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.



AF	or th	e 2022 calendar year, or tax year beginning and	ending				
B C a	heck if pplicat	le: C Name of organization		D Employer identific	ation number		
X	Addr						
	Name Chan	pe Doing business as	76-0336711				
	Initia		Room/suite	E Telephone number			
	Final returr		650	(832) 804	1-8814		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,850,667.		
	Amer	HOUSION, IX //054		H(a) Is this a group re	turn		
	Appli	F Name and address of principal officer: ROINELL IOONG		for subordinates?	? Yes X No		
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No		
<u>I</u> T	ax-e>	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a l	ist. See instructions		
	Vebs			H(c) Group exemption			
		f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1991 M	I State of legal domicile: ${f T}{f X}$		
Pa	irt I	Summary					
ð	1	Briefly describe the organization's mission or most significant activities: OUR	MISSIO	N IS TO INSP	IRE HOPE		
Activities & Governance		AND PURPOSE IN YOUNG PEOPLE THROUGH ACCES	S TO A	CADEMIC, ECO	DNOMIC AND		
erné	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1			
õ	3				13		
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			14		
iviti	6	Total number of volunteers (estimate if necessary)			0		
Act					796,800.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		4,816.		
	-			Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		861,114.	1,037,720.		
/eni	9	Program service revenue (Part VIII, line 2g)		15,422.	<u> </u>		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,100.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		745,769.	<u>812,019.</u> 1,850,667.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,024,403.	<u> </u>		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		819,499.	940,073.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		019,499.	<u> </u>		
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 210, 5		0.	0.		
ЦЦ	47	······································		1,344,418.	1,410,868.		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,163,917.	2,350,941.		
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-539,512.	-500,274.		
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
ets o	20	Total assats (Part V, line 16)		16,759,378.	21,859,680.		
Asse Bala	20 21	Total assets (Part X, line 16)		4,394,705.	9,874,428.		
Net Assets	21 22	Total liabilities (Part X, line 26)		12,364,673.	11,985,252.		
تیکے		Net assets or fund balances. Subtract line 21 from line 20		12,301,0130	±±,,00,202.		

Part II Signature Block

Τ

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

Sign	Signature of officer			Date						
Here 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-employed P00963779						
Preparer	Firm's name RANDY WALKER & CO			Firm's EIN 20-3992693						
Use Only	Firm's address 7800 IH 10 WEST,	STE. 505								
	Phone no. 210 - 366 - 9430									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	X32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) PRO-VISION, INC. rt III Statement of Program Service Accomplishments	76-0336711	Page
			X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	121
•	OUR MISSION IS TO INSPIRE HOPE AND PURPOSE IN YOUNG PEOP	VLE THROUGH	
	ACCESS TO ACADEMIC, ECONOMIC AND SOCIAL ENRICHMENT OPPOR		
	ACCEDS TO ACADEMIC, ECONOMIC AND DOCTAL ENVIRONMENT OFFOR		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XN
•	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 other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 808,044. including grants of \$) (Reve	nue \$	
	THE CHARACTER DEVELOPMENT PROGRAM IS ANCHORED BY THE MAN		
	DEVELOPMENT PROGRAM AND S.H.E. (STRONG, HEALTHY AND EMPC		
	PROVIDES SUPPORTIVE INITIATIVES FOR THE FAMILIES OF THE	•	
	PARTICIPATING IN THESE PROGRAMS. PRO-VISION, INC. CREATE		
	TO DEVELOP THE CHARACTER AND INTEGRITY BY COMBINING CLOS		
	RELATIONSHIPS WITH EXPOSURE TO SITUATIONS THAT REINFORCE		
	ETHICAL THINKING. THE PROGRAM'S OBJECTIVES INCLUDE EXPOS		
	PEOPLE TO THE CHARACTER DEVELOPMENT'S ACTIVITY CYCLE AND		
	DEVELOPMENT LEARNING PROCESS AS PART OF THE CURRICULUM T		м
	WITH BEING OUTSTANDING CITIZENS WITHIN THEIR COMMUNITY A		
	WITH DEING CONSTANDING CHIPMENS WITHIN THEIR COMMONITY A WITHIN THEIR AREA OF INFLUENCE. THE JOB ENTERPRISE PROGR		
	PARTICIPANTS IN THE MANHOOD AND S.H.E. PROGRAM THE OPPOR		
41.			
4b	(Code:) (Expenses \$570,768. including grants of \$) (Reve THE PRO-VISION/MCNAIR URBAN FARM SERVES AS A HEALTHY RES		TNC
	ORGANIC PRODUCE ACCESSIBLE TO THE SUNNYSIDE COMMUNITY AN		
	AND TEACHING MODERN AGRICULTURE TECHNIQUES TO ITS PARTIC ITS AGRICULTURAL PROGRAMS. THE PRO-VISION/MCNAIR URBAN F		
			NED
	TO CREATE REAL CHANGE IN AN UNDERSERVED, ECONOMICALLY DI		
	COMMUNITY WHO FACES A FOOD DESERT CRISIS. OUR PROGRAM GC		POIL
	EMPHASIZE ON DISCUSSION OF HEALTH AND PROPER NUTRITION,		eou
	VEGETABLES AND RECIPES INTO THE HOME KITCHEN, SUSTAINABL	LAND USE	
	PRACTICES AND AGRICULTURAL SKILLS.		
4c	(Code:) (Expenses \$196, 374. including grants of \$) (Reve	nue \$	
10	THIS COMMUNITY OUTREACH PROGRAM ENCOMPASSES VARIOUS INIT		
	ENGAGE AND CONNECT WITH RESIDENTS OF THE IMMEDIATE COMMU		
	PRO-VISION SEEKS TO SERVE. THIS INCLUDES SUPPORTING COMM		ED
	EVENTS SPONSORED BY FAITH-BASED ORGANIZATIONS, ATTENDANC		
	REPRESENTATION AT COMMUNITY HALLS, AND MEETING WITH LOCA		
	OFFICIALS TO ENSURE THE NEEDS OF THE COMMUNITY ARE BEING		
	LOCAL GOVERNMENT.		
	THE COMMUNITY GARDEN IS A UNIQUE PART OF OUR OUTREACH PR	OGRAM RECAILS	E
	WE ENGAGE MEMBERS OF THE COMMUNITY WE SERVE AND WORK DIR		
	NEIGHBORS, CREATING A SENSE OF UNITY IN A VULNERABLE COM		01
	COMMUNITY GARDEN IS AN EDUCATIONAL AND OUTREACH TOOL USE		
		PRIOK TONG	
4 -1	Other program services (Describe on Schedule O.)		
4d	370 382	1	
	(Expenses \$ 370, 382. including grants of \$) (Revenue \$)	
	(Expenses \$ 370,382. including grants of \$) (Revenue \$ Total program service expenses)	90 (000
4e	Total program service expenses 1,945,568.		90 (202
4e			990 (202)

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Form 990 (2022) PRO-VISION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<u> </u>
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		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
~	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?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u></u>
10		10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		- 21
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
^D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
-	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			
	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21 5	900	X (2022)
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 Form 990 (2022)
 PRO-VISION, INC.

 Part IV
 Checklist of Required Schedules (continued)

I U	Continuea)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		~
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	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	07		v
~ ~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"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 line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0		
~~	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?	26		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>_</u>
37		37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	- 57		- 23
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included on line 1a. 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	Х	
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Part IV Statements Regarding Other IRS Filings and Tax Compliance continued 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 14 b Tat least one is reported on Ime 2a, did the capacitation file all required federal employment tax returns? 3a X b Texts, 'Instation have united basiness gross in the capacitation in early one during the year (2m, early 10 med) (2m, e	Form	990 (2022) PRO-VISION, INC.		76-0336	711	Pa	age 5				
2a Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, 2a 14 b If at least one in reported on line 2a, dd the organization file all required federal employment tax returns? 2a X b If Yes, "has if field a Form 900 T for this year? If Yes's to mak 3b, provide an exploration have entited busines groups wer, dd the organization have entites in core signature or other autohomy over, a financial accountly explicit to foring to curry year? If Yes's investigation have on theres it, or a signature or other autohomy over, a financial account in a provide tax short carcoscin at any time during the tax year? 3a X 5 Was the organization have entities account, socurities account, enther subhot over, a financial account party to a prohibit tax short transmitted or Merea short transmited short transmitted or Merea shor	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
til det or the calendar yave ending with or within the year covered by this naturn [2a] 14 3b Det due organization have urrelated business gross income of \$1,000 or more during the year? 3a 3a X 3b Det due organization have urrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a Signature or other authority over, a financial account? 4a X 16 Yes, intert the name of the foreign country 5a X 2b 14 Yes, intert the name of the organization in the way or the a party to a prohibited tax abeter financial account? 6a X 2b 14 Yes, intert the area of the organization in Pore B86 77 6a X 2c 14 Yes, indi the organization in hour B86 70. 6a X 2b 16 Yes, indi the organization in hour B86 70. 6a X 2c 16 Yes, indi the organization in back and the allable contributions? 6a X 2b 17 Yes, indi the organization in active as a contributions and are year equived to the organization active as your advises as contributions of the allable contributions? 7a X 2b 17 Yes, indit the organization indite organization index as the allable contri						Yes	No				
b If a least one is responsed on line 2a, dd the organization file unreguing the year? 2a X 3a Dd the organization have unreaded business gross income of \$1,000 on more during the year? 3a X 4a At any time during the calendar year. dd the organization have an interest in, or a signature or other authority over, a financial account in a toregin country lists has a busines account, a textines account, or other timenal account? 4a X 5a X 3b X 3a X 5a Txos, "ontor the name of the foreign country lists has a busines account, or other timenal accounts (FIBAR). 5a X 5a Dd any taxability party only the organization that if was or is a party to a prohibited tax shellor transaction at any time during the tax year? 5a X 5a Dd any taxability party only the organization that are normally greater than \$10.000, and did the organization solid any contributions and party for prohibited tax shell transaction? 5a X 6a X Di 17%s, "did the organization have annot all contributions under section 170(c). 5a X 5a Di 24 Di 24 Sa X Sa X 6b Di 24 Di 24 Di 24 Za X 7a Di 24 Di 24	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
b If a test one is reported on line 2a, did the organization file al regulared federal employment tax retures? 2a X a Did the organization have universe borneer of 510000 rome during the year? 3a X a At any time during the calendered business grows, did the organization have an themest in, or a signature or shore alcoholy over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was Be organization and universe organization tax any time during the tax year? 5a X 5a Was be organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was be organization have an intermist for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was be organization have annual gross receipts that are organizity greater than \$100,000, and did the organization have an interve solicitation an express statement that such contributions or gifts 6a X 6a Vas To signification tax and such and such and such and such as proved to the payor? 7a X 7 Organization tax and tax and tax and the anginization nave and such and s		filed for the calendar year ending with or within the year covered by this return	2a	14							
a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b II *Yes, "note the name of the foreign country laws as a bark account, securities account, or other francial account? 4a A any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account? 4a 4a b II *Yes, "note the name of the foreign country laws as a bark account, securities account, or other financial account? 5a X b II *Yes, "note the name of the foreign country. 5a 5a X c II *Yes, "outer the name of the foreign country. 5a X c II *Yes, "outer the same of the foreign country. 5a X c II *Yes, "outer the name of the foreign country. 5a X c II *Yes, "outer the accounts of the organization in house and STS model as a party to a prohibited tax shafts to contributions? 5a X c II *Yes, "outer the accounts of the organization include where very solicitation an appress statement that such contributions or gifts were not tax deductibles or thratale contributions? 5a X c II *Yes, "outer the accounts of the accounts of the goods or services provided? 7a X c II *Yes, "dott the organization include with a ran organization for the super of the accounts? 7a X c II *Yes, "dott the organiz	b		าร?		2b	Х					
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If "Yes," complete Form 6069.					17						
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	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
-				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6				6		x
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
7a				7.		x
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockno	lders, or	_		
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	it the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			, , ,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		5			
- 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			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$					
U		,		12c	х	
40	on Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	L
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	only)	availal	ole
.0	for public inspection. Indicate how you made these available. Check all that apply.			, only)	avanai	510
40			,	fires		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		or interest policy, and	innano	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo DIANA SEIFERT - (832) $804-8814$	ks an	d records			
	2656 SOUTH LOOP WEST, 650, HOUSTON, TX 77054					
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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.

PRO-VISION, INC.

Form 990 (2022)

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Form 990 (2022) PRO-VISION, INC.	76-0336711	Page 7						
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box,	(do not check more than a box, unless person is both		n is both an		compensation	compensation	amount of	
	week		officer and a director/truste		tee)	from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROYNELL YOUNG	42.00				Ť	1 0	ш.			
CEO AND FOUNDER, BOARD MEM		x		x				243,503.	0.	18,583.
(2) DIANA SEIFERT	40.00									
CHIEF OPERATING OFFICER				Х				135,000.	0.	873.
(3) DONALD R CUNNINGHAM	20.00									
CHIEF FINANCIAL OFFICER				Х				69,000.	0.	0.
(4) DIANE MABEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) DAVID AARONSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) WILLIE ALEXANDER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) WILL BOWEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SHANE FRANK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CHRISTOPHER LOWMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DAVE STEVENSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KRIS VAN NORMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BETSY PHILLIPS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MEREDITH CULLEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOHN HEARD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ALAN HASSENFLU	2.00									
CHAIRMAN OF THE BOARD		Х		X				0.	0.	0.
						-				
										- 000 (*****

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Form 990 (2022)

									76-033	6711	P	age 8	
Part VII Section A. Officers, (A) Name and title	<u>Directors, Trus</u>	tees, Key Emp (B) Average hours per	(do	 not ch	(C Posi neck r	;) ition		ne	ompensated Employee (D) Reportable compensation	s (continued) (E) Reportable compensation		(F) stimate	
	veek (list any hours for related organizations below line)					recto	Highest compensated tsing s		(W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	com fi org an	other opensa rom th ganizat d relat anizati	ation e ion ied
1b Subtotal c Total from continuation sl	heets to Part VI	I, Section A							447,503. 0.	0 0 0	•	9,4 9,4	0.
 d Total (add lines 1b and 1c 2 Total number of individuals compensation from the org 	(including but n								447,503.		• ⊥	9,4	2
3 Did the organization list any	y former officer,	-		-	•	•		Ŭ	• •	•		Yes	No X
line 1a? <i>If</i> "Yes," <i>complete</i>For any individual listed on and related organizations g	line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from t	he organization	3	x	
5 Did any person listed on lin rendered to the organizatio	n? If "Yes," com										5		X
Section B. Independent Contra Complete this table for you the organization Beport co	r five highest co									, ,	ation fr	om	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services Corr								(Compe	C) ensatio	n			
2 Total number of independe \$100,000 of compensation		•	ot lin	nited	l to t	hos 0	e list)	ed	above) who received mo	bre than			

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			-VISION, 1	INC.			76-0336	711 Page 9
Pa	rt VI	III Statement of Rev	venue					
		Check if Schedule O c	ontains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Iditetion revenue	business revenue	sections 512 - 514
s s	1 :	a Federated campaigns	1a					
ant								
n Gr								
fts,								
i Gil		d Related organizations		148,812.				
ns, Sim		e Government grants (contril		140,012.				
er (1	f All other contributions, gifts, g						
ţ,		similar amounts not included		888,908.				
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributions included in li	ines 1a-1f 1g \$					
a C		h Total. Add lines 1a-1f			1,037,720.			
				Business Code				
ø	2 8	a						
e vic	I	b						
Se	(c						
am Ser evenue		d						
Program Service Revenue		e						
Pro	1	f All other program service r	revenue					
		g Total. Add lines 2a-2f						
	3	Investment income (includi						
	Ŭ				928.			928.
	4	Income from investment of						5200
			•					
	5	Royalties	(i) Real	(ii) Personal				
	_							
	6 8		6a 796,800					
			6b 0					
	(6c796,800	•			FOC 000	
		d Net rental income or (loss)			796,800.		796,800.	
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	I	b Less: cost or other basis						
anı			7b					
evenue		c Gain or (loss)	7c					
	(d Net gain or (loss)						
Other R	8 8	a Gross income from fundraisin	ng events (not					
đ		including \$	of					
		contributions reported on I						
		Part IV, line 18	8	a				
	1	b Less: direct expenses		b				
		c Net income or (loss) from f						
		a Gross income from gaming						
	5.	Part IV, line 19	-					
		b Less: direct expenses						
				<u>۲</u>				
		 c Net income or (loss) from g a Gross sales of inventory, let 						
	10 4							
		and allowances						
		b Less: cost of goods sold						
	(c Net income or (loss) from s	sales of inventory					
S				Business Code	15 010			15 010
eor	11 a			611600	15,219.			15,219.
enu	I	b						
cell	(c						
Miscellaneous Revenue	(d All other revenue						
-		e Total. Add lines 11a-11d			15,219.			
	12	Total revenue. See instruction	ns		1,850,667.	0.	796,800.	16,147.
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2022.04020 PRO-VISION, INC.

PRO-VIS1

	Check if Schedule O contains a respon			(-)	
	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,				
	trustees, and key employees	466,959.	428,859.	38,100.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	305,939.	277,674.	28,265.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	116 100	100.044	10.044	
9	Other employee benefits	116,182.	102,241.	13,941.	
10	Payroll taxes	50,993.	44,874.	6,119.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	247,637.	227,150.	20,487.	
10	column (A), amount, list line 11g expenses on Sch 0.)	27,313.	24,044.	3,269.	
12	Advertising and promotion	21,414.	18,018.	1,612.	1,784.
13 14	Office expenses Information technology	11,197.	10,602.	595.	1,704.
15	Royalties		10,0021		
16	Occupancy	117,902.	107,993.	9,909.	
17	Travel	37,221.	34,838.	2,040.	343.
18	Payments of travel or entertainment expenses	• • • • • • • • •			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	173,196.	34,602.	922.	137,672.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	422,279.	371,604.	50,675.	
23	Insurance	115,563.	101,695.	13,868.	
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 O.)				
а	FEDERAL INCOME TAX	546.		546.	
b	SUPPLIES	56,920.	54,783.	1,269.	868.
С	EVENT EXPENSES	54,021.	7,543.	912.	45,566.
d	SCHOLARSHIP ASSISTANCE	52,659.	27,777.	558.	24,324.
-	All other expenses	73,000.	71,271.	1,729.	
25	Total functional expenses. Add lines 1 through 24e	2,350,941.	1,945,568.	194,816.	210,557.
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 hereif following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2022)

PRO-VISION, INC. Part IX Statement of Functional Expenses

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X

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Form 990 (2022)

PRO-VISION, INC. Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			197,255.	1	459,223.
	2	Savings and temporary cash investments			1,113,603.	2	778,625.
	3	Pledges and grants receivable, net			259,327.	3	86,731.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
	ľ	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disgualifi		-			
	-	under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net		ſ		7	
Assets	8	Inventories for sale or use				8	
As	9				30,323.	9	45,175.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,195,334.			
	b	Less: accumulated depreciation	10b	4,323,041.	15,098,741.	10c	14,872,293.
	11	Investments - publicly traded securities			11,675.	11	6,481.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	48,454.	15	5,611,152.		
	16	Total assets. Add lines 1 through 15 (must equa			16,759,378.	16	21,859,680.
	17	Accounts payable and accrued expenses	243,968.	17	209,172.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
-iab		controlled entity or family member of any of thes	-		4 150 727	22	1 250 000
-	23	Secured mortgages and notes payable to unrelat			4,150,737.	23	4,258,886.
	24	Unsecured notes and loans payable to unrelated		ſ		24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
					0.	25	5,406,370.
	26	Total liabilities. Add lines 17 through 25		ſ	4,394,705.	26	9,874,428.
	20	Organizations that follow FASB ASC 958, chee				20	
es		and complete lines 27, 28, 32, and 33.					
anc	27				11,478,648.	27	11,402,802.
Bala	28	Net assets with donor restrictions		ſ	886,025.	28	582,450.
pu		Organizations that do not follow FASB ASC 95					
Ρu		and complete lines 29 through 33.					
, c	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 eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			12,364,673.	32	11,985,252.
	33	Total liabilities and net assets/fund balances			16,759,378.	33	21,859,680.

<u>, 859, 680.</u> Form **990** (2022)

Form 990 (2022)

Form	1990 (2022) PRO-VISION, INC.	76-	-0336711	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,85		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,35),9	41.
3	Revenue less expenses. Subtract line 2 from line 1	3	-50),2	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,36	1,6	73.
5	Net unrealized gains (losses) on investments	5	- :	2,3	47.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	12	3,2	00.
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	11,98	5,2	52.
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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Ĺ

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ame of the organization Employer identification number									
		PRO-	VISION, INC	C.					6-0336711	
	rtI	Reason for Public (ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma		ntial part of its support f	rom a gove	ernmental	unit or from th	ie general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	-	•	•					
12		An organization organized a	-	-				•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that						-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			i majority o	of the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	-							
b		Type II. A supporting org	-				•		-	
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	oorted	
		organization(s). You mus	•							
С		☐ Type III functionally inte						ly integrate	d with,	
		its supported organization		-						
d		J Type III non-functionally		• •				-		
		that is not functionally int	•	e ,				an attentiv	reness	
		requirement (see instructi								
е		Check this box if the orga					Type I, Type I	ii, Type iii		
	Ento	functionally integrated, or er the number of supported o			ng organiz	ation.				
		vide the following information	•	d organization(c)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Tota	1									

Schedule A	Form	aan	2022
Schedule A		ອອບ)	2024

PRO-VISION, INC.

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2330048.	5938141.	471,147.	861,114.	1037720.	<u>10638170.</u>	
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	2220040	F020141	471 147	0.01 114	1027720	1000170	
	Total. Add lines 1 through 3	2330048.	5938141.	471,147.	861,114.	103//20.	10638170.	
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,							
							241,718.	
6	Column (f) Public support. Subtract line 5 from line 4.						10396452.	
	ction B. Total Support						103904921	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	2330048.	5938141.	471,147.	861,114.		10638170.	
	Gross income from interest,		00001110	_,_,_,,		20077200		
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	487,050.	595,758.	758,540.	746,100.	796,928.	3384376.	
9	Net income from unrelated business	,						
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	12,274.	1,092.	1,823.	1,769.	15,219.	32,177.	
11	Total support. Add lines 7 through 10						14054723.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	71,632.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi	ic Support Per	centage			r - r		
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.97 %	
	Public support percentage from 2021					15	76.36 %	
16a	33 1/3% support test - 2022. If the o						37	
	stop here. The organization qualifies		-					
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
<i></i>	and stop here. The organization qual							
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
۲.		-		• • • •	-	Za and line 15 is		
D	10% -facts-and-circumstances test	-					1070 01	
	more, and if the organization meets the organization meets the facts-and-circu							
18	Private foundation. If the organization		-		• •		······	
-10	The organization in the organization			<u>, 100, 178, 01 170</u>	, oncor this box di			
						A		

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Schedule A	(Form 990)	2022	PRO-VISION,	, INC.		
Part III	Support	Schedule	for Organizations D	Described in	n Section	509(a)(2)

PRO-VISION, INC.

(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

Jet	LION A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			Ì	Ì		
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	check this box and stop here	Ū					
Sec	tion C. Computation of Public						
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from		- · · · · · · · -			18	%
19a	33 1/3% support tests - 2022. If the					3 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	-	•				%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organizat	ion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
23202	23 12-09-22					Schedu	ıle A (Form 990) 2022
			15				

2022.04020 PRO-VISION, INC.

PRO-VISION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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9c 10a 10a 10b Schedule A (Form 990) 2022

Schedule A	(Form 990)	2022	PRO-VISION,	INC.
Part IV	Suppor	ting	Organizations (continued)	

2

11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the following persons? Image: Control of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control of the following persons? Image: Control of the following persons? b A family member of a person described on line 11a above? Image: Control of the following person? Image: Control of the following person? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Image: Control of the following person? detail in Part VI. Section B. Type I Supporting Organizations Yes No

1	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) rely operated, supervised, or controlled the organization's activities. If the organization had more than one supported reation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	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. Section C. Type II Supporting Organizations

			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	. I	

Section 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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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2022.04020 PRO-VISION, INC.

Yes No

га	Type in Non-1 unctionally integrated 309(a)(5) Support	ng organi	20110113	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections 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):			
а	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		
е	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 0.015 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 0.035.	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 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022 PRO-VISION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

e Excess from 2022

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 PRO-VISION, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				

Current Year

1

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

20		Sci	hedule A (Form 990) 2
	2022.04		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

76-0336711

PRO-VISION,	INC.
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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

PRO-VISION, INC.

Name of organization

Employer identification number

Page **2**

76-0336711

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAN L DUNCAN FOUNDATION PO BOX 4735 HOUSTON, TX 77210-4735	\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEPARTMENT OF THE TREASURY 3201 PENNSY DRIVE BUILDING E LANDOVER, MD 20785	\$148,812.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STF INVESTMENT LP 4718 BRAEBURN DR BELLAIRE, TX 77401-5312	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	ALBERT & MARGARET ALKEK FOUNDATION 6131 WESTVIEW DRIVE HOUSTON, TX 77055	\$ <u>100,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ETHEL HERZSTEIN CHARITABLE FOUNDATION 6131 WESTVIEW DRIVE HOUSTON, TX 77055	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE JOHN M. O'QUINN FOUNDATION 19 BRIAR HOLLOW LN SUITE 100 HOUSTON, TX 77027	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15			Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

PRO-VISION, INC.

Name of organization

Employer identification number

76-0336711

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	THE ELKINS FOUNDATION 1001 FANNIN STREET, SUITE 1333 HOUSTON, TX 77002	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE ROBERT AND JANICE MCNAIR FOUNDATION 109 NORTH POST OAK LANE, SUITE 600 HOUSTON, TX 77024	\$50,000•	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RIVER OAKS GARDEN CLUB CIVIC 2503 WESTHEIMER HOUSTON, TX 77098	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	NFL FOUNDATION 345 PARK AVE, CONCOURSE LEVEL C NEW YORK, NY 10154-0004	\$25,996.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	STRAKE FOUNDATION 712 MAIN STREET ROOM 3300 HOUSTON, TX 77002	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CLAYTON FUND 712 MAIN STREET, 11TH FLOOR SOUTH HOUSTON, TX 77002	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-22		Schedule B (Form 990) (2022)

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	B (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
PRO-V	ISION, INC.		76-0336711
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	

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Name of o	rganization		Employer identification number
PRO-V	ISION, INC.		76-0336711
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in sect	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		() -	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			[
			— ———
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7 IP ± 4	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (202
		26	

21490829 130509 PRO-VISIONIN

2022.04020 PRO-VISION, INC.

60		Supplement	al Financial St	atements		OMB No. 154	5-0047
	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990,					202))
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						Public
	Attach to Form 990. Open to Form 990. Inspection and the latest information.						
Nam	e of the organizati	ion PRO-VISION, INC.				identification 6-033673	
Par	tl Organiza	ations Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ac			
		on answered "Yes" on Form 990, Part IV, lin					,
			(a) Donor advised	d funds (I	b) Funds and	d other accoun	ts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4	Aggregate value a	t end of year					
5	-	on inform all donors and donor advisors in	-				
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	No
6	•	on inform all grantees, donors, and donor a	• •				
		poses and not for the benefit of the donor o		• •	°	—	<u> </u>
Par	impermissible priv	vate benefit? vation Easements. Complete if the org				Yes	No
1		servation easements held by the organization		on Form 990, Part IV,	line 7.		
•		n of land for public use (for example, recrea		Preservation of a histo	rically impor	tant land area	
		of natural habitat		Preservation of a certif	• •		
	=	n of open space					
2		through 2d if the organization held a quali	ied conservation contribu	tion in the form of a cor	nservation ea	asement on the	e last
	day of the tax yea					at the End of the	
а	Total number of c	onservation easements			2a		
b					2b		
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, and no	t on a			
	historic structure listed in the National Register						
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
_	year						
4		where property subject to conservation eas					
5		ation have a written policy regarding the per forcement of the conservation easements it				Yes	No
6	,	er hours devoted to monitoring, inspecting,		d enforcing conservation			
U		i nours devoted to morntoning, inspecting,	narialing of violations, and		reasementa	during the yea	
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enf	orcing conservation eas	ements duri	ng the year	
8	Does each conser	vation easement reported on line 2(d) abov	• •		-		
-	and section 170(h					Yes	No
9		be how the organization reports conservation		-			
		d include, if applicable, the text of the footr	note to the organization's	financial statements tha	t describes 1	ine	
Par	t III Organiza	counting for conservation easements. ations Maintaining Collections of	Art. Historical Trea	sures. or Other Si	milar Ass	ets.	
		f the organization answered "Yes" on Form					
1a		elected, as permitted under FASB ASC 95		nue statement and bala	nce sheet w	orks	
	•	easures, or other similar assets held for put					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	sheet works	of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or	research in furtherance	of public se	rvice,	
	provide the follow	ing amounts relating to these items:					
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1					
	.,						
2		received or held works of art, historical tre			orovide		
		unts required to be reported under FASB A					
a		on Form 990, Part VIII, line 1					
b	Assets included in	n Form 990, Part X			5		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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		ION, INC.	<u> </u>	<u> </u>				76-03	36711	L Pa	age 2
Par	t III Organizations Maintaining C								s _{(contin}	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	s, check	any of the	following tha	t make s	ignificant ı	use of its			
а	Public exhibition	ſ	•	Loan or exc	hange progr	am					
b	Scholarly research	e			indrige progr						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	nev further th	ne organizati	on's exe	oarua tam	se in Parl	t XIII.		
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma				-			[Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		-
	reported an amount on Form 990, Pa			Ū							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						<u>1d</u>				
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fe						• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete i			rior year	orm 990, Par (c) Two yea		10. (d) Three y	voare back	(e) Four	Voaro	back
4.		(a) Current year	(0) -	filli year		IIS DAUK	(u) Thee y	JEAIS DACK	(e) Four	years	Jack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships Other expenditures for facilities										
e											
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 10	n, column (a)) held as:				1		
	Board designated or quasi-endowment	•	%	5 , · · · · · · · · · · · · · · · · ·	,,,						
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administe	red for th	ne		_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			1							
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate		(d) Bool	< value	÷
1a	Land				8,692.				4,738		
	Buildings			13,56	7,616.	3,	751,5	70.	9,816	5,04	16.
	Leasehold improvements										
d	Equipment				4,062.		296,7			7,28	
	Other				4,964.		274,6),26	
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, colun	nn (B), line 1	0c.)			1	14,872	2,29) 3.

Schedule D (Form 990) 2022

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(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 "Ye	s" on Form 990, Part IV, line		
(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 "Ye		11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) OTHER ASSETS			40,782.
(2) RIGHT-OF-USE OPERATING L	EASES		94,370.
(3) LEASE RECEIVABLE			5,476,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		5,611,152.
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER LIABILITIES			5,406,370.
(2)			1

INC. Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)

(1) Financial derivatives

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OTHER LIABILITIES	5,406,370.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,406,370.

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

Schedule D (Form 990) 2022

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(c) Method of valuation: Cost or end-of-year market value

PRO-VISION,

Sche	dule D (Form 990) 2022 PRO-VISION, INC.			76-0	336711	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,853,	,014.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,347.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	1 1				
е	Add lines 2a through 2d			2e		,347.
3	Subtract line 2e from line 1			3	1,850,	<u>,667.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,850	,667.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per F	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,350	<u>,941.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,350	<u>,941.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,350	,941.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.
232054 09-01-22 Schedule D (Form 990) 2022 30

Continued)		
		Schedule D (Form 990) 2022

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SC	HEDULE J	Compensatio	on Information	1	OMB No. 1	545-004	17	
(Fo	rm 990)	_	stees, Key Employees, and Highest		20	20)	
			ed Employees		20		•	
Depa	tment of the Treasury		ed "Yes" on Form 990, Part IV, line 23. Form 990.		Open to	Publ	ic	
	al Revenue Service		tructions and the latest information.		Inspe	ction		
Nam	e of the organization	1		Employer i			nber	
		PRO-VISION, INC.		76-0	33671	1		
Pa	rt I Question	Regarding Compensation						
						Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the fo	ollowing to or for a person listed on Form	990,				
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant inf	formation regarding these items.					
	First-class or c	harter travel	Housing allowance or residence for person	nal use				
	Travel for com		Payments for business use of personal res	sidence				
	_		Health or social club dues or initiation fees	3				
	Discretionary	pending account	Personal services (such as maid, chauffeu	r, chef)				
b	•	on line 1a are checked, did the organization follow a						
		rovision of all of the expenses described above? If			1b		<u> </u>	
2		require substantiation prior to reimbursing or allow						
	trustees, and office	s, including the CEO/Executive Director, regarding	the items checked on line 1a?		2			
•								
3		y, of the following the organization used to establis						
		ctor. Check all that apply. Do not check any boxes	, 0	on to				
		tion of the CEO/Executive Director, but explain in F						
	Compensatior		Written employment contract					
	·		Compensation survey or study					
	Form 990 of o	her organizations	Approval by the board or compensation c	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A	line 12 with respect to the filing					
-	organization or a re		, me ra, with respect to the ming					
а	•				4a		x	
b		eive payment from a supplemental nongualified reti					X	
	•	eive payment from an equity-based compensation a					x	
•		es 4a-c, list the persons and provide the applicable						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the org	-	n				
	contingent on the r							
а	•				5a		X	
		ation?					X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensatio	n				
	contingent on the net earnings of:							
а	a The organization?							
		ation?					X	
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the org	ganization provide any nonfixed payments					
	not described on lir	es 5 and 6? If "Yes," describe in Part III			7		X	
8		reported on Form 990, Part VII, paid or accrued pur						
	initial contract exce	ption described in Regulations section 53.4958-4(a))(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presur	mption procedure described in					
	Regulations section	53.4958-6(c)?			9			
LHA		eduction Act Notice, see the Instructions for For			lule J (Forn	n 990)	2022	

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76-0336711

Page **2**

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-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROYNELL YOUNG	(i)	193,503.	50,000.	0.	333.	18,250.	262,086.	0.
CEO AND FOUNDER, BOARD MEM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 J (Form 990) 2022

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



76-0336711

PRO-VISION, INC.

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.

2656 SOUTH LOOP WEST, STE 650

HOUSTON, TX 77054

EMPLOYER IDENTIFICATION NUMBER: 76-0336711

FOR THE YEAR ENDING DECEMBER 31, 2022

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:

INTERN WITH WELL-KNOWN HOUSTON-AREA COMPANIES AND AT THE

PRO-VISION/MCNAIR URBAN FARM. THE JOB ENTERPRISE PROGRAM IS DESIGNED TO

PREPARE YOUNG MEN AND WOMEN, AGES 16 AND OLDER, FOR SUCCESS IN THE

WORKPLACE BY PROVIDING THEM WITH REAL-LIFE, PROFESSIONAL WORKPLACE

EXPERIENCE, A CRITICAL COMPONENT TO DEVELOPING YOUNG PEOPLE

HOLISTICALLY. THESE INTERNSHIPS EXPOSE THE PARTICIPANTS TO DIFFERENT

LEADERSHIP STYLES AND WORK ENVIRONMENTS. EVEY FRIDAY DURING THE 10-WEEK

PROGRAM, THE PARTICIPANTS TAKE PART IN INTERVIEWS AND RESUME WRITING,

 PROFESSIONAL ATTIRE AND ETIQUETTE CLASSES, LEADERSHIP, AND FINANCIAL

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 232211

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Name of the organization	Employer identification number
PRO-VISION, INC.	76-0336711
LEARNING. JOB ENTERPRISE IS COMPREHENSIVE, OFFERING PARTIC	IPANTS THE
PERSONAL MENTORING NECESSARY TO TRANSITION FROM DEPENDENCY	то
SELF-RELIANCE. THE MISSION OF JOB ENTERPRISE IS TO PREPARE	EACH
PARTICIPANT FOR A SUCCESSFUL CAREER. OUR GOAL IS TO USE JO	B ENTERPRISE
TO NURTURE THE TRAITS AND CHARACTERISTICS THAT WILL DIRECT	OUR
PARTICIPANTS TO A SELF-SUSTAINING FUTURE.	

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

PEOPLE AND ADULTS. EXPOSING AND TEACHING INDIVIDUALS ABOUT

FARM-TO-TABLE PRACTICES AND CARING FOR OUR LAND, HELPS THEM RESPECT

THEIR ENVIRONMENT AND CARE FOR THE EARTH. OUR GOAL IS TO INSTILL THE

VISION, COMMITMENT, AND TOOLS IN OUR YOUTH AND THEIR FAMILIES THAT THEY

CAN BENEFIT FROM, TO GAIN FUTURE COMMUNITY INDEPENDENCE AND SUCCESS AND

HELP END THE FOOD DESERT CRISIS IN THEIR COMMUNITY. THE COMMUNITY

GARDEN AND OUTREACH PROGRAM IS DESIGNED TO WELCOME FRESH VEGETABLES

INTO THE HOME KITCHEN. FAMILIES FROM OUR COMMUNITY ARE ABLE TO ADOPT

THEIR OWN GARDEN BED, GROW FRESH PRODUCE AND BE ABLE TO TAKE HOME AND

SHARE THE PRODUCE THAT THEY EACH GROW.

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

AFFORDABLE HOUSING

THE UPCOMING PRO-VISION, INC. HOUSING INITIATIVE WILL HAVE MORE THAN

400 UNITS OF A MASTER-PLANNED COMMUNITY FOR MIXED INCOME FAMILIES --LOW

AND MODERATE-INCOME, AS WELL AS SINGLE-FAMILY, MULTI-FAMILY, SENIOR

LIVING, A COMMUNITY CENTER AND GREEN SPACE. PRO-VISION, INC. SECURED

ADDITIONAL LAND ADJACENT TO THE PRO-VISION ACADEMY WITH THE PURPOSE TO

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HAVE A STABILIZING AND SUSTAINING EFFECT ON THE SUNNYSIDE COMMUNITY.

2022.04020 PRO-VISION, INC.

232212 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization PRO-VISION, INC.	Employer identification number $76-0336711$
PRO-VISION, INC.'S MODEL AIMS TO DEVELOP AN ENTIRE ECOSYST	EM OF SOCIAL
STABILITY WITHIN A COMMUNITY. THIS AIM CANNOT BE ACCOMPLIS	HED WITHOUT
EXCEPTIONAL, BUT AFFORDABLE, AND MIXED INCOME HOUSING. THE	HOUSING
INITIATIVE WILL TRANSFORM UNDERUSED, INDUSTRIAL, AND INNER	-CITY
PROPERTIES, IN A ONCE DESOLATE AND FORGOTTEN NEIGHBORHOOD,	INTO A LARGE
AND THRIVING AFFORDABLE HOUSING COMMUNITY. THIS ACTIVITY O	F THE MODEL
NOT ONLY ASSUMES THAT IMPROVED HOUSING STOCK WILL ENHANCE	THE PHYSICAL
SPACE OF A NEIGHBORHOOD, BUT IT WILL ALSO ENHANCE COMMUNIT	Y MEMBERS'
WELL-BEING AND CIVIC RESPONSIBILITY.	
EXPENSES \$ 370,382. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AN	D CHIEF FINANCIAL
OFFICER BEFORE IT IS SUBMITTED TO THE IRS. IT IS COMPARED	TO THE AUDITED
FINANCIAL STATEMENTS TO ENSURE CONSISTENCY BETWEEN THE TWO	DOCUMENTS.
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 EXECUTI	VE OFFICER, OR
ANOTHER EXECUTIVE APPOINTED BY THE CEO, REVIEWS EACH EMPLO	YEE 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.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD CHAIRMAN REVIEWS INDUSTRY SURVEYS FOR CHIEF EXECUTIVE OFFICER'S

(CEO) OF OTHER NON-PROFITS WITH SIMILAR BUDGETS. THE CEO'S CONTRACT IS

APPROVED BY THE BOARD CHAIR.

232212 10-28-22

Name of the organization

PRO-VISION, INC.

227,150.

20,487.

247,637.

0.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE

AND ARE SENT TO VARIOUS AGENCIES AND FOUNDATIONS AS REQUIRED. THE GOVERNING

DOCUMENTS ARE ALSO SUPPLIED AS REQUIRED TO THESE SAME ENTITIES. THE

DOCUMENTS ALL RESIDE AT 2656 SOUTH LOOP WEST, STE 650, HOUSTON, TX 77054

AND WILL BE MADE AVAILABLE TO THE PUBLIC AS REQUESTED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 247,637.

FORM 990, PART XII, LINE 2C

THE INDEPENDENT ACCOUNTANT WAS SELECTED BY A REQUEST FOR PROPOSAL. THE

BOARD AND EXECUTIVE DIRECTOR/CEO APPROVED THE STAFF SELECTION.

232212 10-28-22

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name PRO-VISION, INC.	Employer Identification Number 76-0336711
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - BUILDING RENT	AL 21,840.

<u> </u>	Name:	PRO-VISION, IN	NC.								FEIN:	76-0336711
	Туре		LDING RENTAL P	OST-2017 NOL E Section 382 Carryover	FED	DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for <u>12/31/21</u>	Amount Used for 12/31/22	Amount Used for						
С	2017 2018 2019 2020	0. 48,484.	37,400.	14,134.	23,266.							
I J K L												
M N O P Q R S T U V V												
	Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D E F G												
G H J K L												
M N O P Q												
R S T U V W												

ame:	PRO-VISION, INC	С.								FEIN:	76-03367
	nd Entity: PRE- 882 Annual Limitation	2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
'ear)rigi- ated	Original Carryover Amount	Total Amount Used	Amount Used for <u>12/31/17</u>	Amount Used for 12/31/18	Amount Used for	Amoun Used fo					
2014 2015 2016	10,815. 9,916. 9,158.	10,815. 9,916. 9,158.	10,815. 5,814.	4,102. 9,158.							
										-	
etail ype	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo

04-01-22