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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
ENVISION FOUNDATION INC

Doing Business As

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

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

D Employer identification number
20-3874095

E Telephone number
(316) 267-2244

G Gross receipts $ 6,519,162

F Name and address of principal officer
KENT WILSON
610 N MAIN 4TH FLOOR
WICHITA, KS 67203

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ENVISIONUS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE ARE DEDICATED TO ENHANCING THE PERSONAL INDEPENDENCE OF INDIVIDUALS WHO ARE BLIND OR LOW VISION THIS IS ACCOMPLISHED THROUGH EDUCATION AND FUNDING OF PROGRAMS WHICH BENEFIT INDIVIDUALS WITH VISION LOSS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,806,000	2,285,047
9	Program service revenue (Part VIII, line 2g)	143,460	198,529
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	286,163	128,354
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,517	45,878
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,282,140	2,657,808
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,537,831	19,800
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	812,702	927,163
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶243,246		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	742,763	643,233
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,093,296	1,590,196
19	Revenue less expenses Subtract line 18 from line 12	4,188,844	1,067,612

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,949,570	10,679,681
21	Total liabilities (Part X, line 26)	74,119	110,076
22	Net assets or fund balances Subtract line 21 from line 20	9,875,451	10,569,605

Part II Signature Block

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

Sign Here

****** | 2013-05-15
Signature of officer | Date

KENT WILSON TREASURER/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ELIZABETH S HOGAN | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

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

EIN ▶

Phone no ▶ (316) 265-2811

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 79,977 including grants of $) (Revenue $ 62,655)

THE FOUNDATION PROVIDES FUNDRAISING SUPPORT FOR A MULTITUDE OF DIRECT SERVICES AND PROGRAMS, INCLUDING SUPPORT GROUPS FOR CHILDREN, THEIR PARENTS, AND SENIORS WHO ARE BLIND OR VISUALLY IMPAIRED, EYES 4 OTHERS, A MUSIC PROGRAM, AN ARTS PROGRAM, ASSISTIVE TECHNOLOGY PROGRAM, A PHYSICAL EDUCATION PROGRAM ALL OF THESE SERVICES AND PROGRAMS ARE PROVIDED, REGARDLESS OF A PERSONS INABILITY TO PAY SEE SCHEDULE O FOR CONTINUATION

4b (Code) (Expenses $ 286,370 including grants of $) (Revenue $ 0)

PUBLIC EDUCATION BECAUSE THE CDC PREDICTS A DOUBLING OF LOW VISION AND BLINDNESS WITHIN THE NEXT DECADE, ENVISION USES PUBLIC EDUCATION AS A KEY TOOL IN PREVENTION AND AWARENESS, INCLUDING HOSTING HEALTH FAIRS, SPEAKING TO COMMUNITY GROUPS AND PROVIDING THE INSIGHT EDUCATION RESOURCE GUIDE FOR STUDENTS TO BOTH EDUCATE AND FIGHT DISCRIMINATION AGAINST NEARLY 6,500 SCHOOL AGE KIDS IN KANSAS WHO ARE BLIND OR VISUALLY IMPAIRED SEE SCHEDULE O FOR CONTINUATION

4c (Code) (Expenses $ 512,756 including grants of $) (Revenue $ 135,874)

PROFESSIONAL EDUCATION - MULTI-DISCIPLINARY CONTINUING EDUCATION TRAINING ON THE BEST PRACTICES IN PATIENT CARE AND RESEARCH IN THE FIELD PROVIDED THROUGH REGIONAL LIVE SESSIONS AS WELL AS THE LARGEST ANNUAL INTERNATIONAL MULTI-DISCIPLINARY CONFERENCE IN THE LOW VISION AND BLINDNESS FIELD SEE SCHEDULE O FOR CONTINUATION

4d Other program services (Describe in Schedule O)

(Expenses $ 19,800 including grants of $ 19,800) (Revenue $)

4e **Total program service expenses** ▶ $ 898,903

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* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, 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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

KENT 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVE UNRUH BOARD CHAIR/DIRECTOR	1 0	X		X				0	0	0
(2) GREGORY EK DIRECTOR	1 0	X						0	0	0
(3) JACK MOFFETT SECRETARY/DIRECTOR	1 0	X		X				0	0	0
(4) ALBERT DENNY VICE CHAIR/DIRECTOR	1 0	X		X				0	0	0
(5) ROBERT HINSHAW DIRECTOR	1 0	X						0	0	0
(6) DR PAUL DAVIS DIRECTOR	1 0	X						0	0	0
(7) KENT WILSON TREASURER/CFO	5 0			X				0	276,548	38,580
(8) MARY SHANNON PRESIDENT	40 0			X				0	155,929	35,171
(9) FRANK CLEPPER PRESIDENT/CEO	2 0			X				0	0	0
(10) LINDA MERRILL-PARMAN FORMER CEO	0 0						X	0	381,805	1,502

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	814,282	75,253

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 32,271				
	d	Related organizations . . . 1d 1,962,785				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 289,991				
	g	Noncash contributions included in lines 1a-1f $ 5,541				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,285,047			
Program Service Revenue		Business Code				
	2a	ENVISION CONFERENCES 900099	198,529	198,529		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	198,529			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	206,601			206,601
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 3,702,125				
	b	Less cost or other basis and sales expenses: 3,780,372				
	c	Gain or (loss): -78,247				
	d	Net gain or (loss) . . . . . ▶	-78,247			-78,247
Other Revenue	8a	Gross income from fundraising events (not including $ 32,271 of contributions reported on line 1c) See Part IV, line 18 . . . a 126,860				
	b	Less direct expenses . . . b 80,982				
	c	Net income or (loss) from fundraising events . . ▶	45,878			45,878
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . ▶	2,657,808	198,529	0	174,232

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	19,800	19,800		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	168,958	56,319	56,319	56,320
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	525,773	251,996	189,133	84,644
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	85,244	37,830	30,118	17,296
9	Other employee benefits	96,849	47,923	38,152	10,774
10	Payroll taxes	50,339	25,398	15,301	9,640
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	2,755	2,755		
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	75,895		75,895	
g	Other	1,917		1,917	
12	Advertising and promotion	238	238		
13	Office expenses	40,172	9,368	13,488	17,316
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	27,527	15,477	4,160	7,890
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,271	7,000	222	1,049
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,514		6,514	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT PROGRAM EXPENSES	281,779	281,779		
b	PUBLIC EDUCATION	122,618	122,618		
c	DONOR RELATIONS	21,625			21,625
d	BAD DEBT EXPENSE	14,983			14,983
e					
f	All other expenses	38,939	20,402	16,828	1,709
25	**Total functional expenses.** Add lines 1 through 24f	1,590,196	898,903	448,047	243,246
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,574,184	1	1,817,273
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		1,006,242	3	791,533
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		61,280	9	35,717
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 33,787			
	b	Less accumulated depreciation	10b 12,751	27,550	10c	21,036
	11	Investments—publicly traded securities		7,280,314	11	8,014,122
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,949,570	16	10,679,681
Liabilities	17	Accounts payable and accrued expenses		74,119	17	110,076
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		74,119	26	110,076
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,869,209	27	9,778,072
	28	Temporarily restricted net assets		1,006,242	28	791,533
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,875,451	33	10,569,605
	34	Total liabilities and net assets/fund balances		9,949,570	34	10,679,681

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,657,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,590,196
3	Revenue less expenses Subtract line 2 from line 1	3	1,067,612
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,875,451
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-373,458
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,569,605

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,356,802	4,142,474	3,072,779	6,806,000	2,285,047	17,663,102
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,356,802	4,142,474	3,072,779	6,806,000	2,285,047	17,663,102
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,502,112
6 **Public Support.** Subtract line 5 from line 4						4,160,990

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,356,802	4,142,474	3,072,779	6,806,000	2,285,047	17,663,102
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		238,561	68,074	124,693	206,601	637,929
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	0	0	0	375	0	375
11 **Total support** (Add lines 7 through 10)						18,301,406

12 Gross receipts from related activities, etc (See instructions)	12	957,454

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	22 736 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	23 853 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☑

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

WHILE FALLING SHORT OF THE 33 1/3% PUBLIC SUPPORT TEST, THE ORGANIZATION MEETS THE FACTS AND CIRCUMSTANCES TEST, EASILY SURPASSING THE 10% OF SUPPORT LIMITATION WHILE DOING SO, THE ORGANIZATION HAS MAINTAINED A CONTINUOUS SOLICITATION OF FUNDS, RESULTING IN OVER 17 5 MILLION DOLLARS OF CONTRIBUTIONS A LARGE PORTION OF THE CONTRIBUTIONS DID COME FROM RELATED NONPROFIT ORGANIZATIONS, LOWERING THE PUBLIC SUPPORT PERCENTAGE HOWEVER, THESE AMOUNTS ARE INDIRECTLY COMING FROM THE PUBLIC OR GOVERNMENTAL UNITS THROUGH CONTRIBUTIONS AND GROSS RECEIPTS FROM RELATED SERVICES IF THE ORGANIZATION HAD CARRIED THESE ACTIVITIES ON DIRECTLY, THEY WOULD HAVE EASILY MET THE PUBLIC SUPPORT TEST ADDITIONALLY, THE ORGANIZATION'S GOVERNING BODY IS MADE UP OF SIX INDEPENDENT MEMBERS WHO ALL REPRESENT THE BROAD INTERESTS OF THE PUBLIC THE ORGANIZATION HAS CONTINUALLY PROVIDED SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC THESE SERVICES INCLUDE EDUCATION AND FUNDING OF PROGRAMS WHICH BENEFIT INDIVIDUALS WITH VISION LOSS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	0			
c Leasehold improvements				
d Equipment		33,787	12,751	21,036
e Other		0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				21,036

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,657,808
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,590,196
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,067,612
4	Net unrealized gains (losses) on investments	4	-373,458
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	-373,458
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	694,154

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

1	Total revenue, gains, and other support per audited financial statements			1	2,365,332
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-373,458		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	80,982		
e	Add lines **2a** through **2d**			2e	-292,476
3	Subtract line **2e** from line **1**			3	2,657,808
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
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	2,657,808

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

1	Total expenses and losses per audited financial statements			1	1,671,178
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	80,982		
e	Add lines **2a** through **2d**			2e	80,982
3	Subtract line **2e** from line **1**			3	1,590,196
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,590,196

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS	FORM 990, SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
RECONCILIATION OF REVENUE	FORM 990, SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSE 80,982
RECONCILIATION OF EXPENSE	FORM 990, SCHEDULE D, PART XIII, LINE 2D	SPECIAL EVENT EXPENSE 80,982

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

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

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

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

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

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

		(a) Event #1 GALA EVENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	110,213	48,918		159,131
	2 Less Charitable contributions	29,848	2,423		32,271
	3 Gross income (line 1 minus line 2)	80,365	46,495		126,860
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		7,804		7,804
	6 Rent/facility costs	2,334	5,146		7,480
	7 Food and beverages	20,621	1,106		21,727
	8 Entertainment	1,200			1,200
	9 Other direct expenses	38,095	4,676		42,771
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(80,982)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				45,878

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEATHER'S CAMP INC 11421 N SENECA ST VALLEY CENTER, KS 67147	42-1562313	501(C)(3)	6,500				SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

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

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

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	GRANTS TO RELATED ORGANIZATIONS ARE BUDGETED ON AN ANNUAL BASIS AND PAID MONTHLY BASED ON NEED GRANTS MADE OUTSIDE THE ENVISION FAMILY ARE APPROVED PURSUANT TO A FORMAL GRANT APPLICATION PROCEDURE AND POLICY A COMMITTEE OF THE BOARD MAKES FINAL APPROVAL ON ALL GRANTS MADE OUTSIDE THE ENVISION FAMILY OF ORGANIZATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA MERRILL-PARMAN	(i)	0	0	0	0	0	0	0
	(ii)	78,537	0	303,268	0	1,502	383,307	0
(2) KENT WILSON	(i)	0	0	0	0	0	0	0
	(ii)	220,360	55,000	1,188	30,300	8,280	315,128	0
(3) MARY SHANNON	(i)	0	0	0	0	0	0	0
	(ii)	123,272	32,500	157	18,840	16,331	191,100	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
COMPENSATION FROM A RELATED ORGANIZATION	FORM 990, PART VII, SCHEDULE J, PART I, LINE 3	COMPENSATION FOR LINDA MERRIL-PARMAN, KENT WILSON, AND MARY SHANNON IS PROVIDED BY ENVISION INDUSTRIES, INC , A RELATED ORGANIZATION THE BOARD OF DIRECTORS OF ENVISION, INC , A RELATED ORGANIZATION, ANNUALLY APPROVE THE COMPENSATION FOR MS MERRILL-PARMAN WITH THE ASSISTANCE OF A COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION CONSULTANT
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A	LINDA MERRILL-PARMAN - $283,978

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	WE ARE DEDICATED TO ENHANCING THE PERSONAL INDEPENDENCE OF INDIVIDUALS WHO ARE BLIND OR LOW VISION THIS IS ACCOMPLISHED THROUGH EDUCATION AND FUNDING OF PROGRAMS WHICH BENEFIT INDIVIDUALS WITH VISION LOSS

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	ENVISION KIDS CLUB SUPPORT GROUPS MONTHLY SUPPORT GROUPS ADDRESS THE NEEDS OF YOUTHS AND TEENS WITH VISUAL IMPAIRMENTS KIDS CLUB IS A COLLABORATIVE EFFORT BETWEEN ENVISION AND TH E WOMEN OF THE DELTA GAMMA FRATERNITY AT WICHITA STATE UNIVERSITY KIDS CLUB HELPS OUR VIS UALLY IMPAIRED YOUTHS WITH SOCIAL AND EMOTIONAL DEVELOPMENT, EDUCATIONAL INSTRUCTION IN IM PROVING SKILLS, AND NEW TECHNOLOGY AND ACCESSING VISION REHABILITATION SERVICES PARTICIPA TION IN KIDS CLUB EMPOWERS YOUTH EXPERIENCING VISION LOSS TO BOND AND BUILD PEER SUPPORT T HROUGH INTERACTING WITH OTHER CHILDREN WITH VISION LOSS THIS EMPOWERMENT AND SUPPORT NETW ORK HAS SHOWN DIRECT BENEFITS IN HELPING COPE WITH VISION LOSS AND INTEGRATING WITH THEIR NON-DISABLED PEERS THE ENVISION ROUTE 4-12 AND LOL GROUPS OFFER SUPPORT SERVICES FOR CHIL DREN AGES 4-12 AND TEENAGERS AGES 13-21 RESPECTIVELY MONTHLY ACTIVITIES LET KIDS BE KIDS, WHILE ALSO ALLOWING ENVISION STAFF TO MONITOR THE PROGRESS AND NEEDS OF EACH INDIVIDUAL C HILD EYES 4 OTHERS PROGRAM EYES 4 OTHERS IS A UNIQUE PROGRAM BRINGING SIGHTED AND VISUAL LY IMPAIRED CHILDREN TOGETHER THROUGH THE LOVE OF READING LISTENING OR FOLLOWING ALONG TO BOOKS READ ALOUD BY THEIR PEERS IS A SPECIAL EXPERIENCE FOR VISUALLY IMPAIRED CHILDREN AN D IMPROVES LITERACY, BUT THE PROGRAM ALSO BENEFITS THE SIGHTED CHILDREN IN ADDITION TO LE ARNING TOLERANCE AND ACCEPTANCE OF THOSE WITH DISABILITIES, SIGHTED CHILDREN EXPERIENCE EN HANCED READING ABILITIES, EMPOWERMENT AND DISCIPLINE AS THEY SET GOALS AND PREPARE THEIR R EADING SCHEDULES AND ALTRUISM AS THEY LEARN HOW IT FEELS TO GIVE BACK MUSIC PROGRAM MUSI C HAS THE POWER TO REACH EVERY ONE REGARDLESS OF DISABILITY RESEARCH INDICATES THAT CHILDR EN WITH VISUAL IMPAIRMENTS OFTEN EXCEL AT RHYTHMIC WORK, MUSICAL PATTERNS AND MUSICAL PLAY WHICH CAN BE A VALUABLE TOOL IN ASSISTING OTHER AREAS OF DEVELOPMENT SUCH AS BEHAVIOR, MO VEMENT AND MOBILITY, LANGUAGE, MEMORY AND CONCEPT DEVELOPMENT, MATHEMATICS AND LOGIC, LITE RACY, AND SOCIAL INTERACTION THE OPPORTUNITY TO EXPERIENCE MUSIC IS ESSENTIAL IN THE EARL Y YEARS IN FACT, ACCORDING TO "MUSIC EDUCATION NOT JUST A FRILL" BY THE NATIONAL ORGANIZ ATION OF PARENTS OF BLIND CHILDREN, THE EDUCATION CONSEQUENCES OF WEAK MUSICAL FUNDAMENTAL S FOR A VISUALLY IMPAIRED CHILD CAN BE AS DEVASTATING AS THE INABILITY TO READ OR WRITE T HE ENVISION MUSIC PROGRAM IS A COLLABORATIVE EFFORT INVOLVING COMMUNITY VOLUNTEERS AND MUS IC PROFESSIONALS PRESCHOOL THROUGH HIGH SCHOOL CHILDREN GAIN MUSIC AWARENESS AT THEIR OWN RATE AND/OR AS A CHILD'S INSTRUCTION IS CORRELATED WITH WHAT THEY ARE WORKING ON IN THEIR SCHOOL MUSIC CLASS ART PROGRAM ART CAN GIVE A VISUALLY IMPAIRED CHILD A TANGIBLE WAY TO "MAP OUT" A SENSE OF THE WORLD ART IS CULTIVATED FROM WITHIN, BUILDS CONFIDENCE AND INCR EASES SELF-CONCEPT WHILE ENRICHING HEARTS AND MINDS IN ORDER TO REVEAL THAT A PERSON WITH OUT SIGHT CAN STILL ENCOMPASS A CREATIVE VISION, THE ENVISION CHILD DEVELOPMENT CENTER OFF ERS AN ACCESSIBLE ART EDUCATION FOR CHILDREN WITH VISION LOSS IN COLLABORATION WITH COMMU NITY VOLUNTEERS AND ARTS PROFESSIONALS, ENVISION'S ART PROGRAM SUPPORTS A VITAL EXPERIENCE FOR VISUALLY IMPAIRED CHILDREN AND TEENS WHO MIGHT NOT OTHERWISE HAVE THIS EXPOSURE PROV IDING ACCESS TO THE ARTS FOR THE BLIND AND VISUALLY IMPAIRED IS OUR CORE PRINCIPLE, WHILE OUR PHILOSOPHY EXPRESSES THE BELIEF THAT INDIVIDUALS WHO ARE VISUALLY IMPAIRED CAN EQUALLY ENGAGE IN CREATIVE ARTS THROUGH EXPLORATION AND DISCOVERY, COUPLED WITH A BROAD VIEW THAT EMBRACES THE DIFFERENCES WITHIN ALL INDIVIDUALS ASSISTIVE TECHNOLOGY CAMP TODAY'S SOCIE TY IS DRIVEN BY COMPUTERS, IT IS DIFFICULT TO IMAGINE ANY STUDENT ENGAGING IN SOCIETY WITH OUT ADEQUATE SKILLS STILL, MANY VISUALLY IMPAIRED YOUTHS BELIEVE THAT COMPUTERS, HIGHER E DUCATION AND MANY CAREERS ARE "OUT OF REACH" THE ENVISION ASSISTIVE TECHNOLOGY CAMP IS A WEEK-LONG EDUCATIONAL EXPERIENCE FOR KANSAS STUDENTS FROM ALL 105 COUNTIES NOMINATED FOR P ARTICIPATION BY KANSAS TEACHERS OF THE VISUALLY IMPAIRED THE RESIDENTIAL CAMP ALLOWS STUD ENTS TO SPEND AN ENTIRE WEEK WITH OTHER VISUALLY IMPAIRED TEENS AS THEY PARTICIPATE IN COM PUTER TRAINING, RESUME BUILDING, AND CAREER BUILDING ACTIVITIES WITH MENTORS WHO USE ASSIS TIVE TECHNOLOGY IN THEIR FIELDS THROUGHOUT THE WEEK STUDENTS RECEIVE INSPIRATION FROM PRO MINENT BUSINESS PROFESSIONALS AND COMMUNITY LEADERS AND LEARN MORE ABOUT INTERACTING IN SO CIAL SETTINGS AS THEY GO BOWLING, ATTEND A MINOR-LEAGUE BASEBALL GAME AS FEATURED GUESTS, EAT AT VARIOUS RESTAURANTS AND ENJOY A GAME NIGHT IT IS A WONDERFUL OPPORTUNITY FOR THE S TUDENTS TO EXPERIENCE - MANY FOR THE FIRST TIME - THE INDEPENDENCE OF BEING AWAY FROM HOME AS WELL AS A TASTE OF COLLEGE LIFE AT THE END OF THE WEEK, STUDENTS ARE PRESENTED WITH T HEIR VERY OWN COMPUTERS EQUIPPED WITH THE APPROPRIATE ASSISTIVE TECHNOLOGY SOFTWARE (SCREE N READING OR SCREEN MAGNIFICATION) AT NO COST NO OTHER ORGANIZATION IN KANSAS OFFERS A SI MILAR PROGRAM AND WE ARE NOT AWARE OF ANOTHER PROG

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	RAM LIKE IT IN THE UNITED STATES PHYSICAL EDUCATION PROGRAM THE BENEFITS OF PHYSICAL FIT NESS BOTH TO OUR PHYSICAL AND MENTAL HEALTH ARE WELL KNOWN IT IS ALSO WELL KNOWN THAT THE PERCENTAGE OF OVERWEIGHT AND UNFIT CHILDREN IN OUR COUNTRY IS AT AN ALL-TIME HIGH CONSID ER THEN, THAT CHILDREN WHO ARE VISUALLY IMPAIRED GENERALLY HAVE LOWER LEVELS OF FITNESS TH AN TYPICAL CHILDREN AND ARE OFTEN EXCLUDED OR DISCOURAGED FROM PARTICIPATING IN STRENUOUS PHYSICAL ACTIVITY ENVISION HAS CREATED A PHYSICAL EDUCATION PROGRAM IN COLLABORATION WITH SENSEI DAVID REECE OF THE SAN TATSU RYU JIU JITSU THIS PROGRAM IS TAILORED TO MEET THE N EEDS OF VISUALLY IMPAIRED STUDENTS THROUGH ENHANCEMENT OF COORDINATION, BALANCE, STRENGTH MOTOR SKILLS AND AREA AWARENESS EQUALLY IMPORTANT, HOWEVER, THE PROGRAM FURTHER EMPHASIZE S CONFIDENCE, CHARACTER BUILDING AND LEADERSHIP WEEKLY CLASSES ARE OFFERED TO VISUALLY IM PAIRED CHILDREN BEGINNING AT AGE FIVE. INSIGHT INSIGHT EDUCATION RESOURCE GUIDE IS A CURR ICULUM SUPPLEMENT FOR GRADES 2-5 THIS PROGRAM IS DESIGNED TO HELP EDUCATORS TEACH STUDENT S THE MANY ASPECTS OF VISION AND VISION LOSS MANY STUDENTS HAVE NEVER INTERACTED WITH A P ERSON WHO IS BLIND OR VISUALLY IMPAIRED BECAUSE THE NUMBER OF INDIVIDUALS WHO ARE BLIND O R VISUALLY IMPAIRED WILL DOUBLE OVER THE NEXT DECADE, CHANCES ARE THESE STUDENTS SOON WILL BE CONFRONTED WITH A CLASSMATE, LOVED ONE OR FRIEND EXPERIENCING SOME LEVEL OF VISUAL IMP AIRMENT PARENT SUPPORT GROUP FOR PARENTS, LEARNING THAT THEIR CHILD IS VISUALLY IMPAIRED OR BLIND IS OFTEN DEVASTATING ENVISION STRIVES TO PROVIDE SUPPORT, UNDERSTANDING AND RES OURCES SO THAT FAMILIES CAN CONFIDENTLY CONTRIBUTE TO THEIR CHILD'S FULLEST DEVELOPMENT T HE MONTHLY SUPPORT GROUPS ADDRESS REHABILITATION SERVICES, EDUCATION, SPECIAL RESOURCES, O UTREACH, AND ADVOCACY ALLOWING THE FAMILY TO BECOME FULLY IMMERSED IN THEIR CHILD'S JOURNE Y PIONEERS OF PERSPECTIVE. PATIENTS DO NOT HAVE TO EXPERIENCE LOW VISION AND BLINDNESS AL ONE. THE JOURNEY AND REHABILITATION PROCESS IS MUCH EASIER WHEN SHARED WITH OTHERS EXPERIE NCING THE SAME CHALLENGES PIONEERS OF PERSPECTIVE IS A SUPPORT GROUP DESIGNED SPECIFICALL Y FOR ADULTS AND SENIORS EXPERIENCING THE CHALLENGES OF VISION LOSS THE MONTHLY SUPPORT G ROUPS ADDRESS REHABILITATION SERVICES, EDUCATION, SPECIAL RESOURCES, ASSISTIVE TECHNOLOGY, AND ADVOCACY

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

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

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	ENVISION FOUNDATION GRANTS - THE PURPOSE OF THE ENVISION FOUNDATION GRANT MAKING ACTIVITIES IS TO ASSIST CHARITABLE ORGANIZATIONS WHOSE PRIMARY OBJECTIVE IS TO PROVIDE SUPPORT TO PEOPLE WHO ARE BLIND OR LOW VISION, INCLUDING LOW VISION SERVICES THROUGH THE ENVISION VISION REHABILITATION CENTER, A NON-PROFIT AFFILIATED ORGANIZATION THE ENVISION FOUNDATION BOARD OF DIRECTORS WILL DETERMINE ANNUALLY THE AMOUNT OF FUNDS AVAILABLE FOR GRANT ALLOCATION

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES	FORM 990, PART V, LINE 2	THE ORGANIZATION USES A COMMON PAYMASTER (ENVISION, INC) FOR PAYROLL REPORTING CONSEQUENTLY, NO FORM W-3 WAS FILED BY THE ORGANIZATION FOR 2011 EVEN THOUGH THE ORGANIZATION HAD EMPLOYEES AT YEAR END BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 2 FRANK CLEPPER AND KENT WILSON SERVED AS OFFICERS OF SUMMIT PLASTICS, A RELATED FOR PROFIT COMPANY SIGNIFICANT CHANGES TO BYLAWS FORM 990, PART VI, SECTION A, LINE 4 THE ORGANIZATION'S BYLAWS WERE AMENDED TO INCREASE THE MAXIMUM NUMBER OF BOARD MEMBERS FROM NINE TO FIFTEEN

Identifier	Return Reference	Explanation
MEMBERS	FORM 990, PART VI, SECTION A, LINE 6	ENVISION, INC (ENVISION), A KANSAS NONPROFIT CORPORATION, IS THE SOLE MEMBER OF ENVISION FOUNDATION, INC (ENVISION FOUNDATION)

Identifier	Return Reference	Explanation
MEMBERS MAY ELECT GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BODY OF ENVISION FOUNDATION IS ABLE TO NOMINATE NEW MEMBERS TO ITS GOVERNING BODY ENVISION, BEING THE SOLE MEMBER OF THE ENVISION FOUNDATION, RETAINS THE RIGHT TO APPROVE SUCH NEW MEMBERS OF THE GOVERNING BODY OF ENVISION FOUNDATION

Identifier	Return Reference	Explanation
GOVERNING BODY DECISIONS SUBJECT TO MEMBER APPROVAL	FORM 990, PART VI, SECTION A, LINE 7B	ENVISION IS THE SOLE MEMBER AND HAS THE AUTHORITY TO APPROVE THE ARTICLES OF INCORPORATION, BYLAWS, ELECTION TO OR REMOVAL FROM THE BOARD OF DIRECTORS, THE ANNUAL OPERATING AND CAPITAL BUDGETS, AND THE LONG RANGE OR STRATEGIC PLAN

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM A DRAFT OF FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING ANY QUESTIONS OR CONCERNS THE AUDIT COMMITTEE HAS 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 WITH THE IRS

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	AT THE TIME OF THE 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 FOUNDATION OR ANY SYSTEM ENTITY OR ANY MATTER OR BUSINESS WHICH MAY COME BEFORE THE BOARD (INCLUDING ITS COMMITTEES). THE DISCLOSING INDIVIDUAL SHALL NEITHER VOTE NOR ENDEAVOR TO INFLUENCE CORPORATE ACTION IN ANY SUCH MATTER. UPON REQUEST OF THE SUBJECT BOARD, THE AFFECTED INDIVIDUAL SHALL LEAVE THE BOARDROOM WHILE THE MATTER IS DISCUSSED AND A VOTE, IF ANY, SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR ITS COMMITTEE.

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINES 15A & 15B	LINDA MERRILL-PARMAN, KENT WILSON AND MARY SHANNON ALL SERVED AS OFFICERS OF ENVISION FOUNDATION BUT ARE COMPENSATED BY ENVISION INDUSTRIES, INC ENVISION INDUSTRIES, INC USES THE FOLLOWING FOR DETERMINING EXECUTIVE AND OFFICER COMPENSATION 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 THE ENVISION BOARD OF DIRECTORS APPROVES THE CEO COMPENSATION PACKAGE UPON RECOMMENDATION OF THE COMPENSATION COMMITTEE THE CEO SHALL ADMINISTER THE SALARIES AND INCENTIVE PAYMENTS TO OTHER EXECUTIVES UNDER THE GUIDELINES OF THE COMPENSATION PLAN DESCRIBED ABOVE THE LAST COMPENSATION REVIEW WAS CONDUCTED IN 2010

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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 373,458

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVE UNRUH TITLE BOARD CHAIR/DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GREGORY EK TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALBERT DENNY TITLE VICE CHAIR/DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KENT WILSON TITLE TREASURER/CFO HOURS 35

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANK CLEPPER TITLE PRESIDENT/CEO HOURS 38

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ENVISION FOUNDATION INC

Employer identification number
20-3874095

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ENVISION INC 610 N MAIN 4TH FLOOR WICHITA, KS 67203 26-1392721	SUPPORT	KS	501(C)(3)	11B	NA		No
(2) ENVISION INDUSTRIES INC 2301 S WATER ST WICHITA, KS 67213 48-0543705	EMPLOYMENT	KS	501(C)(3)	9	ENVISION INC		No
(3) ENVISION XPRESS INC 2301 S WATER ST WICHITA, KS 67213 48-1250487	EMPLOYMENT	KS	501(C)(3)	11A	INDUSTRIES		No
(4) ENVISION VISION REHABILITATION CENTER 610 N MAIN 2ND FLOOR WICHITA, KS 67203 26-1274076	REHAB SERVICE	KS	501(C)(3)	9	ENVISION INC		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SUMMIT PLASTICS 2301 S WATER ST WICHITA, KS 67213 64-0850117	MANUFACTURER	KS	NA	C	0	0	0 %
(2) ENCOM INC 2301 S WATER ST WICHITA, KS 67213 20-4750408	HOLDING COMPANY	KS	NA	C	0	0	0 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	