

7800 IH 10 West, Suite 505 San Antonio, TX 78230

PRO-VISION, INC. 4590 WILMINGTON HOUSTON, TX 77051 ATTENTION: DIANA SEIFERT

DEAR DIANA:

ENCLOSED ARE THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURNS. THE PAPER FILED RETURN(S) SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

MAIL TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

WE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

RANDY L. WALKER, CPA

EXTENDED TO NOVEMBER 16, 2020

Form **990** (Rev. January 2020)

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning and	ending						
B c	heck if oplicable	C Name of organization		D Employer identifi	cation number				
	Addres	PRO-VISION, INC.							
F	Name change			76-03367	11				
	Initial return	<u> </u>	Room/suite						
	Final return/	4590 WILMINGTON		713-748-					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,566,450.				
	Amend return			H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer. NOTNELL TOONS	F Name and address of principal officer: ROYNELL YOUNG						
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	for subordinates? Yes X No (b) Are all subordinates included? Yes No					
<u> 1 T</u>	ax-exe	mpt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		e: ▶ WWW.PROVISION-INC.ORG		H(c) Group exemption					
		organization: X Corporation	L Year	of formation: 1991	M State of legal domicile; ${f T}{f X}$				
Pa		Summary							
ø.	1 [Briefly describe the organization's mission or most significant activities: OUR	MISSIO	N IS TO INS	PIRE HOPE				
uc	4	AND PURPOSE IN YOUNG PEOPLE THROUGH ACCES	S TO A	CADEMIC, EC	ONOMIC AND				
Governance		Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as					
OVE				3	15				
å		Number of independent voting members of the governing body (Part VI, line 1b)			14				
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			15				
Activities		Total number of volunteers (estimate if necessary)			125				
Act		Total unrelated business revenue from Part VIII, column (C), line 12							
_	1 d	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		-48,484.				
				Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)		2,330,048.	5,938,141.				
/en		Program service revenue (Part VIII, line 2g)		2,855.	31,459. 27,758.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,050. 498,274.	569,092.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,832,227.	6,566,450.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,000.	0,500,450.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	45 6	Benefits paid to or for members (Part IX, column (A), line 4)		604,462.					
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		168,000.					
Expenses	10a i	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 326, 9	61	100,000.	0.				
Exp	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		682,144.	1,372,737.				
	17 \			1,470,606.					
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		1,361,621.	4,553,350.				
-Se	19 I	nevertue less expenses. Subtract line 10 front line 12	Re	ginning of Current Year	End of Year				
ets c	20 -	Total assets (Part X, line 16)		12,578,303.	18,474,253.				
Asse Bal	21	Total liabilities (Part X, line 16)		3,403,529.	4,751,851.				
Net		Net assets or fund balances. Subtract line 21 from line 20		9,174,774.	13,722,402.				
Pa	rt II	Signature Block		- , ,	, ,				
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	y knowledge and belief, it is				
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
Sigr	,	Signature of officer		Date					
Her	- 1	ROYNELL YOUNG, CHIEF EXECUTIVE OFFICER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check [PTIN				
Paid	-	RANDY L. WALKER, CPA		self-emplo					
Prep	arer	Firm's name ▶ RANDY WALKER & CO		Firm's EIN ▶	20-3992693				
Use	Only	Firm's address 7800 IH 10 WEST, STE. 505							
		SAN ANTONIO, TX 78230		Phone no. 21	0-366-9430				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pa	Till 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:
	OUR MISSION IS TO INSPIRE HOPE AND PURPOSE IN YOUNG PEOPLE THROUGH
	ACCESS TO ACADEMIC, ECONOMIC AND SOCIAL ENRICHMENT OPPORTUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 626 , 421 • including grants of \$) (Revenue \$
	CHARACTER DEVELOPMENT
	THE MANHOOD DEVELOPMENT PROGRAM WAS THE FOUNDING PROGRAM OF PRO-VISION
	AND WAS DESIGNED TO TEACH YOUNG MEN MORAL AND PURPOSEFUL LIVING THROUGH
	CLOSE MENTORING RELATIONSHIPS WITH ADULT COACHES. THROUGH ACTIVITIES
	THAT INVOLVE MENTAL MORAL CHALLENGES, RECREATIONAL ACTIVITIES, CULTURAL
	AWARENESS AND COMMUNITY SERVICE PROJECTS, YOUNG MEN LEARN ABOUT
	RESPECT, CONSIDERATION AND TAKING RESPONSIBILITY FOR THEIR OWN LIFE
	CHOICES. IN ADDITION, YOUNG MEN ARE EXPOSED TO OPPORTUNITIES SUCH AS
	LIFESKILL LEARNING, DEBATE EDUCATION, AND HEALTHY LIVING THAT ALLOW
	THEM TO GROW INTO PRODUCTIVE AND CONTRIBUTING CITIZENS OF THEIR
	COMMUNITIES.
4h	204 471
4b	(Code:) (Expenses \$
	ORDAN TAKE
	THE URBAN FARM IS MEANT TO BE A SOCIAL ENTERPRISE AS WELL AS TEACHING
	THE VALUE OF POSITIVE COMMUNITY ENGAGEMENT AND THE IMPORTANCE OF
	ALLOCATING RESOURCES FOR SELF-SUFFICIENCY. THE PARTICIPANTS WHO WORK ON
	THE URBAN FARM ARE GUIDED THROUGH DIFFERENT ASPECTS OF BECOMING
	RESPONSIBLE WORKERS. AMONG A NUMBER OF LEARNED SKILLS ARE MARKETING,
	ACCOUNTING, SUSTAINABLE LAND USE PRACTICES AND DESIGN. THE LEARNING
	THAT HAPPENS ON THE FARM IS BENEFICIAL TO ALL STUDENTS, NO MATTER THEIR
	DESIRED VOCATION.
	AC A DADM OF THE MICHION HO DE CHIE CHEMAINING MURITURDAN FARM WITH THE
	AS A PART OF ITS MISSION TO BE SELF-SUSTAINING THE URBAN FARM, WITH THE
4c	(Code:) (Expenses \$
	COMMUNITY OUTREACH
	THE COMPANY OF THE PROPERTY PROPERTY PROPERTY AND THE PROPERTY OF THE PROPERTY
	THIS COMMUNITY OUTREACH PROGRAM ENCOMPASSES VARIOUS INITIATIVES TO
	ENGAGE AND CONNECT WITH RESIDENTS OF THE IMMEDIATE COMMUNITY THAT
	PRO-VISION SEEKS TO SERVE. THIS INCLUDES SUPPORTING COMMUNITY-ORIENTED
	EVENTS SPONSORED BY FAITH-BASED ORGANIZATIONS, ATTENDANCE AND
	REPRESENTATION AT COMMUNITY HALLS, AND MEETING WITH LOCAL ELECTED
	OFFICIALS TO ENSURE THE NEEDS OF THE COMMUNITY ARE BEING SERVED BY
	LOCAL GOVERNMENT.
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 274,924 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,567,575.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		122
8	, ,			x
_	Schedule D, Part III	8		
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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a	Х	
L	Schedule D, Parts XI and XII	IZa	- 25	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		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	16		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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	J			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	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	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
D	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	550		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <u></u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	4 01-20-20	Form	990	(2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O.

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request ___ Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records DIANA SEIFERT - 713-748-0030

Form **990** (2019)

77051

4590 WILMINGTON, HOUSTON,

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	ours per (do no box, u				than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DIANE MABEN	2.00	٠,							0	0
BOARD MEMBER	2.00	Х				-		0.	0.	0.
(2) DAVID AARONSON	2.00	37							0	0
BOARD MEMBER	2.00	Х				\vdash		0.	0.	0.
(3) WILLIE ALEXANDER BOARD MEMBER	2.00	Х						0.	0.	0.
(4) WILL BOWEN	2.00	Λ				\vdash		0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(5) JEAN JENNER	2.00	Λ				\vdash		0.	0.	0 •
BOARD MEMBER	2.00	Х						0.	0.	0.
(6) CHRISTOPHER LOWMAN	2.00	25						•	0.	•
BOARD MEMBER	2.00	х						0.	0.	0.
(7) DAVE STEVENSON	2.00									
BOARD MEMBER		х						0.	0.	0.
(8) JEFF VAN GUNDY	2.00								• •	
BOARD MEMBER		Х						0.	0.	0.
(9) KRIS VAN NORMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ROBERT ZLOTNIK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DERRICK MITCHELL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) RAY ANDERSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ALLEN HASSENFLU	2.00									
CHAIRMAN OF THE BOARD		Х		Х		$oxed{igspace}$		0.	0.	0.
(14) PAUL STREETS	2.00									
VICE-CHAIRMAN OF THE BOARD		Х		Х		_		0.	0.	0.
(15) ROYNELL YOUNG	40.00							100 - 10		40 -01
CEO AND FOUNDER, BOARD MEM	10.00	Х		Х		_		192,549.	0.	18,731.
(16) DIANA SEIFERT	40.00							105 400		
CHIEF ADMINISTRATIVE OFFIC				Х		\vdash	_	125,432.	0.	62.
		ŀ								
										Form 990 (2019

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(A) Section A. Officers, Directors, Trus	(B)	ыоу	ees,	and (C		gnes	it C	(D)	(Continued)			(F)	
Name and title	Average			Pos	ition			Reportable	(⊑) Reportable		Fs	ר) timated	4
Name and the	hours per					than o		compensation	compensation			nount o	
	week	_	cer ar	nd a di	irecto	or/trus T	tee)	from	from related			other	
	(list any hours for	Individual trustee or director						the	organization			pensati	on
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anizatic	'n
	organizations	truste	al trus		/ee	mpen		(***2/1099-101130)			_	d relate	
	below	idual	Institutional trustee	Je.	Key employee	Highest compensated employee	Jer.				orga	anizatio	ns
	line)	lndi	Insti	Officer	Key	High	Former						
							L	217 001		0.	1	0 70	າ
1b Subtotal								317,981.		0.	т.	8,79	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								317,981.		0.	1	8,79	
Total number of individuals (including but n							o re	•	000 of reportable			- 	
compensation from the organization									·				2
										,		Yes	No
3 Did the organization list any former officer	•		•		•		_	•	•				
line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the su	•							•	•			х	
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	^	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con	•				•			•			5		Х
Section B. Independent Contractors	ipiete Scrieduit	-	OI SL	<i>ICIT</i>	JEIS	OH						I	
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	oensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		0	(C		
Name and business	address						\dashv	Description of s	ervices		ompei	nsation	
DAWN BLITZ CONSULTING 430 CORTLANDT STREET, HOU	STON, T	x	77	00	7			CONSULTANT S	ERVICES		14	0,09	7
430 CONTEMNET STREET, HOC	DION, I	21	,,	00			\exists	COMBOLITATION D	питепр			0,05	, •
				_									
2 Total number of independent contractors (i	ncluding but no	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				

Form **990** (2019)

t VIII	Statement of Revenue
--------	----------------------

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Officer if Gerieddic O contains a response v	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								SECTIONS 212 - 214
Contributions, Gifts, Grants and Other Similar Amounts	1 :		Federated campaigns1a		4			
ira ou			Membership dues		4			
s, C		С	Fundraising events 1c					
äË		d	Related organizations 1d					
s, (mil		е	Government grants (contributions) 1e	90,947.				
is is	1	f	All other contributions, gifts, grants, and					
out He			similar amounts not included above 1f 5,	847,194.				
Ē		a	Noncash contributions included in lines 1a-1f					
Son		h	Total. Add lines 1a-1f	•	5,938,141.			
<u> </u>				Business Code				
	2	2	PROGRAM REVENUES	611600	31,459.	31,459.		
ξ				011000	31,133.	31,133.		
er,		b						
n S		c						
ar Be		d						
Program Service Revenue		е						
- □			All other program service revenue		21 450			
_		g	Total. Add lines 2a-2f		31,459.			
	3		Investment income (including dividends, intere		0.5 5.50			05 550
			other similar amounts)		27,758.			27,758.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 568,000.					
		b	Less: rental expenses 6b 0 •					
		С	Rental income or (loss) 6c 568,000.					
		d	Net rental income or (loss)		568,000.		568,000.	
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ō		_	and sales expenses					
Revenue		_	Gain or (loss) 7c		-			
eve			Net gain or (loss)					
her B			Gross income from fundraising events (not					
Oth	0	а						
٥								
			contributions reported on line 1c). See					
			Part IV, line 18		-			
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	D				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19		4			
	-	b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory	>				
				Business Code				
sno e	11 :	а	OTHER INCOME	611600	1,092.			1,092.
ane and		b						
ele eve		С						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		1,092.			
	12		Total revenue. See instructions		6,566,450.	31,459.	568,000.	28,850.

	on 501(c)(3) and 501(c)(4) organizations must complete		er organizations must con	nolete column (A)	
OCCII	Check if Schedule O contains a respons			ipioto colultiit (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	226 774	212 177	22 507	
	trustees, and key employees	336,774.	313,177.	23,597.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	222 157	215 000	16 267	
7	Other salaries and wages	232,157.	215,890.	16,267.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	32,440.	30,167.	2,273.	
9	Other employee benefits	38,992.	36,260.	2,732.	
10	Payroll taxes Fees for services (nonemployees):	30,992.	30,200.	2,752.	
11	` ' ' ' '				
a	Management				
0	Legal Accounting				
d	Lobbying				
u _	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	404,386.	286,999.	20,853.	96,534.
12	Advertising and promotion	5,776.	4,099.	298.	96,534. 1,379.
13	Office expenses	69,496.	47,148.	6,490.	15,858.
14	Information technology	1,427.	1,013.	74.	340.
15	Royalties				
16	Occupancy	162,475.	115,312.	8,379.	38,784.
17	Travel	43,067.	30,566.	2,221.	10,280.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	934.	663.	48.	223.
20	Interest	209,132.	148,425.	10,784.	49,923.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	270,081.	191,681.	13,927.	64,473.
23	Insurance	80,662.	57,247.	4,160.	19,255.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SCHOOL SUPP & TXTBOOKS	60,274.	42,777.	3,108.	14,389.
b	EQUIPMENT RENTAL & MAIN	33,020.	23,435.	1,702.	7,883.
c	EVENT EXPENSES	29,007.	20,587.	1,496.	6,924.
d	SCHOLARSHIP ASSISTANCE	3,000.	2,129.	155.	716.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,013,100.	1,567,575.	118,564.	326,961.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2010)

Form **990** (2019)

16111103 130509 PRO-VISIONIN

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	334,051.	1	601,815.		
	2	Savings and temporary cash investments			75,117.	2	658,184.
	3	Pledges and grants receivable, net			665,042.	3	1,358,326.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ıntial c	contributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			16,656.	9	27,039.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,729,709.		10c	
	b	Less: accumulated depreciation	asis. Complete Part VI of Schedule D 10a 18,729,709. ess: accumulated depreciation 10b 3,214,729.				
	11	Investments - publicly traded securities			11,264,796. 105,974.		15,514,980. 10,235.
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	116 660	14	202 654		
	15	Other assets. See Part IV, line 11			116,667.		303,674.
	16	Total assets. Add lines 1 through 15 (must equal			12,578,303.	16	18,474,253.
	17	Accounts payable and accrued expenses		1	658,144.	17	112,764.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		- 4 O - 1 1 - 1 - D		20	
	21	Escrow or custodial account liability. Complete Pa				21	
ies	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate	-		2,745,385.	23	4,639,087.
	24	Unsecured notes and loans payable to unrelated			2,743,303.	24	4,033,007.
	25	Other liabilities (including federal income tax, paya				27	
		parties, and other liabilities not included on lines					
		of Schedule D	,	·		25	
	26	Total liabilities. Add lines 17 through 25			3,403,529.	26	4,751,851.
		Organizations that follow FASB ASC 958, chec	k her	e X			, ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,852,209.	27	10,690,606.
Bal	28				322,565.	28	3,031,796.
5		Organizations that do not follow FASB ASC 95					
Ē		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Æ	32	Total net assets or fund balances			9,174,774.	32	13,722,402.
	33				12,578,303.	33	18,474,253.
							Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	6,5 2,0 4,5	13	,10	00.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,1				
5	Net unrealized gains (losses) on investments	5				$\frac{72.}{22.}$	
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 on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	13,7	722	.40	02.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
				•	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L <i>:</i>	2a		X	
	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: Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		🚅	2b	Х		
	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: X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		🚅	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		<u>L</u> i	3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
			Fo	orm 🤄	990 (2019)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization PRO-VISION 76-0336711 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total**

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.)

Sec	ction A. Public Support	,,		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	, ,			
	membership fees received. (Do not								
	include any "unusual grants.")	609,129.	3143156.	2194991.	2330048.	5938141.	14215465.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	609,129.	3143156.	2194991.	2330048.	5938141.	14215465.		
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)						533,615.		
	Public support. Subtract line 5 from line 4.						13681850.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	609,129.	3143156.	2194991.	2330048.	5938141.	14215465.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	483,703.	500,815.	545,789.	487,050.	595,758.	2613115.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	0.	0.	64,475.	0.		64,475.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	26,832.	6,500.		12,274.	1,092.			
11	Total support. Add lines 7 through 10						16939753.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	49,301.		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)			
	organization, check this box and stop						>		
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2019 (li					14	80.77 %		
15	Public support percentage from 2018					15	70.85 %		
16a	33 1/3% support test - 2019. If the o								
	stop here. The organization qualifies								
b	33 1/3% support test - 2018. If the o								
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the "fac-								
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th						e		
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b					
					Sche	dule A (Form 990	or 990-EZ) 2019		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
0-		
3a		
3b		
- OS		
3с		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9c		
10a		
104		
10b		Щ

ı a	Supporting Organizations (continued)			
	r		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>-u</u>		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
	instructions).	. •	., ., .,	,

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509(aj(s) Supporting Orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part \			Information.			one roquiro	hy Dart II	lino 10: [Part II lina 17			age o
	Part IV, Se line 1; Par	ection A, I t IV, Sect , lines 5, 6	lines 1, 2, 3b, 3c, ion D, lines 2 and 6, and 8; and Part	4b, 4c, 5 3; Part I	ia, 6, 9a, 9b, V, Section E,	9c, 11a, 11 , lines 1c, 2a	b, and 11c ı, 2b, 3a, a	; Part IV, \$ ind 3b; Pa	Section B, line rt V, line 1; Pa	es 1 and 2; F ert V, Sectior	Part IV, Section C n B, line 1e; Part	
SCHE	DULE A,	PART	II, LINE	10,	EXPLAN	NATION	FOR C	OTHER	INCOME	:		
OTHE	R INCOME	3										
2015	AMOUNT:	\$	26,832.									
2016	AMOUNT:	\$	6,500.									
2018	AMOUNT:	\$	40.074									
2019	AMOUNT:	\$	1 000									

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Organiz	ation type (check or	ne):					
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it m u	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

PRO-VISION, INC.

76-0336711

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ROBERT AND JANICE MCNAIR FOUNDATION 109 NORTH POST OAK LANE, SUITE 600	\$5,000,000.	Person X Payroll Noncash
	HOUSTON, TX 77024		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAN L DUNCAN FOUNDATION PO BOX 4375 HOUSTON, TX 77210	\$ 275,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE CULLEN FOUNDATION 2727 ALLEN PARKWAY, SUITE 1050 HOUSTON, TX 77019	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for
			noncash contributions.)

Name of organization **Employer identification number**

76-0336711 PRO-VISION, INC. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

(a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** PRO-VISION, 76-0336711 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRO-VISION, INC.

Employer identification number 76-0336711

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	ised only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
•			\/4\/D\/:\
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's infancial statement	ins that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	·
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		- · · •
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

932051 10-02-19

PRO-VISION,	INC.
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Surfight programization is acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):	Sche	dule D (F		ION, INC.				<u> </u>			36711		<u>je 2</u>
collection items (check all that apply): a	Pai	τIII (Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other S	Similar	Assets	3 (continu	ed)	
a □ Lublic exhibition d □ Loan or exchange program b □ Schollery research e □ Other c □ Preservation for future generations d Provide a description of the organization societions and explain how they further the organization's exempt purpose in Part XIII. Part IV Exercise and Cardial stather than to be maintained as part of the organization's collection? Yes No Part IV Exercise and Cardial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apart, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. In Form 990, Part X? Yes No If Yes," explain the arrangement in Part XIII and complete the following table: Amount It c	3	Using th	he organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that r	make sign	ificant u	se of its			
b Scholarly research e Other Preservation for future generations 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? Vee No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount to Form 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If Yes 'explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Bistributions during the year □ Bistributi		collection	on items (check all that apply):										
c Preservation for future generations 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 collection? Part IVI Excove and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance Beginning balance Beginning balance Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Beginning of year balance Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Beginning of year balance Contributions Arrandom Form 990, Part X, line 21. Beginning of year balance Contributions Arrandom Form 990, Part X, line 10. Beginning of year balance Contributions Arrandom Form 990, Part X, line 10. Beginning of year balance Contributions Are there endowment the organization such as a sequence of the organization by the contributions of the organization such as a sequence of the organization such as a sequence of the organization	а	P	ublic exhibition	C	<u> </u>	Loan or exc	hange progran	n					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be said to raise funds arther than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fursitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fursitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance C Beginning balance C Beginning balance C Beginning balance C Bolstributions during the year I full Solstributions (a) Part X line 21, for escrow or custodial account liability? Yes No I full Solstributions (a) Part X line 21, for escrow or custodial account liability? Yes No I full Solstributions (a) Part X line 21, for escrow or custodial account liability? Yes No I full Solstributions (a) Cautent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	b	s	cholarly research	•	• L	Other							
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? Secretary Part IV Escretary Part IV Interview Part IV Part	С	P	reservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide	a description of the organization's co	ollections and explain	n how th	ey further th	ne organization	i's exemp	t purpos	e in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?	5	During 1	the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or other	similar as	sets		_		
Teleported an amount on Form 990, Part X, line 21. Teleported an any agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No													No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If Yes,* explain the arrangement in Part XIII and complete the following table: Amount Itc Itc Amount Itc	Pai				ete if the	organizatio	n answered "Y	es" on Fo	orm 990,	Part IV,	line 9, or		
on Form 990, Part X? Ves			•	•									
b f "Yes," explain the arrangement in Part XIII and complete the following table: C	1a									_	_		
Additions during the year 1d										L	Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 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 b Correct expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶ 6 Permanent endowment ▶ 7 Septement endowment ▶ 8 Board designated or quasi-endowment ▶ 9 Septement endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations 10 Related organizations 10 Related organizations 10 Related organization 20 Property 11 Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 12 Land 13 Land 14 Land 14 Land 14 Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 1a La	b	If "Yes,	explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
d Additions during the year											Amount		
e Distributions during the year 1 1 1 1 1 1 1 1 1		-	-						1c				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Iren 34(ii), are the related organization answered "Yes" on Form 990, Part X, line 10. Part V Part V Part X Part X	d								1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е								1e				
Describe in Part XIII the intended uses of the organization's endowment funds. It is least of the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe Buildings and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe Buildings and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe Buildings and Equipment. Complete Buildings and Equipment Complete Buildings Complete Buildings Complete Buildings Complete Bu													
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions			-					•	?	L	」Yes	Щ	No
(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 ▶	Pai	LV	Endowment Funds. Complete										<u> </u>
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				(a) Current year	(b) F	rior year	(c) Iwo years	back (d) Three y	ears back	(e) Four y	ears ba	1CK
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								-					
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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 ▶	е		•										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶		-	-										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f												
a Board designated or quasi-endowment ▶		•					<u> </u>						
b Permanent endowment ▶				•	•	g, column (a))) held as:						
c Term endowment I ▶					%								
The percentages on 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: (i) Unrelated organizations 3a(i)			·										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4, 498, 186. 4, 498, 186. 5 Buildings 13, 597, 397. 2,713,887. 10,883,510. c Leasehold improvements d Equipment 4 Quipment 290,491. 217,325. 73,166.	С			, -									
by:	_	•	• • •	•									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,498,186. 4,498,186. 4,498,186. 4,498,186. 4,498,186. 5 60,118. 60,118	за		re endowment funds not in the posse	ssion of the organiza	ation tha	t are neid ar	na aaministere	a for the c	organiza	tion	<u></u>	, T .	
(ii) Related organizations 3a(ii) b If "Yes" on line 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" on 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 4,498,186. 4,498,186. 4,498,186. b Buildings 13,597,397. 2,713,887. 10,883,510. c Leasehold improvements 343,635. 283,517. 60,118. d Equipment 343,635. 283,517. 60,118. e Other 290,491. 217,325. 73,166.											NO		
b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 4 , 498, 186. 5 Buildings 13 , 597, 397. 14 Lasehold improvements 4 Equipment 4													
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" on 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 1a Land 4,498,186. 4,498,186. b Buildings 13,597,397. 2,713,887. 10,883,510. c Leasehold improvements 343,635. 283,517. 60,118. e Other 290,491. 217,325. 73,166.												_	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 1a Land 4,498,186. 4,498,186. b Buildings 13,597,397. 2,713,887. 10,883,510. c Leasehold improvements 343,635. 283,517. 60,118. e Other 290,491. 217,325. 73,166.	D										30		
Complete if the organization answered "Yes" on 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 1a Land 4,498,186. 4,498,186. b Buildings 13,597,397. 2,713,887. 10,883,510. c Leasehold improvements 343,635. 283,517. 60,118. e Other 290,491. 217,325. 73,166.	Par				wment i	unas.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,498,186. 4,498,186. 4,498,186. b Buildings 13,597,397. 2,713,887. 10,883,510. c Leasehold improvements 343,635. 283,517. 60,118. e Other 290,491. 217,325. 73,166.	· ui) Dort IV	/ lino 11a S	oo Form 000	Dart V lin	0.10				
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b Buildings 13,597,397. 2,713,887. 10,883,510. c Leasehold improvements 343,635. 283,517. 60,118. e Other 290,491. 217,325. 73,166.	4	اممط		- ` ` ` 	. ioi iy		. ,	черге	Joidholl		<u> </u>	1 Ω	
c Leasehold improvements 343,635. 283,517. 60,118. e Other 290,491. 217,325. 73,166.								2 71	3 22	7 1			
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e Other 290,491. 217,325. 73,166.						3./	3 635	2.5	13 51	7	60	11	<u>~</u>
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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 PRO-VISION,	INC.	76	-0336711 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T
(a)) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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) lin	e 25.)	>	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	edule D (Form 990) 2019 PRO-VISION, INC. **T XI Reconciliation of Revenue per Audited Financial Statemen	nto With F	Povonuo nor Po	76-	0336711 Page
Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		revenue per ne	turn.	
1				1	6,560,728
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	. , ,
		2a	-5,722.		
b			•		
C					
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	-5,722
3	Subtract line 2e from line 1			3	6,566,450
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0
5				5	6,566,450
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returi	n.
			•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.		1	2,013,100
	· · · · · · · · · · · · · · · · · · ·	a.			
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a			
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a			
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c			
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			2,013,100
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1	2,013,100
2 b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1 2e	2,013,100
2 b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d		1 2e	2,013,100
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d		1 2e	
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b		1 2e	2,013,100 0 2,013,100
2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b		2e 3	2,013,100

PART X, LINE 2:

THE ORGANIZATION APPLIES THE PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, (FORMERLY FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109), WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES AND TRANSITION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	PRO-VISION,	INC.	76-0336711	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation (continued)			
	,			
-				
-				
-				
				-
	·			
				_

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

PRO-VIS	SION, INC.					76-0336	ntification number
	- Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	_		
Indicate whether the organization rais	sed funds through any of the following with a second secon	ation of ation of I fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (or fı	Amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
DAWN BLITZ CONSULTING - 430 CORTLANDT STREET, HOUSTON, TX	CONSULTING SERVICES	Yes	No X	0.		140 007	-140,097.
CONTIAND STREET, HOUSTON, IX	CONSULTING SERVICES		A	0.		140,097.	-140,037.
Total						140,097.	-140,097.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is ex	xempt from re	jistration

932081 09-11-19

PRO-VIS1

Schedule G (Form 990 or 990-EZ) 2019

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

SEE PART IV FOR CONTINUATIONS

Pa	irt I	Fundraising Events. Complete if th of fundraising event contributions and gro				
		2. Iditardioning event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ō			(event type)	(event type)	(total number)	. (6)
Revenue	_	Over a version to				
Вè	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es		Noneasi piizes				
Direct Expenses	6	Rent/facility costs				
EXP						
irect	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	a		>	
_	11	1				
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, o	or reported more than	
	ı	\$15,000 on Form 990-EZ, line 6a.	Ι	# > Doll to be for to start		1,07,1
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				zge/progressive zge		
Ä	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
S E	١,	Dent/facility acets				
Öİ	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes 9	%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
					······	1
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
10a		ere any of the organization's gaming licenses re	woked suspended orte	rminated during the ta	x vear?	Yes No
		Yes," explain:				
	_	-			•	
)-11-19			Schedule G (Fo	orm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 PRO-VISION, INC.	/6-0336/11 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	ISERS:
(I) NAME OF FUNDRAISER: DAWN BLITZ CONSULTING	
	77007
(I) ADDRESS OF FUNDRAISER: 430 CORTLANDT STREET, HOUSTON, TX	77007

Schedule 6	G (Form 990 or 990-EZ)	PRO-VISION,	INC.	76-0336711	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(continued)			

16111103 130509 PRO-VISIONIN

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

PRO-VISION, INC.

 $Employer\ identification\ number\\ 76-0336711$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
2	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 on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			7.7
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a	i l	I

Schedule J (Form 990) 2019

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

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 on 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 aren't 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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	bellelits	(5)(1)-(5)	reported as deferred on prior Form 990	
(1) ROYNELL YOUNG	(i)	192,549.	0.	0.	0.	18,731.	211,280.	0.	
CEO AND FOUNDER, BOARD MEM	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

PRO-VISION, INC.

Employer identification number 76-0336711

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOCIAL ENRICHMENT OPPORTUNITIES.
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION
PRO-VISION, INC.
4590 WILMINGTON
HOUSTON, TX 77051
EMPLOYER IDENTIFICATION NUMBER: 76-0336711
FOR THE YEAR ENDING DECEMBER 31, 2019
PRO-VISION, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE S.H.E. (STRONG.HEALTHY.EMPOWERED) PROGRAM IS A COMPLEMENTARY
PROGRAM STARTED TO PROVIDE A SIMILAR CHARACTER DEVELOPMENT TRACT FOR
YOUNG WOMEN AS PROVIDED TO OUR YOUNG MEN. THE PROGRAMS, WHEN PRESENTED
AN OPPORTUNITY, OFTEN ENGAGE IN TARGETED AND SUPERVISED CO-ED
ACTIVITIES TO ALLOW APPROPRIATE SOCIAL INTERACTION, WITHIN THE COMBINED
PEER GROUP, TO ADVANCE THEIR SOCIETAL DEVELOPMENT. THE EMPHASIS IS ON
THE DEVELOPMENT OF RESPECT FOR EACH INDIVIDUAL AS WELL AS EACH
RESPECTIVE GROUP.

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

Schedule O (Form 990 or 990-EZ) (2019)

16111103 130509 PRO-VISIONIN

Name of the organization $\label{eq:provision} \textbf{PRO-VISION}\,,\quad \textbf{INC}\, .$

Employer identification number 76-0336711

MEMBERS OF THE MANHOOD AND S.H.E. PROGRAMS, AFTER MEETING STRICT

PARTICIPATION GUIDELINES, ARE GIVEN THE OPPORTUNITY TO APPLY FOR

ADMISSION TO THE JOB ENTERPRISE PROGRAM. THE JOB ENTERPRISE PROGRAM

TAPS THE POTENTIAL OF YOUTH IN THE COMMUNITY, INSPIRING AND ENCOURAGING

THEM TO MOVE FROM DEPENDENCY TO SELF-RELIANCE. PARTICIPANTS ARE GUIDED

THROUGH EVERY ASPECT OF BECOMING A RESPONSIBLE WORKER AND VALUED MEMBER

OF THE COMMUNITY, AND RECEIVE ONGOING FEEDBACK ON THEIR JOB SKILLS AND

PROGRESS. THE JOB ENTERPRISE ACADEMY BUILDS ITS SUCCESSES ON THE

POSITIVE RELATIONSHIPS THAT ARE FORGED BETWEEN CORPORATE PARTNERS AND

STUDENT LEADERS. THE PROGRAM DEFINES A CORPORATE PARTNER AS ANY

COMMUNITY ORGANIZATION OR BUSINESS WHICH HAS THE CAPACITY TO NOT ONLY

PROVIDE SUMMER EMPLOYMENT, BUT TO ALSO DEVELOP CHARACTER IN STUDENTS

RANGING FROM AGE 16 TO 19. THESE CORPORATE PARTNERSHIPS CAN SPAN FROM

BLUE COLLAR TO WHITE COLLAR OPPORTUNITIES. PRO-VISION ALSO USES AN

URBAN FARM AS PART OF THIS PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT OF A GENEROUS DONATION THIS YEAR, HAS EXPANDED ITS GREENHOUSE

FOOTPRINT TO ENABLE IT TO GROW SUFFICIENT HEALTHY PRODUCE TO BE ABLE TO

SUPPLY LOCAL RESTAURANTS AND OTHER FOOD PROVIDERS. THE REVENUES FROM

THIS ENTERPRISE WILL ALLOW THE FARM TO BE SELF-SUPPORTIVE AND,

EVENTUALLY, ABLE TO RETURN RESOURCES TO OTHER PROGRAMS, THEREBY

REDUCING THE NEED FOR OUTSIDE FINANCIAL SUPPORT. THIS IN TURN WILL

ALLOW PRO-VISION TO EXPAND ITS OUTREACH TO THE COMMUNITY THROUGH ITS

OTHER PROGRAM SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AFFORDABLE HOUSING

THE AFFORDABLE HOUSING PROGRAM HAS BEEN A LONG-TERM GOAL OF THE

ORGANIZATION TO RESIDENTS IN SECURING COMFORTABLE AND SAFE HOUSING AT A

COST THEY CAN AFFORD AS A WAY TO IMPROVE THE QUALITY OF LIFE IN THE

COMMUNITY. THE ORGANIZATION HAS ACCUMULATED 57 ACRES IN THE COMMUNITY

WITH THE GOAL TO SECURE ADDITIONAL ACREAGE WHICH WILL ALLOW THE

CONSTRUCTION OF AFFFORDABLE HOUSING UNITS IN A MIXED INCOME COMMUNITY.

THE COMMUNITY WILL INCLUDE UNITS INTENDED FOR SENIOR CITIZENS TO

PROVIDE A POOL OF WISDOM THAT CAN BE SHARED WITH THE YOUTH OF THE

COMMUNITY.

EXPENSES \$ 274,924. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER BEFORE IT IS

SUBMITTED TO THE IRS. IT IS COMPARED TO THE AUDITED FINANCIAL STATEMENTS TO

ENSURE CONSISTENCY BETWEEN THE TWO DOCUMENTS. THE FORM 990 IS REVIEWED BY

THE SECRETARY/TREASURER ALSO.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH EMPLOYEE IS ISSUED AN EMPLOYEE HANDBOOK THAT CONTAINS THE CONFLICT OF

INTEREST POLICY WHEN HE OR SHE IS HIRED. THE CHIEF EXECUTIVE OFFICER, OR

ANOTHER EXECUTIVE APPOINTED BY THE CEO, REVIEWS EACH EMPLOYEE ANNUALLY TO

ENSURE COMPLIANCE. WITH RESPECT TO THE BOARD OF DIRECTORS, EACH MEMBER IS

INTERVIEWED TO ENSURE THERE IS NO CONFLICT OF INTEREST BETWEEN HIS OR HER

DUTIES AND PRO-VISION, INC. THE SECRETARY/TREASURER REVIEWS EACH MEMBER

ANNUALLY TO ENSURE COMPLIANCE.

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
PRO-VISION, INC.	76-0336711
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD CHAIRMAN REVIEWS INDUSTRY SURVEYS FOR CHIEF EXEC	CUTIVE OFFICER'S
(CEO) OF OTHER NON-PROFITS WITH SIMILAR BUDGETS. THE CFO	COMMUNICATES THE
INFORMATION TO THE BOARD SECRETARY/TREASURER. THE CEO'S CO	ONTRACT IS
APPROVED BY THE BOARD CHAIR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION	ZATION'S WEBSITE
AND ARE SENT TO VARIOUS AGENCIES AND FOUNDATIONS AS REQUIR	RED. THE GOVERNING
DOCUMENTS ARE ALSO SUPPLIED AS REQUIRED TO THESE SAME ENT	ITIES. THE
DOCUMENTS ALL RESIDE AT 4590 WILMINGTON, HOUSTON, TX 7705	1 AND WILL BE MADE
AVAILABLE TO THE PUBLIC AS REQUESTED.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	187,570.
MANAGEMENT AND GENERAL EXPENSES	13,629.
FUNDRAISING EXPENSES	63,090.
TOTAL EXPENSES	264,289.
PROFESSIONAL FUNDRAISING:	
PROGRAM SERVICE EXPENSES	99,429.
MANAGEMENT AND GENERAL EXPENSES	7,224.
FUNDRAISING EXPENSES	33,444.
TOTAL EXPENSES	140,097.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	404,386.
FORM 990, PART XII, LINE 2C	

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2020

Name PRO-VISION, INC.	Employer Identification N	Number
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL NET OPERATING LOSS		48,484.
I DDIAND NOT OT BIANTING BOOD		40,404.
		



7800 IH 10 West, Suite 505 San Antonio, TX 78230

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.