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	887,307.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	41,268.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	846,039.			
10 Analysis of line 9:				
a Excess from 2005	20,263.			
b Excess from 2006	33,303.			
c Excess from 2007	113,151.			
d Excess from 2008	348,934.			
e Excess from 2009	330,388.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling					
b Check box to indicate whether the foundation is a private operating foundation described in section					<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)**1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

R. MILLER

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed

- b The form in which applications should be submitted and information and materials they should include

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> SEE ATTACHED				337,500.
Total			3a	337,500.
<i>b Approved for future payment</i>				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	485.	
4	Dividends and interest from securities			14	18,563.	
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			14	-21,584.	0.
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
a	OTHER INCOME			14	6,355.	
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				3,819.	0.
13	Total. Add line 12, columns (b), (d), and (e)				13	3,819.

(See worksheet in the instructions for line 13 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545 0047

2009

Name of the organization

NEW VISIONS FOUNDATION

Employer identification number

36-4291720

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)() (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II)

Special Rules –

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

NEW VISIONS FOUNDATION

36-4291720

Part I Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HLM & JM 2006 CHARITABLE LEAD TRUST 485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	\$ 365,322	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990-PF
Part I, Line 6a

Net Gain or Loss From Sale of Assets

2009

Name NEW VISIONS FOUNDATION	Employer Identification Number 36-4291720
---------------------------------------	---

Asset Information:

Description of Property: SEE ATTACHED - NT ACCT# 7850
 Date Acquired: Various How Acquired: Purchased
 Date Sold: Various Name of Buyer: _____
 Sales Price: 20,131. Cost or other basis (do not reduce by depreciation) 17,208.
 Sales Expense: _____ Valuation Method: Fair Market Value
 Total Gain (Loss): 2,923. Accumulation Depreciation: _____

Description of Property: SEE ATTACHED - NT ACCT# 7850
 Date Acquired: Various How Acquired: Purchased
 Date Sold: Various Name of Buyer: _____
 Sales Price: 85,202. Cost or other basis (do not reduce by depreciation) 109,752.
 Sales Expense: _____ Valuation Method: Fair Market Value
 Total Gain (Loss): -24,550. Accumulation Depreciation: _____

Description of Property: UNITEDHEALTH GROUP INC - CAPITAL GAIN DISTRIBUTION
 Date Acquired: Various How Acquired: Purchased
 Date Sold: Various Name of Buyer: _____
 Sales Price: 43. Cost or other basis (do not reduce by depreciation) _____
 Sales Expense: _____ Valuation Method: Fair Market Value
 Total Gain (Loss): 43. Accumulation Depreciation: _____

Description of Property: _____
 Date Acquired: _____ How Acquired: _____
 Date Sold: _____ Name of Buyer: _____
 Sales Price: _____ Cost or other basis (do not reduce by depreciation) _____
 Sales Expense: _____ Valuation Method: _____
 Total Gain (Loss): _____ Accumulation Depreciation: _____

Description of Property: _____
 Date Acquired: _____ How Acquired: _____
 Date Sold: _____ Name of Buyer: _____
 Sales Price: _____ Cost or other basis (do not reduce by depreciation) _____
 Sales Expense: _____ Valuation Method: _____
 Total Gain (Loss): _____ Accumulation Depreciation: _____

Description of Property: _____
 Date Acquired: _____ How Acquired: _____
 Date Sold: _____ Name of Buyer: _____
 Sales Price: _____ Cost or other basis (do not reduce by depreciation) _____
 Sales Expense: _____ Valuation Method: _____
 Total Gain (Loss): _____ Accumulation Depreciation: _____

Description of Property: _____
 Date Acquired: _____ How Acquired: _____
 Date Sold: _____ Name of Buyer: _____
 Sales Price: _____ Cost or other basis (do not reduce by depreciation) _____
 Sales Expense: _____ Valuation Method: _____
 Total Gain (Loss): _____ Accumulation Depreciation: _____

Description of Property: _____
 Date Acquired: _____ How Acquired: _____
 Date Sold: _____ Name of Buyer: _____
 Sales Price: _____ Cost or other basis (do not reduce by depreciation) _____
 Sales Expense: _____ Valuation Method: _____
 Total Gain (Loss): _____ Accumulation Depreciation: _____

2009 Tax Information Statement

Recipient's Name and Address
NEW VISIONS FOUNDATION
485 HALF DAY ROAD, SUITE 200
BUFFALO GROVE, IL 60089

Account Number: 7850
Recipient's Tax ID number: XX-XXX1720

☐ Corrected ☐ 2nd TIN notice

THE NORTHERN TRUST COMPANY
P.O. BOX 803878
CHICAGO, IL 60680

2009 Proceeds from Broker and Barter Exchange Transactions

Sales are listed at Gross Proceeds less commissions and option premiums.

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks, Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Short Term Sales								
45.0000	636274300	ADR NATIONAL GRID TRANSCO PLC SPONSORED ADR NEW	05/14/2008	01/23/2009	1,969.04	3,168.99	-1,199.95	0.00
80.0000	099724106	BORG WARNER AUTOMOTIVE INC	10/03/2008	02/13/2009	1,665.35	2,318.67	-653.32	0.00
40.0000	099724106	BORG WARNER AUTOMOTIVE INC	10/03/2008	03/10/2009	641.13	1,159.33	-518.20	0.00
55.0000	45861V100	INTERCONTINENTALEXCHANGE INC COM	12/04/2008	04/14/2009	4,919.68	3,772.48	1,147.20	0.00
40.0000	45861V100	INTERCONTINENTALEXCHANGE INC COM	12/04/2008	05/06/2009	3,953.16	2,743.62	1,209.54	0.00
20.0000	45861V100	INTERCONTINENTALEXCHANGE INC COM	02/03/2009	06/03/2009	2,275.17	1,155.73	1,119.44	0.00
50.0000	45861V100	INTERCONTINENTALEXCHANGE INC COM	02/03/2009	10/08/2009	4,706.99	2,889.34	1,817.65	0.00
Total Short Term Sales					20,130.52	17,208.16	2,922.36	0.00
Long Term 15% Sales:								
150.0000	064058100	BANK NEW YORK MELLON CORP COM STK	05/24/2006	01/15/2009	3,394.45	5,337.41	-1,942.96	0.00
30.0000	88579Y101	3M CO	02/06/2007	01/15/2009	1,638.02	2,232.04	-594.02	0.00
40.0000	636274300	ADR NATIONAL GRID TRANSCO PLC SPONSORED ADR NEW	11/05/2004	01/23/2009	1,750.26	2,058.06	-307.80	0.00
10.0000	56418H100	MANPOWER INC WIS	01/04/2008	01/30/2009	287.85	517.56	-229.71	0.00

This is important tax information and is being furnished to you.

2009 Tax Information Statement

Page 7 of 12
Ref: AGH

Recipient's Name and Address
NEW VISIONS FOUNDATION
485 HALF DAY ROAD, SUITE 200
BUFFALO GROVE, IL 60089

Account Number: 7850
Recipient's Tax ID number: XX-XXX1720

☐ Corrected ☐ 2nd TIN notice

THE NORTHERN TRUST COMPANY
P.O. BOX 803878
CHICAGO, IL 60680

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks, Bonds, etc.	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld
30.0000	636274300	ADR NATIONAL GRID TRANSCO PLC SPONSORED ADR NEW	11/05/2004	03/05/2009	1,211.45	1,541.79	-330.34	0.00
15.0000	099724106	BORG WARNER AUTOMOTIVE INC	07/12/2005	03/10/2009	240.42	430.25	-189.83	0.00
155.0000	530555101	LIBERTY GLOBAL INC COM SER A	11/05/2004	03/10/2009	1,566.28	2,987.90	-1,421.62	0.00
260.0000	530555309	LIBERTY GLOBAL INC COM SER C COM SER C	11/05/2004	03/10/2009	2,535.16	4,773.34	-2,238.18	0.00
170.0000	099724106	BORG WARNER AUTOMOTIVE INC	07/12/2005	03/19/2009	3,408.85	4,746.44	-1,337.59	0.00
60.0000	021411100	ALTERA CORP	11/05/2004	04/20/2009	1,048.48	1,396.12	-347.64	0.00
90.0000	882518104	TEXAS INSTRUMENTS INC	12/06/2004	04/20/2009	1,562.58	2,268.53	-705.95	0.00
135.0000	564131100	MANPOWER INC WIS	12/28/2004	05/13/2009	5,714.62	6,749.64	-1,035.02	0.00
50.0000	882518104	TEXAS INSTRUMENTS INC	11/05/2004	07/16/2009	1,106.36	1,255.55	-149.19	0.00
80.0000	564131100	MANPOWER INC WIS	02/01/2005	07/28/2009	3,815.11	3,506.93	308.18	0.00
250.0000	G96655108	WILLIS GROUP HOLDINGS LIMITED ISIN #BMG966551084	11/05/2004	08/13/2009	6,515.56	9,150.39	-2,634.83	0.00
300.0000	G96655108	WILLIS GROUP HOLDINGS LIMITED ISIN #BMG966551084	11/05/2004	08/24/2009	7,926.12	10,539.06	-2,612.94	0.00
330.0000	913211102	UNITEDHEALTH GROUP INC	12/01/2004	09/28/2009	8,494.31	13,021.13	-4,526.82	0.00
50.0000	811065101	SCRIPPS NETWORKS INTERACTIVE INC CL A COM STK	01/18/2006	10/15/2009	1,904.40	2,302.28	-397.88	0.00
60.0000	136315102	CANADIAN NATL RY CO	11/05/2004	11/03/2009	3,011.78	1,680.30	1,331.48	0.00
30.0000	136315102	CANADIAN NATL RY CO	11/05/2004	11/12/2009	1,607.83	840.15	767.68	0.00
105.0000	021411100	ALTERA CORP	11/05/2004	11/13/2009	2,218.43	2,443.20	-224.77	0.00

This is important tax information and is being furnished to you.

2009 Tax Information Statement

Page 8 of 12
Ref: AGH

Recipient's Name and Address
NEW VISIONS FOUNDATION
485 HALF DAY ROAD, SUITE 200
BUFFALO GROVE, IL 60089

Account Number: 7850
Recipient's Tax ID number: XX-XXX1720

☐ Corrected ☐ 2nd TIN notice

THE NORTHERN TRUST COMPANY
P.O. BOX 803878
CHICAGO, IL 60680

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks, Bonds, etc	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
110.0000	372917104	GENZYME CORP GENL DIV	12/13/2007	11/13/2009	5,513.77	7,944.45	-2,430.68	0.00
20.0000	74003P104	PRAXAIR INC	10/08/2008	11/13/2009	1,659.83	1,314.79	345.04	0.00
40.0000	811035101	SCRIPPS NETWORKS INTERACTIVE INC CL A COM STK	01/18/2006	11/13/2009	1,619.49	1,841.83	-222.34	0.00
115.0000	372917104	GENZYME CORP GENL DIV	12/13/2007	11/16/2009	5,755.84	7,955.68	-2,199.84	0.00
190.0000	20030N200	COMCAST CORP	11/23/2004	12/01/2009	2,689.97	3,819.74	-1,129.77	0.00
85.0000	651210108	NEWFIELD EXPL CO COM	11/23/2004	12/01/2009	3,647.24	3,193.82	453.42	0.00
85.0000	811035101	SCRIPPS NETWORKS INTERACTIVE INC CL A COM STK	01/18/2006	12/02/2009	3,357.26	3,903.24	-545.98	0.00
Total Long Term 15% Sales					85,201.72	109,751.62	-24,549.90	0.00

This is important tax information and is being furnished to you.

NEW VISIONS FOUNDATION
2009 Grants
EIN - 36-4291720

Recipient	Foundation Status of recipient	Purpose	Amount
Co-op America Foundation 1612 K Street, NW, Suite 600 Washington, D C 20006	Public	Support Organization's Program	8,000 00
Crossroads Fund, Inc. 3411 W Diversey - #20 Chicago, IL 60647-1245	Public	Support Organization's Program	5,000 00
Global Justice Ecology Project, Inc. P O Box 412 Hinesburg, VT 05461	Public	Support Organization's Program	5,000 00
Peace Development Fund, Inc. 44 N Prospect St P O BOX 1280 Amherst, MA 01004-1280	Public	Support Organization's Program	25,000 00
Positive Futures Network 284 Madrona Way NE, # 116 Bainbridge Island, WA 98110	Public	Support Organization's Program	12,000 00
Vermont Peace Academy 123 Pitkin Road Plainfield, VT 05667	Public	Support Organization's Program	12,000 00
AERO/School of Living 215 Julian Woods Lane Julian, PA 16844	Public	Support Organization's Program	45,000 00
Angelic Organics Learning Center 1547 Rockton Rd Caledonia, IL 61011	Public	Support Organization's Program	5,000 00
Center For Partnership Studies 25700 Shafter Way Carmel, CA 93923	Public	Support Organization's Program	15,000 00
Children of the Earth, Inc. 26 Baycrest Drive South Burlington, VT 05403-7758	Public	Support Organization's Program	35,000 00
Earlham College 228 College Avenue Richmond, IN 47374	Public	Support Organization's Program	7,500 00
Spirit In Action 274 North Street Belchertown, MA 01007	Public	Support Organization's Program	25,000 00
Sustainable Harvest International 779 North Bend Road Surry, ME 04684	Public	Support Organization's Program	2,000 00
Yes! Youth For Envir. Sanity 240 Hartkeroad Ave Santa Cruz, CA 95062	Public	Support Organization's Program	7,500 00
VSA ARTS OF VERMONT 20 W Canal Street, Suite 7 Winooski, VT 05404	Public	Support Organization's Program	15,000 00
United For a Fair Economy 29 Winter Street, 2nd Floor Boston, MA 02108	Public	Support Organization's Program	20,000 00
Global Village School/ Community Partners P O Box 480 Ojai, CA 93024	Public	Support Organization's Program	3,500 00
Fellowship of Reconciliation 521 N Broadway P O Box 271 Nyack, NY 10960	Public	Support Organization's Program	5,000 00
Center for Playback Theatre P O Box 714 New Paltz, NY 12561	Public	Support Organization's Program	10,000 00
Rethinking Schools Limited 1001 East Keefe Avenue Milwaukee, WI 53212	Public	Support Organization's Program	10,000 00

NEW VISIONS FOUNDATION
2009 Grants
EIN - 36-4291720

Recipient	Foundation Status of recipient	Purpose	Amount
Union of Concerned Scientists, Inc Two Prattle Square Cambridge, MA 02238-9105	Public	Support Organization's Program	2,500 00
Veterans Education Project P O BOX 416 Amherst, MA 01004-0416	Public	Support Organization's Program	10,000 00
American Friends Service Committee 2161 Massachusetts Ave Cambridge, MA 02140	Public	Support Organization's Program	14,000 00
Class Action 104 Russell Street P O Box 350 Hadley, MA 01035-0350	Public	Support Organization's Program	4,000 00
Global Peace Initiative Of Women 301 East 57th Street New York, NY 10022	Public	Support Organization's Program	2,500 00
Int'l Physicians for the Prev. of N. War 66-70 Union Square, Suite 204 Somerville, MA 02143	Public	Support Organization's Program	1,000 00
Vermont Youth Conservation Corps 1949 East Main Street Richmond, VT 05477	Public	Support Organization's Program	1,000 00
IDE Northwest P O Box 7571 Salem, OR 97303	Public	Support Organization's Program	30,000 00
TOTAL			<u>337,500.00</u>

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
FROM K-1 - MF SRI INDEX FUND LLC		-247.	
OTHER INCOME	6,355.	1,265.	
Total	6,355.	1,018.	

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
BOOKS & SUBSCRIPTIONS	7.			7.
POSTAGE, MAILING SERV	576.			576.
DUES & MEMBERSHIPS	205.			205.
PROFESSIONAL DEVELOPMENT	317.			317.
BLACKBERRIES & CONFERENCE CALLS	306.			306.
MISCELLANEOUS	142.			142.
FROM K-1 - MF SRI INDEX FUND LLC		822.		
Total	1,553.	822.		1,553.

Form 990-PF, Page 1, Part I

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
QUARLES & BRADY, LLP	LEGAL FEES	1,330.			1,330.
Total		1,330.			1,330.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NORTHERN TRUST	SERVICE FEES	632.	632.		632.
REV. JOHN VAUGHN	CONTRACT SERVICES	440.			440.
THE BENIDA GROUP LLC	MANAGEMENT SERVICES	41,268.			41,268.
Total		42,340.	632.		42,340.

Form 990-PF, Line 19

Allocated Depreciation

Description	Date Acquire	Cost or Basis	Prior Yr. Depr	Mthd	Life	Current Depr	Net Invest Income	Adjusted Net Income
GIFTS SOFTWARE	04/17/07	1489	774	200DB	5.00	286		
COMPUTER	04/17/07	179	93	200DB	5.00	34		

Form 990-PF, Line 19
Allocated Depreciation

Continued

Description	Date Acquire	Cost or Basis	Prior Yr. Depr	Mthd	Life	Current Depr	Net Invest Income	Adjusted Net Income
DESKTOP	05/08/07	104	54	200DB	5.00	20		
BLACKBERRY	05/08/07	62	32	200DB	5.00	12		
COPIER	05/30/07	859	447	200DB	5.00	165		
GUIDESTAR	07/27/07	100	52	200DB	5.00	19		
PRINTER	07/27/07	67	35	200DB	5.00	13		
DESKTOP	12/06/07	73	38	200DB	5.00	14		
ERGO ICEY BOARD	02/01/08	4	0	200DB	5.00	1		
COLOR PRINTER	02/01/08	23	2	200DB	5.00	4		
NOTEBOOK	11/04/09	106	0	200DB	5.00	63		
LAPTOP MOUSE	12/11/09	5	0	200DB	5.00	3		

Total

Form 990-PF, Page 2, Part II, Line 10a
L-10a Stmt

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
MFO DOMINI SOCIAL INVT			266,654.	276,029.
Total			<u>266,654.</u>	<u>276,029.</u>

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
MF SRI INDEX FUND LLC	432,837.	345,229.
NEUBERGER BERMAN	394,557.	422,446.
Total	<u>827,394.</u>	<u>767,675.</u>

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

NEW VISIONS FOUNDATION

Business or activity to which this form relates

Form 990-PF page 1

Identifying number

36-4291720

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	55.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	568.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		55.	5.0 yrs	HY	200 DB	11.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	634.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Form **8868**

(Rev April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of Exempt Organization

Employer identification number

NEW VISIONS FOUNDATION

36-4291720

Number, street, and room or suite number. If a P.O. box, see instructions

485 HALF DAY ROAD, #200

City, town or post office, state, and ZIP code. For a foreign address, see instructions

BUFFALO GROVE

IL 60089

Check type of return to be filed (file a separate application for each return).

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► ERIC F. ACHEPOHL

Telephone No ► (847) 883-9700

FAX No. ► (847) 883-9808

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 2009 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$ 1,030.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3b \$ 1,030.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number For IRS use only
	NEW VISIONS FOUNDATION	
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	485 HALF DAY ROAD, #200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BUFFALO GROVE IL 60089	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ERIC F. ACHEPOHL
Telephone No. (847) 883-9700 FAX No. (847) 883-9808
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until Nov 15, 2010.
- For calendar year 2009, or other tax year beginning , 20 , and ending , 20 .
- If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension. . . INFORMATION NECESSARY TO COMPLETE THE RETURN HAS NOT BEEN MADE AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	1,030.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	1,030.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 08/12/10