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Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning, 2013, and ending, 20

Form header section containing organization name (NEW VISION INC), address (5213 LINBAR DR, NASHVILLE, TN 37211), and identification numbers.

Part I Summary

Summary section 1: Briefly describe the organization's mission or most significant activities: PROVIDING COUNSELING, PUBLIC CHARTER SCHOOL EDUCATION FOR 177 5TH THROUGH 8TH GRADE STUDENTS.

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (Total: 2,494,960) and Expenses (Total: 2,378,268).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include Net Assets or Fund Balances (Total: 185,741).

Part II Signature Block

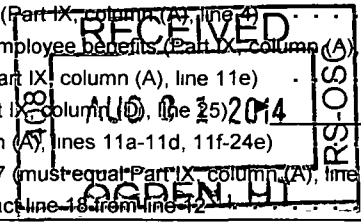
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: TIM MALONE, PRESIDENT. Date: 8/13/14.

Paid Preparer Use Only section: Preparer Carol M Bottomley, Firm B & B Bookkeeping & Tax Service.

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

SCANNED SEP 10 2014



**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

PROVIDING COUNSELING, PUBLIC CHARTER SCHOOL EDUCATION FOR 177 5TH THROUGH 8TH GRADE STUDENTS

**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 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 \$ 2,682,607 including grants of \$ \_\_\_\_\_) (Revenue \$ 2,749,333)  
TO PROVIDE JUVENILE COMMUNITY CORRECTION PROGRAM A CASE OFFICER TO WORK WITH JUVENILE COURTS, SCHOOLS TO ASSURE YOUTH FOLLOW PROBATION RULES

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **2,682,607**

**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   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   |     | X  |
| 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  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> 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   |     | X  |
| 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   |     | X  |
| 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  |     | X  |
| 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  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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            |     | X  |
| 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  |     | X  |
| 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, line 10? If "Yes," complete Schedule D, Part VI   | X   |    |
| 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   |     | X  |
| 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   |     | X  |
| 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  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |     | X  |
| 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  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |     | X  |
| 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 and XII is optional   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| 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, Parts I and IV |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  |     | X  |
| 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 (see instructions)   |     | X  |
| 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  |     | X  |
| 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  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 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  | X   |    |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| 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?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| 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                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | X  |
| 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   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 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  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| b   | If "Yes" to line 35a, 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   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 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   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Table with columns for question number, description, sub-part, and Yes/No columns. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

Check if Schedule O contains a response or note to any line in the Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-9 (various governance questions).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, compensation, etc.).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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 during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
TIM MALONE (615) 473-3006, 5213 LINBAR DR, NASHVILLE, TN 37211

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

Check if Schedule O contains a response or note to any line 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. 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, and 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 organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) LAKESHA MALONE<br>DIRECTOR OF PROGRAMS | 60.00  | X  |                       |         | X            |                              | 121,459 | 0  | 0   |   |
| (2) TIM MALONE<br>PRESIDENT                | 70.00  |  |                       | X       | X            |                              | 180,606 | 0  | 0   |   |
| (3) THRESE KING<br>BOARD MEMBER            | 1.00   |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| (4) ERIC JACKSON<br>TREASURER              | 1.00   |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| (5) HANK BERRY<br>CHAIRPERSON              | 1.00   |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| (6) TWANA TONEY<br>BOARD MEMBER            | 1.00   |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| (7) LARRY GLOVER<br>VICE CHAIRPERSON       | 1.00   |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| (8) KEITH JORDAN<br>BOARD MEMBER           | 1.00   |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| (9) DWAYNE GREENE<br>BOARD MEMBER          | 1.00   |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| (10)                                       |  |  |                       |         |              |                              |         |  |   |   |
| (11)                                       |  |  |                       |         |              |                              |         |  |   |   |
| (12)                                       |  |  |                       |         |              |                              |         |  |   |   |
| (13)                                       |  |  |                       |         |              |                              |         |  |   |   |
| (14)                                       |  |  |                       |         |              |                              |         |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |         |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |         |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              | 302,065 | 0  | 0   |   |

**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 **2**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....                                       |     | X  |
| <b>4</b> 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 ..... | X   |    |
| <b>5</b> 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 .....                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 **2**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|---|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a   | Federated campaigns . . . . .   | 1a                   |  |   |  |  |
|   | b  | Membership dues . . . . .   | 1b                   |  |   |  |  |
|   | c  | Fundraising events . . . . .  | 1c                   |  |   |  |  |
|   | d  | Related organizations . . . . .   | 1d                   |  |   |  |  |
|   | e  | Government grants (contributions) . .   | 1e                   | 2,749,333  |   |  |  |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included above           | 1f                   |  |   |  |  |
|   | g  | Noncash contributions included in lines 1a-1f \$  |                      |  |   |  |  |
|   | h  | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |                      | 2,749,333  |   |  |  |
| <b>Program Service Revenue</b>                                    | 2a   | _____   | Business Code        |  |   |  |  |
|   | b  | _____   |                      |  |   |  |  |
|   | c  | _____   |                      |  |   |  |  |
|   | d  | _____   |                      |  |   |  |  |
|   | e  | _____   |                      |  |   |  |  |
|   | f  | All other program service revenue . . . . .   |                      |  |   |  |  |
|   | g  | <b>Total.</b> Add lines 2a-2f . . . . . ▶   |                      |  |   |  |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶ |                      |  |   |  |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . ▶                                  |                      |  |   |  |  |
|   | 5  | Royalties . . . . . ▶   |                      |  |   |  |  |
|   | 6a   | Gross rents . . . . .   | (i) Real             | (ii) Personal                                      |   |  |  |
|   |  |   |                      |  |   |  |  |
|   |  |   |                      |  |   |  |  |
|   |  |   |                      |  |   |  |  |
|   | b  | Less rental expenses . . . . .  |                      |  |   |  |  |
|   | c  | Rental income or (loss) . . . . .   |                      |  |   |  |  |
|   | d  | Net rental income or (loss) . . . . . ▶   |                      |  |   |  |  |
|   | 7a   | Gross amount from sales of<br>assets other than inventory                                   | (i) Securities       | (ii) Other   |   |  |  |
|   |  |   |                      |  |   |  |  |
|   |  |   |                      |  |   |  |  |
|   |  |   |                      |  |   |  |  |
|   | b  | Less cost or other basis<br>and sales expenses . . . . .                                    |                      |  |   |  |  |
| c   | Gain or (loss) . . . . .   |   |                      |  |   |  |  |
| d   | Net gain or (loss) . . . . . ▶   |   |                      |  |   |  |  |
| 8a  | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . a |   |                      |  |   |  |  |
| b   | Less direct expenses . . . . . b   |   |                      |  |   |  |  |
| c   | Net income or (loss) from fundraising events . . . . . ▶   |   |                      |  |   |  |  |
| 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . . a  |   |                      |  |   |  |  |
| b   | Less direct expenses . . . . . b   |   |                      |  |   |  |  |
| c   | Net income or (loss) from gaming activities . . . . . ▶  |   |                      |  |   |  |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . . a   |   |                      |  |   |  |  |
| b   | Less cost of goods sold . . . . . b  |   |                      |  |   |  |  |
| c   | Net income or (loss) from sales of inventory . . . . . ▶   |   |                      |  |   |  |  |
| Miscellaneous Revenue   |  | Business Code   |                      |  |   |  |  |
| 11a   | _____  |   |                      |  |   |  |  |
| b   | _____  |   |                      |  |   |  |  |
| c   | _____  |   |                      |  |   |  |  |
| d   | All other revenue . . . . .  |   |                      |  |   |  |  |
| e   | <b>Total.</b> Add lines 11a-11d . . . . . ▶  |   |                      |  |   |  |  |
| 12  | <b>Total revenue.</b> See instructions . . . . . ▶   |   | 2,749,333            | 0  | 0                                       | 0  |  |

**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)

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .  |                       |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 302,066               | 302,066                         |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 993,099               | 993,099                         |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 51,905                | 51,905                          |  |                             |
| 9 Other employee benefits . . . . .  | 65,469                | 65,469                          |  |                             |
| 10 Payroll taxes . . . . .   | 101,247               | 101,247                         |  |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management . . . . .   | 221,627               | 221,627                         |  |                             |
| b Legal . . . . .  | 11,000                | 11,000                          |  |                             |
| c Accounting . . . . .   | 51,119                | 51,119                          |  |                             |
| d Lobbying . . . . .   |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f Investment management fees . . . . .   |                       |                                 |  |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .   |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 10,309                | 10,309                          |  |                             |
| 13 Office expenses . . . . .   | 123,093               | 123,093                         |  |                             |
| 14 Information technology . . . . .  |                       |                                 |  |                             |
| 15 Royalties . . . . .   |                       |                                 |  |                             |
| 16 Occupancy . . . . .   | 161,152               | 161,152                         |  |                             |
| 17 Travel . . . . .  | 5,300                 | 5,300                           |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 11,203                | 11,203                          |  |                             |
| 20 Interest . . . . .  | 10,906                | 10,906                          |  |                             |
| 21 Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 38,928                | 38,928                          |  |                             |
| 23 Insurance . . . . .   | 62,771                | 62,771                          |  |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)   |                       |                                 |  |                             |
| a <b>PROGRAM SERVICES</b>  | 42,552                | 42,552                          |  |                             |
| b <b>REIMBURSED MILEAGE EXP</b>  | 30,378                | 30,378                          |  |                             |
| c  |                       |                                 |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   | 388,483               | 388,483                         |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 2,682,607             | 2,682,607                       | 0                                      | 0                           |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|  |   | (A)                |           | (B)                |
|--|---|--------------------|-----------|--------------------|
|  |   | Beginning of year  |           | End of year        |
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing  | 191,131            | 1         | 219,922            |
|  | <b>2</b> Savings and temporary cash investments   | 220                | 2         | 243                |
|  | <b>3</b> Pledges and grants receivable, net   |                    | 3         |                    |
|  | <b>4</b> Accounts receivable, net   | 581                | 4         | 522                |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L  |                    | 5         |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |                    | 6         |                    |
|  | <b>7</b> Notes and loans receivable, net  | 106,430            | 7         | 231,838            |
|  | <b>8</b> Inventories for sale or use  |                    | 8         |                    |
|  | <b>9</b> Prepaid expenses and deferred charges  | 15,100             | 9         | 5,100              |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 398,933 |           |                    |
|  | <b>b</b> Less accumulated depreciation  | <b>10b</b> 231,174 | 177,190   | <b>10c</b> 167,759 |
|  | <b>11</b> Investments - publicly traded securities  |                    | 11        |                    |
|  | <b>12</b> Investments - other securities See Part IV, line 11   |                    | 12        |                    |
|  | <b>13</b> Investments - program-related See Part IV, line 11  |                    | 13        |                    |
|  | <b>14</b> Intangible assets   |                    | 14        |                    |
|  | <b>15</b> Other assets See Part IV, line 11   |                    | 15        |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) |   | 490,652            | <b>16</b> | 625,384            |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses   | 5,794              | 17        | 8,578              |
|  | <b>18</b> Grants payable  |                    | 18        |                    |
|  | <b>19</b> Deferred revenue  |                    | 19        |                    |
|  | <b>20</b> Tax-exempt bond liabilities   |                    | 20        |                    |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                    | 21        |                    |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   |                    | 22        |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties  | 192,687            | 23        | 132,501            |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties  | 106,430            | 24        | 231,838            |
|  | <b>25</b> 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  |                    | 25        |                    |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25   |                    | 304,911   | <b>26</b>          |
| <b>Net Assets of Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                    |           |                    |
|  | <b>27</b> Unrestricted net assets   |                    | 27        |                    |
|  | <b>28</b> Temporarily restricted net assets   |                    | 28        |                    |
|  | <b>29</b> Permanently restricted net assets   |                    | 29        |                    |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>  |                    |           |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds  |                    | 30        |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund  |                    | 31        |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  | 185,741            | 32        | 252,467            |
| <b>33</b> Total net assets or fund balances                                | 185,741   | 33                 | 252,467   |                    |
| <b>34</b> Total liabilities and net assets/fund balances                   | 490,652   | 34                 | 625,384   |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |   |    |           |
|----|---|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 2,749,333 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 2,682,607 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 66,726    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 185,741   |
| 5  | Net unrealized gains (losses) on investments  | 5  |           |
| 6  | Donated services and use of facilities  | 6  |           |
| 7  | Investment expenses   | 7  |           |
| 8  | Prior period adjustments  | 8  |           |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | 0         |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 252,467   |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>HYBRID</u><br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X   |    |
| b  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           | X   |    |
| c  | If "Yes" to line 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  |     | X  |
| 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?  | X   |    |
| 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  | X   |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization

Employer identification number

**NEW VISION INC**

**62-1853857**

**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 described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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-Non-functionally integrated
- 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?

- (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 supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 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? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
| (A)                                |          |   |  |    |   |    |  |    |                                  |
| (B)                                |          |   |  |    |   |    |  |    |                                  |
| (C)                                |          |   |  |    |   |    |  |    |                                  |
| (D)                                |          |   |  |    |   |    |  |    |                                  |
| (E)                                |          |   |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                                  |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 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) 2009 | (b) 2010  | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total |
|---|----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .  | 750,676  | 1,428,417 | 1,905,856 | 2,494,960 | 2,749,333 | 9,329,242 |
| 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 <b>Total.</b> Add lines 1 through 3 . . . . .   | 750,676  | 1,428,417 | 1,905,856 | 2,494,960 | 2,749,333 | 9,329,242 |
| 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) . . . . . |          |           |           |           |           |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |          |           |           |           |           | 9,329,242 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010  | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total |
|---|----------|-----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 . . . . .   | 750,676  | 1,428,417 | 1,905,856 | 2,494,960 | 2,749,333 | 9,329,242 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |           |           |           |           |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |           |           |           |           |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .  |          |           |           |           |           |           |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .   |          |           |           |           |           | 9,329,242 |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .  |          |           |           |           | 12        |           |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |           |           |           |           |           |

**Section C. Computation of Public Support Percentage**

|  |    |        |   |
|--|----|--------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14 | 100.00 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .  | 15 | 100.00 | % |
| 16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>   |    |        |   |
| b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |    |        |   |
| 17a <b>10%-facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |    |        |   |
| b <b>10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |    |        |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |    |        |   |

Part III Support Schedule for Organizations Described in Section 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2013. 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 - 2012. 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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
**▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its**  
**Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|   |   |
|---|---|
| Name of organization<br><b>NEW VISION INC</b> | Employer identification number<br><b>62-1853857</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| (1)      | -----       |         |   |  |
| (2)      | -----       |         |   |  |
| (3)      | -----       |         |   |  |
| (4)      | -----       |         |   |  |
| (5)      | -----       |         |   |  |
| (6)      | -----       |         |   |  |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals         |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|---|---|-------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>  | Other exempt purpose expenditures   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>  | Lobbying nontaxable amount Enter the amount from the following table in both columns  |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is :</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is : | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is :   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000  | 20% of the amount on line 1e  |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000   | \$1,000,000   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>  | Subtract line 1g from line 1a If zero or less, enter -0-  |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>  | Subtract line 1f from line 1c If zero or less, enter -0-  |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   |                                     |                    |                              |   |   |   |   |  |  |                   |             |  |  |

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total Add lines 1c through 1i? 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes/No, Amount. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Blank lines for providing supplemental information as required by the instructions.

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

**2013**

▶ Attach to Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NEW VISION INC

Employer identification number

62-1853857

**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? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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)  |  |
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or education)  | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space   |  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  |  |
| a Total number of conservation easements . . . . .  | <b>Held at the End of the Tax Year</b>                                       |
| b Total acreage restricted by conservation easements . . . . .  | 2a   |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .  | 2b   |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .  | 2c   |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____   | 2d   |
| 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? . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> 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 section 170(h)(4)(B)(ii)? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items |            |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII
- 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

**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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 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 XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 398,933                         | 231,174                      | 167,759        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | <b>167,759</b> |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .                                     |                |   |
| (2) Closely-held equity interests . . . . .                             |                |   |
| (3) Other _____   |                |   |
| (A) _____   |                |   |
| (B) _____   |                |   |
| (C) _____   |                |   |
| (D) _____   |                |   |
| (E) _____   |                |   |
| (F) _____   |                |   |
| (G) _____   |                |   |
| (H) _____   |                |   |
| Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶       |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

| (a) Description of investment                                     | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| 1. (a) Description of liability                                   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . .



**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, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**NEW VISION INC**

Employer identification number

**62-1853857**

**Part I Questions Regarding Compensation**

|  |  | Yes       | No |
|--|--|-----------|----|
| <b>1a</b>  | Check the appropriate 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  |           |    |
|  | <input type="checkbox"/> First-class or charter travel   |           |    |
|  | <input type="checkbox"/> Travel for companions   |           |    |
|  | <input type="checkbox"/> Tax indemnification and gross-up payments   |           |    |
|  | <input type="checkbox"/> Discretionary spending account  |           |    |
|  | <input type="checkbox"/> Housing allowance or residence for personal use   |           |    |
|  | <input type="checkbox"/> Payments for business use of personal residence   |           |    |
|  | <input type="checkbox"/> Health or social club dues or initiation fees   |           |    |
|  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)   |           |    |
| <b>b</b>   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | <b>1b</b> |    |
| <b>2</b>   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?   | <b>2</b>  |    |
| <b>3</b>   | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III |           |    |
|  | <input type="checkbox"/> Compensation committee  |           |    |
|  | <input type="checkbox"/> Independent compensation consultant   |           |    |
|  | <input type="checkbox"/> Form 990 of other organizations   |           |    |
|  | <input type="checkbox"/> Written employment contract   |           |    |
|  | <input type="checkbox"/> Compensation survey or study  |           |    |
|  | <input checked="" type="checkbox"/> Approval by the board or compensation committee  |           |    |
| <b>4</b>   | 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  |           |    |
| <b>a</b>   | Receive a severance payment or change-of-control payment?  | <b>4a</b> | X  |
| <b>b</b>   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | <b>4b</b> | X  |
| <b>c</b>   | Participate in, or receive payment from, an equity-based compensation arrangement?   | <b>4c</b> | X  |
|  | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   |           |    |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b> |  |           |    |
| <b>5</b>   | 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  |           |    |
| <b>a</b>   | The organization?  | <b>5a</b> | X  |
| <b>b</b>   | Any related organization?  | <b>5b</b> | X  |
|  | If "Yes" to line 5a or 5b, describe in Part III  |           |    |
| <b>6</b>   | 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  |           |    |
| <b>a</b>   | The organization?  | <b>6a</b> | X  |
| <b>b</b>   | Any related organization?  | <b>6b</b> | X  |
|  | If "Yes" to line 6a or 6b, describe in Part III  |           |    |
| <b>7</b>   | 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   | <b>7</b>  | X  |
| <b>8</b>   | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | <b>8</b>  | X  |
| <b>9</b>   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | <b>9</b>  |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (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 as deferred in prior Form 990 |
|--------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| TIM MALONE         | 180,606  | 0                                   | 0                                   | 0  | 0                       | 180,606                         | 0   |
| 1 PRESIDENT        | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                  |  |                                     |                                     |  |                         |                                 |   |
| 3                  |  |                                     |                                     |  |                         |                                 |   |
| 4                  |  |                                     |                                     |  |                         |                                 |   |
| 5                  |  |                                     |                                     |  |                         |                                 |   |
| 6                  |  |                                     |                                     |  |                         |                                 |   |
| 7                  |  |                                     |                                     |  |                         |                                 |   |
| 8                  |  |                                     |                                     |  |                         |                                 |   |
| 9                  |  |                                     |                                     |  |                         |                                 |   |
| 10                 |  |                                     |                                     |  |                         |                                 |   |
| 11                 |  |                                     |                                     |  |                         |                                 |   |
| 12                 |  |                                     |                                     |  |                         |                                 |   |
| 13                 |  |                                     |                                     |  |                         |                                 |   |
| 14                 |  |                                     |                                     |  |                         |                                 |   |
| 15                 |  |                                     |                                     |  |                         |                                 |   |
| 16                 |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

NEW VISION INC

Employer identification number

62-1853857

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

FIRST NAME TIM MALONE

TITLE OR ROLE PRESIDENT

SECOND NAME LAKESHA MALONE

TITLE OR ROLE DIRECTOR

RELATIONSHIP SPOUSE

**02. Members or stockholder classes and rights (Part VI, line 6)**

ALL OFFICERS AND MEMBERS ARE EQUAL CLASSES AND IN VOTING RIGHTS

**03. Member election for additional members (Part VI, line 7a)**

CURRENT OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES PRESENT RECOMMENDATIONS OF NOMINEES TO

THE BOARD. OFFICERS AND BOARD MEMBERS DISCUSS AND VOTE UPON NOMINEES.

**04. Governing body decisions (Part VI, line 7b)**

AGENCY NEEDS ARE PRESENTED TO THE BOARD ON AN AGENGA. AGENDA ITEMS ARE PRESENTED,

DISCUSSED AND VOTED UPON BY THE OFFICERS AND BOARD MEMBERS AT QUARTERLY MEETINGS HELD.

**05. Committee meeting documentation (Part VI, line 8b)**

MINUTES ARE TAKEN AT CURRENT QUARTERLY BOARD MEETING. THEY ARE DOCUMENTED AND PRESENTED

TO OFFICERS AND MEMBERS AT THE BEGINNING AT THE NEXT QUARTERLY MEETING FOR APPROVAL

**06. Form 990 governing body review (Part VI, line 11)**

A COMPLETED FORM 990 IS PRESENTED TO THE ORGANIZATION'S OFFICERS AND BOARD MEMBERS AT THE

NEXT AVAILABLE BOARD MEETING

Name of the organization

Employer identification number

NEW VISION INC

62-1853857

**07. Conflict of interest policy compliance (Part VI, line 12c)**

THE BODY TO WHICH DISCLOSURE IS MADE SHALL THEREUPON DETERMINE BY A VOTE OF SEVENTY-FIVE PERCENT (75%) OF THE VOTES, ENTITLED TO VOTE, WHETHER THE DISCLOSURE SHOWS THAT THE CONFLICT OF INTEREST EXISTS OR CAN REASONABLY BE CONSTRUED TO EXIST. IF A CONFLICT DEEMED TO EXIST SUCH A PERSON SHALL NOT VOTE ON, OR USE HIS PERSONAL INFLUENCE ON, NOR PARTICIPATE (OTHER THAN TO PRESENT ACTUAL INFORMATION OR TO RESPONSE TO QUESTIONS) IN, THE DISCUSSION OR DELIBERATION WITH RESPECT TO SUCH CONTRACT OR TRANSACTION. SUCH PERSON MAY BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT, BUT MAY NOT BE COUNTED WHEN THE BOARD OF DIRECTORS OR COMMITTEE OF THE BOARD TAKES ACTION ON THIS TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT THE DISCLOSURE MADE, THE VOTE THEREON, AND THE ABSTENATION

**08. Governing documents, etc, available to public (Part VI, line 19)**

FORM 1023, FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BY TELEPHONE, IN WRITING OR VIA THE INTERNET:

NEW VISION WEBSITE [HTTP://WWW.NEWVISIONTN.ORG/](http://www.newvisiontn.org/)

INFORMATION IS ALSO AVAILABLE OTHER NON-PROFIT WEBSITES:

GUIDE STAR [HTTP://WWW2.GUIDESTAR.ORG/](http://www2.guidestar.org/) AND

GIVING MATTERS [HTTP://GIVINGMATTERS.GUIDESTAR.ORG/](http://givingmatters.guidestar.org/)

**09. Audited by an independent accountant (Part XII, line 2b)**

OUR NON-PROFIT IS MADE UP OF (2) DIFFERENT DIVISIONS, (1) COUNSELING, (1) PUBLIC CHARTER SCHOOL. FINANCIAL AUDIT FOR THE COUNSELING DIVISION WAS COMPLETED BEFORE THE 2013 - 990 DUE DATE. STATE OF TENNESSEE REQUIRES A YELLOW BOOK AUDIT FOR ALL PUBLIC CHARTER SCHOOLS. HOWEVER THIS AUDIT COULD NOT BE COMPLETED BEFORE THIS 2013 - 990 DUE DATE.

Name of the organization

Employer identification number

NEW VISION INC

62-1853857

**10. List of other expenses (Part IX, line 24e)****PART IX STATEMENT OF FUNCTIONAL EXPENSES LN 24E**

| DESCRIPTION                      | AMOUNT         |
|----------------------------------|----------------|
| AFTERSCHOOL ACTIVITIES           | 7,467          |
| AUTO EXPENSE                     | 2,735          |
| BACKGROUND CHECKS                | 2,697          |
| CLIENT RELATIONS                 | 6,798          |
| DUES AND SUBSCRIPTIONS           | 22,519         |
| EDUCATIONAL MATERIALS            | 18,811         |
| CHARITABLE CONTRIBUTION          | 100            |
| EMPLOYEE RELATIONS               | 2,952          |
| ENTERTAINMENT                    | 22             |
| FOOD NUTRITION                   | 79,499         |
| JANITORIAL                       | 25,170         |
| LICENSES                         | 2,439          |
| PAYROLL SERVICE BUREAU           | 6,448          |
| REPAIRS AND MAINTENANCE          | 25,434         |
| SECURITY                         | 819            |
| STORAGE                          | 2,402          |
| SCHOOL T-SHIRTS ORGANIZERS LOCKS | 3,456          |
| TRANSPORTATION - SCHOOL BUS      | 166,183        |
| WEBSITE EXPENSE                  | 6,107          |
| ROUNDING                         | 2              |
| <b>TOTAL</b>                     | <b>382,061</b> |

Name(s) as shown on return

NEW VISION INC

FEIN

62-1853857

PART IX LINE 10 PAYROLL TAXES

| Description   | Amount            |
|---------------|-------------------|
| FICA & MED    | \$ 96,962         |
| SUTA          | 4,285             |
| <b>Total:</b> | <u>\$ 101,247</u> |

Name(s) as shown on return

FEIN

NEW VISION INC

62-1853857

PART IX LINE 11A

| Description       | Amount            |
|-------------------|-------------------|
| CONTRACT LABOR    | \$ 176,807        |
| PROFESSIONAL FEES | 44,820            |
| <b>Total:</b>     | <u>\$ 221,627</u> |

Name(s) as shown on return

FEIN

NEW VISION INC

62-1853857

PART IX LINE 13 OFFICE EXPENSE

| Description      | Amount            |
|------------------|-------------------|
| BANK CHARGES     | \$ 1,967          |
| OFFICE SUPPLIES  | 26,747            |
| POSTAGE          | 8,319             |
| EQUIPMENT RENTAL | 50,158            |
| OTHER SUPPLIES   | 9,343             |
| TELEPHONE        | 26,559            |
| <b>Total:</b>    | <b>\$ 123,093</b> |

Name(s) as shown on return

FEIN

NEW VISION INC

62-1853857

PART IX LINE 16 OCCUPANCY

| Description   | Amount            |
|---------------|-------------------|
| BUILDING RENT | \$ 153,534        |
| UTILITIES     | 7,618             |
| <b>Total:</b> | <u>\$ 161,152</u> |

Name(s) as shown on return

FEIN

NEW VISION INC

62-1853857

PART IX LINE 23 INSURANCE

| <b>Description</b>                 | <b>Amount</b>    |
|------------------------------------|------------------|
| GENERAL LIABILITY                  | \$ 21,230        |
| WORKERS COMPENSATION               | 39,134           |
| LIABILITY - DIRECTORS AND OFFICERS | 2,407            |
| <b>Total:</b>                      | <b>\$ 62,771</b> |

Name(s) as shown on return

FEIN

NEW VISION INC

62-1853857

**PART IX STATEMENT OF FUNCTIONAL EXPENSES LN 24E**

| <b>Description</b>               | <b>Amount</b>     |
|----------------------------------|-------------------|
| AFTERSCHOOL ACTIVITIES           | \$ 7,118          |
| AUTO EXPENSE                     | 755               |
| BACKGROUND CHECKS                | 1,921             |
| CLIENT RELATIONS                 | 721               |
| DUES AND SUBSCRIPTIONS           | 11,854            |
| EDUCATIONAL MATERIALS            | 12,358            |
| CHARITABLE CONTRIBUTION          | 2,450             |
| EMPLOYEE RELATIONS               | 2,302             |
| EXTRACURRICULAR ACTIVITIES       | 12,958            |
| FOOD - SCHOOL NUTRITION          | 87,121            |
| JANITORIAL                       | 25,517            |
| LICENSES                         | 1,236             |
| PAYROLL SERVICE BUREAU           | 6,460             |
| REPAIRS AND MAINTENANCE          | 37,889            |
| SECURITY                         | 1,045             |
| STORAGE                          | 4,712             |
| SCHOOL T-SHIRTS ORGANIZERS LOCKS | 4,960             |
| TRANSPORTATION - SCHOOL BUS      | 160,105           |
| WEBSITE EXPENSE                  | 7,001             |
| <b>Total:</b>                    | <b>\$ 388,483</b> |

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return  
**NEW VISION INC**

Business or activity to which this form relates  
**FORM 990 - 1**

Identifying number  
**62-1853857**

**Part I Election To Expense Certain Property Under Section 179**

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

|           |  |                              |                  |
|-----------|--|------------------------------|------------------|
| <b>1</b>  | Maximum amount (see instructions)  | <b>1</b>                     |                  |
| <b>2</b>  | Total cost of section 179 property placed in service (see instructions)  | <b>2</b>                     |                  |
| <b>3</b>  | Threshold cost of section 179 property before reduction in limitation (see instructions)   | <b>3</b>                     |                  |
| <b>4</b>  | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-   | <b>4</b>                     |                  |
| <b>5</b>  | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | <b>5</b>                     |                  |
| <b>6</b>  | (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
| <b>7</b>  | Listed property Enter the amount from line 29  | <b>7</b>                     |                  |
| <b>8</b>  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  | <b>8</b>                     |                  |
| <b>9</b>  | Tentative deduction Enter the smaller of line 5 or line 8  | <b>9</b>                     |                  |
| <b>10</b> | Carryover of disallowed deduction from line 13 of your 2012 Form 4562  | <b>10</b>                    |                  |
| <b>11</b> | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)                    | <b>11</b>                    |                  |
| <b>12</b> | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11   | <b>12</b>                    |                  |
| <b>13</b> | Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12   | <b>13</b>                    |                  |

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

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

|           |   |           |     |
|-----------|---|-----------|-----|
| <b>14</b> | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | <b>14</b> |     |
| <b>15</b> | Property subject to section 168(f)(1) election  | <b>15</b> |     |
| <b>16</b> | Other depreciation (including ACRS)   | <b>16</b> | 341 |

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

**Section A**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>17</b> | MACRS deductions for assets placed in service in tax years beginning before 2013   | <b>17</b> | 33,732 |
| <b>18</b> | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |           |        |

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

| (a) Classification of property            | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property                |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property <b>Statement</b> | #50                                  |  |                     |                |            | 2,608                      |
| <b>c</b> 7-year property <b>Statement</b> | #51                                  |  |                     |                |            | 2,226                      |
| <b>d</b> 10-year property                 |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property                 |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property                 |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property                 |                                      |  | 25 yrs              |                | S/L        |                            |
| <b>h</b> Residential rental property      |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property     | 01-2013                              | 853  | 39 yrs              | MM             | S/L        | 21                         |

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>21</b> | Listed property Enter amount from line 28   | <b>21</b> |        |
| <b>22</b> | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions | <b>22</b> | 38,928 |
| <b>23</b> | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | <b>23</b> |        |

**Federal Supporting Statements**

**2013** PG01

Name(s) as shown on return

Employer Identification Number

NEW VISION INC

62-1853857

**FORM 4562 - LINE 19B**

Statement #50

| <u>BASIS</u> | <u>RP</u> | <u>CV</u> | <u>METHOD</u> | <u>DEDUCTION</u>    |
|--------------|-----------|-----------|---------------|---------------------|
| 240          | 5         | HY        | 200 DB        | 48                  |
| 129          | 5         | HY        | 200 DB        | 26                  |
| 31           | 5         | HY        | 200 DB        | 6                   |
| 800          | 5         | HY        | 200 DB        | 160                 |
| 758          | 5         | HY        | 200 DB        | 152                 |
| 400          | 5         | HY        | 200 DB        | 80                  |
| 150          | 5         | HY        | 200 DB        | 30                  |
| 784          | 5         | HY        | 200 DB        | 157                 |
| 2,434        | 5         | HY        | 200 DB        | 487                 |
| 800          | 5         | HY        | 200 DB        | 160                 |
| 1,630        | 5         | HY        | 200 DB        | 326                 |
| 423          | 5         | HY        | 200 DB        | 85                  |
| 163          | 5         | HY        | 200 DB        | 33                  |
| 1,995        | 5         | HY        | 200 DB        | 399                 |
| 1,399        | 5         | HY        | 200 DB        | 280                 |
| 180          | 5         | HY        | 200 DB        | 36                  |
| 477          | 5         | HY        | 200 DB        | 95                  |
| 240          | 5         | HY        | 200 DB        | 48                  |
| <b>TOTAL</b> |           |           |               | <b><u>2,608</u></b> |

**Federal Supporting Statements**

**2013** PG01

Name(s) as shown on return

Employer Identification Number

NEW VISION INC

62-1853857

**FORM 4562 - LINE 19C**

Statement #51

| <u>BASIS</u> | <u>RP</u> | <u>CV</u> | <u>METHOD</u> | <u>DEDUCTION</u>    |
|--------------|-----------|-----------|---------------|---------------------|
| 69           | 7         | HY        | 200 DB        | 10                  |
| 69           | 7         | HY        | 200 DB        | 10                  |
| 31           | 7         | HY        | 200 DB        | 4                   |
| 108          | 7         | HY        | 200 DB        | 15                  |
| 163          | 7         | HY        | 200 DB        | 23                  |
| 125          | 7         | HY        | 200 DB        | 18                  |
| 95           | 7         | HY        | 200 DB        | 14                  |
| 105          | 7         | HY        | 200 DB        | 15                  |
| 40           | 7         | HY        | 200 DB        | 6                   |
| 275          | 7         | HY        | 200 DB        | 39                  |
| 125          | 7         | HY        | 200 DB        | 18                  |
| 75           | 7         | HY        | 200 DB        | 11                  |
| 268          | 7         | HY        | 200 DB        | 38                  |
| 1,228        | 7         | HY        | 200 DB        | 175                 |
| 96           | 7         | HY        | 200 DB        | 14                  |
| 78           | 7         | HY        | 200 DB        | 11                  |
| 5            | 7         | HY        | 200 DB        | 1                   |
| 111          | 7         | HY        | 200 DB        | 16                  |
| 75           | 7         | HY        | 200 DB        | 11                  |
| 115          | 7         | HY        | 200 DB        | 16                  |
| 5,484        | 7         | HY        | 200 DB        | 784                 |
| 1,915        | 7         | HY        | 200 DB        | 274                 |
| 65           | 7         | HY        | 200 DB        | 9                   |
| 915          | 7         | HY        | 200 DB        | 131                 |
| 90           | 7         | HY        | 200 DB        | 13                  |
| 180          | 7         | HY        | 200 DB        | 26                  |
| 40           | 7         | HY        | 200 DB        | 6                   |
| 625          | 7         | HY        | 200 DB        | 89                  |
| 585          | 7         | HY        | 200 DB        | 84                  |
| 31           | 7         | HY        | 200 DB        | 4                   |
| 2,327        | 7         | HY        | 200 DB        | 333                 |
| 55           | 7         | HY        | 200 DB        | 8                   |
| <b>TOTAL</b> |           |           |               | <b><u>2,226</u></b> |