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) |

| Form | 990 | (2022) |
|------|-----|--------|
| | 330 | |

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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232003 12-13-22

3 2022.04020 PRO-VISION, INC.

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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 | |
| 232004 | 12-13-22 | Form | 990 | (2022) |

4 2022.04020 PRO-VISION, INC. PRO-VIS1

| 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, | | | | | | | | | |
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| b If 'Yes,' that it field a form 990-T for this year? <i>Y</i> No' to fund 3tp. provide an explanation on science authority over, a famancial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' tenter the name of the foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' tenter the name of the foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' tenter the name of the foreign country (such as a bank account, securities account, or other financial account)? If we the organization the organization that was or is a party to a prohibited at scheter transaction? If a base the organization name aroung access cells that are normally greater than \$100,000, and did the organization name and prose sceles that are normally (sector that scheter transaction? If 'Yes,' to line 5a or 5b, did the organization that was or is a party to a prohibited the achiever solicitation are preses statement that such contributions or gifts were not tax deductible? If 'Yes,' to line 6a or 50, did the organization name access of STs made party as a contribution and party for pools and envices provided to the party? If 'Yes,' indicate the number of Forms 2822 filed during the year If 'Yes,' indicate the number of Forms 2822 filed during the year? If the organization neceive any funds, directly or indicatly, to pary premiums on a personal benefit contract? If the organization neceive any funds, directly or indicatly, to pary premiums on a personal benefit contract? If the organization neceive any funds, directly or indicatly, to pary premiums on a personal benefit contract? If the organization neceive any funds, difectily tor indicatly, to pa | | | | | | | | | | | |
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| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8a 9 Sponsoring organizations maintaining donor advised funds. 8a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 11 Section 501(c)(7) organizations. Enter: 11a 11a 11a a Gross income from members or shareholders 11a 11b 11b 12 Section 501(c)(22) qualified nearby plants the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 28 Section 501(c)(22) qualified nearby plans in more than one state? 13a 13a 13 Bettoring secretor administration the organization is received to issue qualinfied heatint plans in more than one state? | f | | | | | | <u> </u> | | | | |
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| sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 0 Did the sponsoring organization make any taxable distributions under section 4966? 9a 0 Section 501(c)(7) organizations. Enter: 10a 10a 10 filtation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 11a 12 Gross income from members or shareholders 11a 10b 11b 12 Section 501(c)(22) organization futerest received or accrued during the year 12a 12a 13 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a 13 Section 501(c)(22) qualified nonprofit health plans in more than one state? 13a 13a 14a X X 13a 13a 13a 14a X 13a 13a 13a 13a 15 It is the organization inclensed to issue qualified health plans < | - | | | | 7h | | | | | | |
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| | | | | | | | | | | | |
| | 232005 | | | | Form | 990 | (2022) | | | | |

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5 2022.04020 PRO-VISION, INC.

| | 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 | | | | | |
| 232006 | 12-13-22 | | | Form | 990 | (2022 |
| | 6 | | | | | , |
| 908 | 29 130509 PRO-VISIONIN 2022.04020 PRO-VISIO | ON, | INC. | | PR | .0-V |

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. |
| 23200 | 9 12-1 | 13-22 | | | _ | | | Form 990 (2022) |

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) | |
| | | | | | | | | | | |
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| Schedule A | Form | aan | 2022 |
|------------|------|------|------|
| Schedule A | | ອອບ) | 2024 |

PRO-VISION, INC.

76-0336711 Page 2

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 | | |

232022 12-09-22

| 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.)

232024 12-09-22

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

21490829 130509 PRO-VISIONIN

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. |
|-------------|------|
|-------------|------|

| 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) |

23 2022.04020 PRO-VISION, INC.

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) |

24 2022.04020 PRO-VISION, INC.

| | 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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25 2022.04020 PRO-VISION, INC. Schedule B (Form 990) (2022)

| 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. |
|--------|--|
| 232051 | 09-01-22 |

27 2022.04020 PRO-VISION, INC.

| | | 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

21490829 130509 PRO-VISIONIN

| (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

232053 09-01-22

(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) | | |
|------------|------|----------------------------|
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| | | Schedule D (Form 990) 2022 |

232055 09-01-22

21490829 130509 PRO-VISIONIN

| 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 | |

232111 10-18-22

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) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (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

 232211 10-28-22
 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. |
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| <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. | | | | | | | |
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| 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 |
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