50m 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

ITV	

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer EIN or SSN The Vision of Children 95-4271785 Name and title of officer or person subject to tax Samuel A. Hardage CEO & Chairman Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) Form 8868 check here 5a b Balance due (Form 8868, line 3c) Form 990-T check here 6a b Total tax (Form 990-T, Part III, line 4) Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7a 7b Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8a b Tax due (Form 5330, Part II, line 19) Form 5330 check here 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888.353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

. (EIN)

PIN:	check	one	hox	only

X Lauthorize Swenson Advisors LLP

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [

to enter my PIN

and that I have examined a copy of the

I am a person subject to tax with respect to (name

92130

ERO firm name

Enter five numbers, but

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the eturn is being fled with a state agency(ies) regulating charities as part of/the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

33705192130

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns

ERO's signature

Date _ 08/29/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	roi u	ne 2021 calendar year, or tax year beginning and	enaing		
В	Check i applica	C Name of organization		D Employer identific	cation number
	Addı				
	Nam char	ge Doing business as		95-427178	<u>85 </u>
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Fina retur	12555 High Bluff Drive Ste 330		858-314-	7916
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	974588.
		nded Can Diogo CA 02120		H(a) Is this a group re	
F	Appl			for subordinates	
	tiòn pend	same as C above		H(b) Are all subordinates in	=
$\overline{}$	-			1	
		xempt status: $X = 501(c)(3) = 501(c)(0) = 0$ (insert no.) $= 4947(a)(1) = 0$ (ite: \Rightarrow www.visionofchildren.org	or 527	1	list. See instructions
		· · · · · · · · · · · · · · · · · · ·	1	H(c) Group exemption	
	ert I	of organization: X Corporation Trust Association Other	L Year	of formation: 1990 N	1 State of legal domicile; CA
	$\overline{}$		77.07.037	OF CUIT PREM	
ø	1	Briefly describe the organization's mission or most significant activities: THE TOTAL PROPERTY OF THE TOTAL PR			
Suc		FOUNDATION seeks to find a cure for inher			
ű	2	Check this box if the organization discontinued its operations or dispos	ed of more	1 1	
Š	3			3	9
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
įţį	6	Total number of volunteers (estimate if necessary)		6	50
Activities & Governance	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	: _k	Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.
		, , ,		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		281728.	533232.
ne	9			0.	0.
Ver	10			422.	348.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3938.	231738.
	ויי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		286088.	765318.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		425502.	174500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		162093.	157431.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ö	≟ k	Total fundraising expenses (Part IX, column (D), line 25)	<u> 45.</u>		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		90237.	64595.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		677832.	396526.
	19	Revenue less expenses. Subtract line 18 from line 12		-391744.	368792.
Net Assets or	ß	·		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		558246.	773477.
ASS	21	Total liabilities (Part X, line 26)		785861.	632300.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		-227615.	141177.
	art II			2270131	
		ralties of perjury, I declare that I have examined this return, including accompanying schedules	and etatome	unter and to the heet of my	knowledge and belief it is
				· · · · · · · · · · · · · · · · · · ·	Kilowieuge allu bellel, il is
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	licii preparer	lias any knowledge.	
		Signature of officer		I Date	
Sig		' · · ·		Date	
He	re	Samuel A. Hardage, CEO & Chairman			
		Type or print name and title	1 -).i.	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Scott Maxwell	[0	8/29/22 self-employe	
Pre	parer	Firm's name Swenson Advisors LLP		Firm's EIN ▶	33-0810710
Use	Only	Firm's address > 25220 Hancock Ave., Suite 240			
_		Murrieta, CA 92562		Phone no. (9	51) 445-4700
Ма	y the	IRS discuss this return with the preparer shown above? See instructions			Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR MISSION IS TO CURE HEREDITARY CHILDHOOD BLINDNESS AND OTHER VISION
	DISORDERS AND TO IMPROVE THE LIVES OF VISUALLY IMPAIRED INDIVIDUALS
	AND THEIR FAMILIES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 174500 • including grants of \$ 174500 •) (Revenue \$)
	The Vision of Children funds researchers, in the US and
	internationally, who are advancing our understanding of the causes and are finding cures for inherited eye disease and vision disorders. The
	primary focus of our funded research has been multiple vision related
	medical issues.
	mcdical ibbdcb.
	22004
4b	(Code:) (Expenses \$ 23094. including grants of \$) (Revenue \$) The Vision of Children provides information to the public and gives
	researchers an opportunity to arrange for collaborative research
	projects by hosting a biennial symposium. Additionally, through
	newsletters and our website, we inform the members who make up our
	family network. The Vision of Children provides adaptive vision aids to
	school districts. These computer monitors and handheld magnifiers
	alleviate the stress and strain that students with low vision may face
	when they are at school. Further, the Vision Hero Video Series are
	videos of inspiring young people who are able to overcome their vision
	challenges. Vision Heroes mentor and motivate other young people born with genetic vision disorders to persevere, pursue their goals, and
	reach their full potential in spite of having a vision disorder.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 197594 •
	Form 990 (2021)

Form 990 (2021) The Vision of Children 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		77	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <u>''</u>		 -
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	. <u>. </u>		
.5	complete Schedule G, Part III	19		х
20a	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	, , , , , , , , , , , , , , , , , , ,			

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Pai	rt IV Checklist of Required Schedules (continued)			1	
00	Did the executation report more than \$5,000 of grants or other conjectures to be for demostic individuals on		-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	,	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	····· -			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete				ı
	Schedule J	وا	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	···· -			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				ı
	Schedule K. If "No," go to line 25a	2	4a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		4b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24	4c		ı
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		4d		
	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	2!	5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				ı
	Schedule L, Part I	2!	5b		Х
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%				ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	2	26		Х
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	∍d			ı
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	2	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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				ı
	"Yes," complete Schedule L, Part IV	<u>2</u> 8	8a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	8b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				ı
	"Yes," complete Schedule L, Part IV	28	8c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	2	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	<u> 3</u>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	3	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	<u>3</u>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<u> 3</u>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	····	34	-	X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u> 3</u> ŧ	5a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				ı
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		.		v
	If "Yes," complete Schedule R, Part V, line 2	<u> 3</u>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			~	ı
Pai	Note: All Form 990 filers are required to complete Schedule O	3	38	Х	
· u	Check if Schedule O contains a response or note to any line in this Part V				
	Oneon it solieuule o contains a response of flote to any line in this Fart v		— Т	 Vaa	<u> </u>
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_ <u> </u>			
·	2.2 2.3 3.3 3.3 4.1 4.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5.1 5				

(gambling) winnings to prize winners?

Form 990 (2021) The Vision of Children

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	•		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	UD		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		_
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Ves." complete Form 4720, Schedule O.	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 9			
	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 0			
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	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a		7-		Х
	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	37
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 reached at the	_		37
800	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 Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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 books and records			
	Samuel A. Hardage - (858) 314-7916			
	12555 High Bluff Dr Ste 330, San Diego, CA 92130			

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Form 990 (2021) 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

X Check this box if neither the organization r	I	orga	niza			nper	sate	ed any current officer, d	irector, or trustee.	-
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position Rep		Reportable	Reportable	Estimated				
	hours per	box	, unle	not check more than one		compensation	compensation	amount of		
	week	_	T an			1	,	from	from related	other
	(list any hours for	direct		, p			the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	lust	Officer	Key	High	Former			
(1) Samuel A. Hardage	0.50									
CEO & Chairman		Х		Х				0.	0.	0.
(2) Elizabeth Dole	0.00	1							_	
Honorary Co-Chair	 	Х						0.	0.	0.
(3) Debora B. Farber, Ph.D.	0.50	1							_	
Chief Scientific Advisor	 	Х						0.	0.	0.
(4) Richard Alan Lewis, M.D., M.S.	0.50									
Scientific Advisor	<u> </u>	Х						0.	0.	0.
(5) Daniel W. Gil, Ph.D.	0.50									
Director	<u> </u>	Х						0.	0.	0.
(6) Vivian L. Hardage, M.S.	0.50	ļ								
Director		Х						0.	0.	0.
(7) Jacqueline Johnson, Ph.D.	0.50									
Director	0.50	Х						0.	0.	0.
(8) Stephen Moffett, O.D.	0.50									
Director	0.50	Х						0.	0.	0.
(9) Gregory I. Ostrow, M.D.	0.50	٠,,							_	
Director	0 50	Х						0.	0.	0.
(10) Richard A Schatz, M.D.	0.50	х						0.	0.	_
Director (11) Kenneth J. Widder, M.D.	0.50	Δ						0.	0.	0.
Director	0.30	Х						0.	0.	0.
(12) Beth Chaney	0.50	Λ						0.	0.	0.
Secretary	0.30	1		х				0.	0.	0.
Becletary	+			^				0.	0.	0.
		1								
		1								
	+									
		1								
	†									
		1								
	1									
		1								

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

The Vision of Children 95-4271785 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 4601. **b** Membership dues 1b 330121. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 198510. 1f g Noncash contributions included in lines 1a-1f 533232. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 348. other similar amounts) 348. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$330121. ofcontributions reported on line 1c). See 441008. Part IV, line 18 **b** Less: direct expenses 231738. 231738. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold

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11 a

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765318.

Business Code

e Total. Add lines 11a-11d

12 Total revenue. See instructions

c Net income or (loss) from sales of inventory

d All other revenue

Form 990 (2021) The Vision of Children Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	174500.	174500.		
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				
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	157431.	7812.	50044.	99575
8	Pension plan accruals and contributions (include				-
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	· · · · · · · · · · · · · · · · · · ·				
10	Payroll taxes				
11	Fees for services (nonemployees):	30840.	12005		17955
а	Management		12885.	2075	1/955
b	Legal	2975.		2975.	
С	Accounting	8750.		8750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2245.		2245.	
13	Office expenses	2165.		2165.	
14	Information technology				
15	Royalties				
16	Occupancy				
17		1513.			1513.
	Travel	1313.			1313
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	749.		749.	
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	Other expenses	13260.	299.	9659.	3302.
a b	Project Vision Aid	2098.	2098.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3302
		2050	2070•		
C					
d	All other eveness				
	All other expenses	206526	197594.	76587.	1 2 2 2 1 5
<u>25</u>	Total functional expenses. Add lines 1 through 24e	396526.	17/374.	/030/•	122345
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021

Form **990** (2021)

Par	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any line in this Pa	t X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			82685.		51103
	2	Savings and temporary cash investments			193076.	2	443424
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7485.	4	3950
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	stantial contributor, or 3	5%			
		controlled entity or family member of any of the	ese persons			5	
	6	Loans and other receivables from other disqu	alified persons (as define	d			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(3)		6	
ဌ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	B				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			0.5500	12	0.55000
	13	Investments - program-related. See Part IV, lin		Г	275000.	13	275000
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)		558246.	16	773477
	17	Accounts payable and accrued expenses			20748.	17	8659
	18	Grants payable		759971.		619971	
	19	Deferred revenue			5142.	19	3670
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		·····		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	es 17-24). Complete Par	· X		25	
	06	of Schedule D		Г	785861.	26	632300
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or			703001.	26	032300
S		and complete lines 27, 28, 32, and 33.	neck nere				
nce	27				-246104.	27	118786
ala	28	Net assets with donor restrictions Net assets with donor restrictions			18489.	28	22391
g G	20	Organizations that do not follow FASB ASC		l	10403.	28	22371
튑		and complete lines 29 through 33.	950, Check here				
ō	29	Capital stock or trust principal, or current fun	łe			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-227615.	32	141177
z	33	Total liabilities and net assets/fund balances			558246.	33	773477

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>653</u> :	
2	Total expenses (must equal Part IX, column (A), line 25)	2		965	
3	Revenue less expenses. Subtract line 2 from line 1	3		687	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2	<u> 276:</u>	<u> 15.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	1	411'	77.
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	Ο.			
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	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2021)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization The Vision of Children 95-4271785 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	71	1	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and		• •						
	membership fees received. (Do not								
	include any "unusual grants.")	1096653.	660771.	1111021.	289840.	1102569.	4260854.		
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	1005550		111101		1100560	1050051		
	Total. Add lines 1 through 3	1096653.	660771.	1111021.	289840.	1102569.	4260854.		
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,						252006		
	column (f)						353026.		
6	Public support. Subtract line 5 from line 4.						3907828.		
	ndar year (or fiscal year beginning in)	(a) 2017 1096653.	(b) 2018 660771.	(c) 2019 1111021.	(d) 2020 289840.	(e) 2021 1102569.	(f) Total 4260854.		
	Amounts from line 4	1090055.	000//1.	1111021.	209040.	1102369.	4200054.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	530.	1226.	318.	422.	348.	2844.		
	and income from similar sources	550.	1220.	310.	422.	340.	2044.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
44	assets (Explain in Part VI.)						4263698.		
		oto (ooo inatruotia	.no/			12	4203030		
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax v					
10	organization, check this box and stor	_		y					
Sec	etion C. Computation of Publi								
	Public support percentage for 2021 (li	• • •		column (f))		14	91.65 %		
	Public support percentage from 2020					15	84.49 %		
	33 1/3% support test - 2021. If the o								
	stop here. The organization qualifies								
b	33 1/3% support test - 2020. If the o								
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			>		
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts								
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		>		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line					
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and sto	op here. Explain i	n Part VI how the			
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□		
18									

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
<u> </u>	check this box and stop here					<u></u>	>
	ction C. Computation of Publi					T I	
15	Public support percentage for 2021 (I			column (f))		15	<u>%</u>
16	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2021. If the						. .
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0.		
9c		
10a		
10b		

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	11 3 3 (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	401101	Yes	No
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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_		_		_

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting) Orga	nizations	g
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e 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		ted Type III supporting organ	nization (see
	instructions).	. 5), ii 5 - 9	•

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
	ion D - Distributions		•		Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
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	es of supported organizations	3	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 the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			T	
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u> </u>	Excess from 2021				

Part VI	Company and Language 1 and Language 2
Pait 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

The Vision of Children

Employer identification number 95-4271785

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at an el aforcas	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	t funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	au Ciurilau Aggata
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
			L \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
_	the following amounts required to be reported under FASB A		, p. 0 vido
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sigi	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	I	Loan or excl	hange prograi	m					
b	Scholarly research	е	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatior	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or other	r similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi							_	-	_	_
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
							\vdash		Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1		
	Did the organization include an amount on Fo					•	y?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII.										
rai	t V Endowment Funds. Complete i				(c) Two years			ears back	(a) Four	rvoore	hack
4.	Designation of consultations	(a) Current year	(D) F	Prior year	(C) Two years	S Dack (C	u) Tillee y	ears Dack	(e) Fou	years	Dack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr	ent veer and belene	. /lina 1 a		\ bald as:						
2	Board designated or quasi-endowment	•	% (IIIIe 1	y, coluitiii (a)) Helu as.						
a	Permanent endowment		—70								
b											
C	The percentages on lines 2a, 2b, and 2c sho	,* =									
32	Are there endowment funds not in the posse	•	ation tha	t are held an	d administers	ad for the	organiza	tion			
ou	by:	331011 OF LITE OF GATHIZE	ation tha	t are ricid ar	a administere	o for the	organiza	ition		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990,	Part X, lin	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Boo	k valu	ie
		basis (investr		basis			reciation				
1a	Land										
	Buildings	I									
	Leasehold improvements										
	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 10	Oc.)			•			0.
								Schodulo	D (Ears	- 000	1 2021

Schedule D (Form 990) 2021 The Vision Part VII Investments - Other Securities.	or children		-4271785 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 Soo Form 900 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1) Investment in Sydnexis, (2) Inc.	275000.	Cost	
(3)	273000.	COSC	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	275000.		
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)		
Part X Other Liabilities.	<i>5</i> 10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	· · · ·	•	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

(7) (8) (9)

		(1 0111 0 00) 2021 1110 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2				- regc -
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Ref	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	1102917.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b		ed services and use of facilities	2b			
С		eries of prior year grants	2c			
d		(Describe in Part XIII.)	2d	337599.		
е	Add lii	nes 2a through 2d			2e	337599.
3	Subtra	act line 2e from line 1			3	765318.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	765318.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	nts With	Expenses per R	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	734125.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
b		rear adjustments	2b			
С		losses	2c			
d	Other	(Describe in Part XIII.)	2d	337599.		
е		nes 2a through 2d			2e	337599.
3	Subtra	act line 2e from line 1			3	396526.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	0.

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.

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 uses a loss contingencies approach for evaluating uncertain tax positions and continually evaluates changes in tax law and new authoritative rulings. No loss contingencies were recognized for the year ended December 31, 2021. The Organization's federal exempt organization returns for tax years 2017 and beyond remain subject to examination by the Internal Revenue Service. The Organization's exempt organization returns of the tax years 2016 and beyond remain subject to examination by the Franchise Tax Board. The Organization did not have unrecognized tax benefits as of December 31, 2021 and does not expect this to change significantly over the next 12 months. The Organization recognizes interest and penalties accrued on any unrecognized tax benefits

Schedule D (Form 990) 2021

396526.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

The Vision of Children 95-4271785 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Groce		None	1 1
			Concert			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			, , ,	, ,,	,	
Revenue	1	Gross receipts	771129.			771129.
Re	•	Gross receipts	7711254			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2	Less: Contributions	330121.			330121.
	2	Less. Contributions	330121.			330121.
	2	Gross income (line 1 minus line 2)	441008.			441008.
	3	Gross income (line 1 minus line 2)	441000.			441000.
		Oceh zuizea				
	4	Cash prizes				
	_					
"	5	Noncash prizes				
ses						
oeu	6	Rent/facility costs				
Direct Expenses			62445			60.445
ect	7	Food and beverages	63415.			63415.
Ë						
	8	Entertainment	57352.			57352.
	9	Other direct expenses	88503.			88503.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	209270.
		Net income summary. Subtract line 10 from li				231738.
Pa	rt I	III Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
'n			(a) Billigo	bingo/progressive bingo	(o) other garning	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
per	3	Noncash prizes				
Ä						
ect	4	Rent/facility costs				
ä						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	•	Direct expense cummary. Add into 2 timeag.	10 iii 00iaiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		rect garming moome summary. Cubitact mic r	nonnine i, colamii (a)			
۵	En	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				1e3140
U	"	110, CAPIAIII.				
	_					
10-	\\\\	ere any of the organization's gaming licenses re	avoked evenanded or to	rminated during the tay	upar?	Yes No
					yoai:	163 NO
D	11	Yes," explain:				
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 THE VISION OF CHITCHEN 95-	4 <i>4</i> /1/05	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ Na
	retain the state gaming license?	. L res	∟ No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ert III. linna O. (0h 10h
ıu		irt III, IIries 9, s	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	The	Vision	of	Children	95-4271785	Page 4
Part IV	(Form 990) Supplemental Inform	mation	(continued)				
			10000000				

SCHEDULE I (Form 990)

Department of the Treasury

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection Name of the organization **Employer identification number** The Vision of Children 95-4271785 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) The Regents of the University of CA - 100 Stein Plaza - Los Research for a cure to 95-6006143 501(c)(3) Angeles, CA 90095 174500. 0. Cash Value childhood blindness Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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are paid quarterly and are used to fund specific scientific research

the progress in order for the grantee to continue to receive funding.

expenses as enumerated in the grant proposal. It is a requirement of the

grant that the grantee provide the Organization with quarterly reports on

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
Part I, Line 2:					
The Organization provides research	grants t	o Ph.D.'s	who are de	dicated to	
finding cures for blindness and oth	ner visio	n disorder	rs. A grant	ee's	
eligibility is determined by the Bo	pard befo	re a grant	is approv	ed. Grants	

132102 10-26-21 Schedule I (Form 990) 2021 4 0

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

	The Visio						95	-42	ident		on nu	mber
						ction 501(c)(29) organ						
1	(b)	wered "Yes" on f Relationship betv			ified	, or Form 990-EZ, Pa			b	(d)	Corre	cted?
(a) Name of disqualified	person	person and or	ganiza	ation	(0	c) Description of trans	sactio	n		Y	es	No
											-	
											+	
										_	_	
2 Enter the amount of tax	inquired by the	rachization man	ogoro	or diag	usalified persons duri	ng the year under						
	•	· ·	•		•			> \$				
3 Enter the amount of tax,								\$				
Part II Loans to and	d/or From Int	orostod Doro	2000									
					Part V line 38a or E	orm 990, Part IV, line	26.	or if th	o orga	nizatio	\n	
reported an amo	•				, Fait V, lille 36a of F	omi 990, Part IV, iine	± 20, (יוו ווי	e orga	IIIZaliC	וונ	
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due) In	(h) Ap by bo	proved ard or	(i) ^v	/ritten
interested person	with organization	of loan	organi	zation?	principal amount			ault?	comm	nittee?		ment?
			То	From			Yes	No	Yes	No	Yes	No
Total					> \$					<u> </u>		
	ssistance Be	nefiting Inter	este	d Per								
Complete if the	organization ans	wered "Yes" on F	orm 9	90, Pa	art IV, line 27.							
(a) Name of interested	person	(b) Relationship interested personal the organization	on an		(c) Amount of assistance	(d) Type assistand			•) Purp assista		f
								+				
								+				
								\pm				

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

Schedule L (Form 990) 2021 The Vision of Children

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answere (a) Name of interested person	(b) Relati	onship	90, Part IV, I between in the organiz	terested	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
							Yes	No
Hardage Hospitality LLC	Owned	by	Board	Memb	30000.	Hardage Hos		Х
Hardage Hospitality LLC			Board			Hardage Hos		Х
Sydnexis, Inc.	Owned	by	Board	Memb	275000.	VOC has exe		Х
Part V Supplemental Information. Provide additional information for res	sponses to qu	estion	s on Schedu	ule L (see i	nstructions).			
Sch L, Part IV, Business	Transac	tic	ns Inv	rolvin	g Intereste	d Persons:		
(a) Name of Person: Harda	ge Hosp	ita	lity I	ıLC				
/1\ D 1								
(b) Relationship Between	Interes	ted	Perso	n and	Organizati	on:		
Ourned by Beend Member								
Owned by Board Member								
(d) Description of Transa	ction:	Har	dage H	ospit	ality, LLC	finances		
•					<u> </u>			
certain expenses and is s	ubseque	nt1	y reim	burse	d by VOC. H	lardage		
Hospitality, LLC financed	expens	es	of \$30	,000	in 2021.			
(a) Name of Person: Harda	ge Hosp	ita	lity I	ьLС				
(b) Relationship Between	Interes	ted	Perso	n and	Organizati	on:		
Owned by Board Member								
(d) Description of Transa	ation:	Uar	dage L	logni t	ality LLC	contributed		
(a, Description of Italisa	<u> </u>		uuye n	OBPIC	аттсу, шис	COLLET IDUCED		
\$19,224 to VOC to fund VO	C's pay	ro1	.1 in 2	021.				
(a) Name of Person: Sydne	xis, In	ıc.						
(b) Relationship Between	Interes	ted	Perso	n and	Organizati	on:		
Owned by Board Member		_		_				
(d) Description of Transa	ction:	VOC	has e	xecut	ed an agree	ment to hel	ם	
fund research concerning	treatme	nts	for c	hildh	ood myopia.	In exchang	e fo	r
providing this funding, V	OC will	. be	issue	d com	mon stock i	n Sydnexis,	Inc	•
						Schedule L (Form 99	0) 202

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 95-4271785 The Vision of Children Form 990, Part VI, Section A, line 2: Kenneth Widder and Jacqueline Johnson are married. Sam & Vivian Hardage are married. Form 990, Part VI, Section A, line 8b: There are no committees Form 990, Part VI, Section B, line 11b: THE FORM 990 IS DRAFTED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. THE DRAFT IS THEN DISTRIBUTED TO THE CHAIRMAN OF THE BOARD AND HIS ACCOUNTING STAFF FOR REVIEW. THE FINAL VERSION OF FORM 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW BEFORE FILING. Form 990, Part VI, Section B, Line 12c: THE CONFLICT OF INTEREST POLICY IS DISCUSSED AND AT EACH BOARD MEETING, REVIEWED. THE POLICY IS ALSO REVIEWED AND DISCUSSED WITH EACH EMPLOYEE, PART OF THEIR REVIEW, COMPLETED EVERY SIX MONTHS. Form 990, Part VI, Section B, Line 15b: COMPENSATION OF KEY EMPLOYEES IS DETERMINED OR REVIEWED BY THE CHAIRMAN. COMPENSATION IS DETERMINED WITH REGARD TO COMPENSATION PAID TO SIMILAR EXECUTIVES OF COMPARABLE NON-PROFITS. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

THE FORM 990 IS ALSO

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** The Vision of Children 95-4271785 AVAILABLE TO THE PUBLIC UPON REQUEST AS WELL AS VIA THE ORGANIZATION'S WEBSITE. Part XII, Line 2C Explanation The Chairman of the Board and the Accounting Staff assumes responsibility for the oversight of the audit of its financial statements and selection of an independent certified public accounting firm. During the calendar year 2021, the Organization did not change its oversight or selection process.

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calend	ar Year	2021	or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd	d/yyyy	/)		
	tion/Orga		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		rnia corpo	ration n	umber
THE	VI	SIO	N OF CHILDREN	1	L661	435	
Addition	al inform	ation. S	See instructions.	FEI	٧		
				2	95-4	<u> 271</u>	785
Street ac	ddress (s	uite or	room)		PMB no.		
<u>125</u>	55 1	HIG	H BLUFF DRIVE, STE. 330				
City			State		ZIP code		
SAN	DI	<u>EGO</u>	CA	9	9213	0	
Foreign	country r	name	Foreign province/state/county		Foreign po	ostal cod	le
A Fir	st retur		Yes X No I Did the organization have any c	hann	es to its	nuidelir	 nes
	nended						
			47(a)(1) trust Yes X No J If exempt under R&TC Section				
			n return? engaged in political activities?				
•		Dissolv					
En	ter date:	(mm/da	If "Yes," enter the gross receipts	s fron	n nonme	mber s	ources \$
E Ch	eck ac	counti	ng method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited liab	bility (company	?	• Yes X No
			led? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form 1	100 or	Form 10)9 to	
•	,		990 series report taxable income?				
G Is	this a group filing? See instructions • Yes 🔀 No N Is the organization under audit by t						
H Is	this or	ganiza	tion in a group exemption				
lf'	"Yes," w	/hat is	the parent's name? 0 Is federal Form 1023/1024 pen				Yes X No
_			Date filed with IRS				
Parl	t I c	omnle	te Part I unless not required to file this form. See General Information B and C.				
			Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	441356 00
		2	Gross dues and assessments from members and affiliates			2	4601 00
		3	Gross contributions, gifts, grants, and similar amounts received STM		1 •	3	528631 00
		4	Total gross receipts for filing requirement test. Add line 1 through line 3.	1T	2		3 - 3 - 3 - 1 - 1 - 0 - 0
Rece	: I		This line must be completed. If the result is less than \$50,000, see General Information B		•	4	974588 00
ar		5	Cost of goods sold • 5		00		
Reve	nues		Cost or other basis, and sales expenses of assets sold 6		00		
		7	Total costs. Add line 5 and line 6			7	00
		8	Total gross income. Subtract line 7 from line 4		•	8	974588 00
Evno	naaa	9	Total expenses and disbursements. From Side 2, Part II, line 18		•	9	605796 00
Expe	11363	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		●	10	368792 00
		11	Total payments		•	11	00
		12	Use tax. See General Information K		•	12	00
		13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	00
Filing	Fee	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	00
		15	Penalties and interest. See General Information J			15	00
		16 Under	Balance due. Add line 12 and line 15. Then subtract line 11 from the result penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the	best of my	16 knowle	dge and belief,
Sign		it is tru	ie, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	s any k	nowledge.	_	
Here		Signat	ure .	ate			Telephone
		of offic	Date	N1 - 14			PTIN
		Prepa	rer's.	heck if	oloyed 📐		P00749825
Paid	ŀ	signat Firm's		21	,		● Firm's FEIN
Prepar	er's	(or you	"S, SWENSON ADVISORS LLP				33-0810710
Use Or		if self- emplo	yed) 25220 HANCOCK AVE., SUITE 240				• Telephone
223 31	.,	and a	MURRIETA, CA 92562				(951) 445-4700
		May	the FTB discuss this return with the preparer shown above? See instructions		•	Yes	No

THE VISION OF CHILDREN

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951	01-19-2	1

	1	Gross sales or receipts from all busin	ess activities. See instru	ctions	•	1	441008	
	2	Interest			•	2	348	00
	3	Dividends				3		00
Receipts	4					4		00
from .	5	Gross royalties				5		00
Other	6	Gross amount received from sale of a				6		00
Sources	7	<u>.</u>	,			7		00
	8	Total gross sales or receipts from oth				8	441356	
	9	Contributions, gifts, grants, and similar				9	174500	_
	10	Disbursements to or for members			•	10		00
	11	Disbursements to or for members Compensation of officers, directors, a	nd trustees	SEE STA	TEMENT 4 •	11	0	_
	12	Other salaries and wages			•	12	157431	
Expense		Interest				13		00
and	14	Taxes				14		00
Disburse	- 1	Rents				15		00
ments	16	Depreciation and depletion (See instru				16		00
	17	Other expenses and disbursements		SEE STA	TEMENT 5 •	17	273865	
	18		dd line 0 through line 17	7 Enter here and on Side 1 Da	rt I line Q	18	605796	
Sched		Balance Sheet		taxable year		d of taxable vea		100
Assets	<u> </u>	Bulunce onect	(a)	(b)	(c)		(d)	
1 Cash			(a)	275761	(6)	•	4945	27
		n receivable		7485		•	39	
		s receivable		7403		•		50
		ceivable						—
						•		—
		state government obligations				•		
		in other bonds				•		—
		in stock				•		
8 Mor				275000		•	2750	00
9 Othe				2/3000		•	2/50	00
10 a D	epreciao	le assets			1	\		
		mulated depreciation ()		()		
						•		
		·		FF0046		•		
		·		558246			7734	
Liabilitie				00740			0.6	
		yable		20748		•	86	
		s, gifts, or grants payable		759971		•	6199	71
		otes payable				•		
17 Mor	gages p	ayable		54.40		•		
		es STMT 7		5142			36	70
19 Capi	tal stock	or principal fund				•		
		tal surplus. Attach reconciliation		2224		•		
21 Reta	ined ear	nings or income fund		-227615		•	1411	
		ies and net worth		558246			7734	<u>77</u>
Sched	ule M							
		Do not complete this schedule i			s than \$50,000.			
1 Net	ncome ¡	per books	• 368	792 7 Income recorded	on books this year			
2 Fede	ral inco	me tax	•	not included in th	is return. Attach schedu	le •		
3 Exce	ss of ca	pital losses over capital gains	•	8 Deductions in this	s return not charged			
4 Inco	me not i	recorded on books this year.		against book inco	ome this year.			
Atta	ch sched	dule	•	Attach schedule		•		
		corded on books this year not			and line 8			
-		this return. Attach schedule	•	10 Net income per re				
		ne 1 through line 5	368	= 0 0	om line 6		3687	92
						•		

CA 199	Compensation of	Officers,	Directors and Trustees	Statement 4
Name and Ad	ldress		Title and Average Hrs Worked/Wk	Compensation
Samuel A. H 12555 High San Diego,	Bluff Drive, Ste.	330	CEO & Chairman 0.50	0.
Elizabeth I 12555 High San Diego,	Bluff Drive, Ste.	330	Honorary Co-Chair 0.00	0.
	Farber, Ph.D. Bluff Drive, Ste. CA 92130	330	Chief Scientific Advisor 0.50	0.
	an Lewis, M.D., M. Bluff Drive, Ste. CA 92130		Scientific Advisor 0.50	0.
Daniel W. G 12555 High San Diego,	Bluff Drive, Ste.	330	Director 0.50	0.
	Hardage, M.S. Bluff Drive, Ste. CA 92130	330	Director 0.50	0.

The Vision of Children	95-4271785
Jacqueline Johnson, Ph.D. 12555 High Bluff Drive, Ste. 330 San Diego, CA 92130	0.50 Oirector
Stephen Moffett, O.D. D. 12555 High Bluff Drive, Ste. 330 San Diego, CA 92130	0.50
Gregory I. Ostrow, M.D. D 12555 High Bluff Drive, Ste. 330 San Diego, CA 92130	0.50
Richard A Schatz, M.D. 12555 High Bluff Drive, Ste. 330 San Diego, CA 92130	Director 0.50
Kenneth J. Widder, M.D. D. 12555 High Bluff Drive, Ste. 330 San Diego, CA 92130	Director 0.50
Beth Chaney S 12555 High Bluff Drive, Ste. 330 San Diego, CA 92130	Secretary 0.
Total to Form 199, Part II, line 11	0.
CA 199 Other E	Expenses Statement 5
Description	Amount
Other expenses Project Vision Aid Direct expenses of fundraising events Management fees Legal fees Accounting fees Advertising and promotion Office expenses Travel Insurance	13260. 2098. 209270. 30840. 2975. 8750. 2245. 2165. 1513. 749.
Total to Form 199, Part II, line 17	273865.

CA 199	Other Investments		Statement 6
Description		Beg. of Year	End of Year
Investment in Sydnexis, Inc.	-	275000.	275000.
Total to Form 199, Schedule L,	line 9	275000.	275000.
	·		
CA 199	Other Liabilities		Statement 7
Description		Beg. of Year	End of Year
Deferred Revenue	-	5142.	3670.
Total to Form 199, Schedule L,	line 18	5142.	3670.

Date Accepted DO NOT MAIL THIS FORM TO T		
2021	California e-file Return Authorization for Exempt Organizations	8453-EO
Exempt Organiza	ation name	Identifying number
THE VI	SION OF CHILDREN	95-4271785
	ectronic Return Information (whole dollars only)	
	ross receipts (Form 199, line 4)	1 974588
	ross income (Form 199, line 8)	
3 Total ex	xpenses and disbursements (Form 199, line 9)	3 605796
Part II Se	ettle Your Account Electronically for Taxable Year 2021	
	ectronic funds withdrawal 4a Amount 4b Withdrawal date (mm	n/dd/yyyy)
Part III Ba	anking Information (Have you verified the exempt organization's banking information?)	
5 Routing	number	
6 Account	number 7 Type of account: Che	ecking Savings
	eclaration of Officer	
I authorize the on line 4a.	e exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electro	onic funds withdrawal for the amount listed
California elec a balance due organization w statements be	r intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines stronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complication, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt vill remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization reterransmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt thorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. CEO & CHAIRMAN	lete. If the exempt organization is filing organization's fee liability, the exempt turn and accompanying schedules and
Here /	Signature of office Date Title	
Part V De	eclaration of Electronic Return Originator (ERO) and Paid Preparer.	
I declare that am only an int accurately refl provided the of 1345, 2021 Hat the exempt or I declare that	I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete an termediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. lects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transorganization officer with a copy of all forms and information that I will file with the FTB, and I have followed all othe andbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the ganization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the lawe examined the above exempt organization's return and accompanying schedules and statements, and to the land complete. I make this declaration based on all information of which I have knowledge.	I declare, however, that form FTB 8453-EO smitting this return to the FTB; I have er requirements described in FTB Pub. the return or four years from the date the paid preparer, under penalties of perjury,
ERO sign	Date Check if also paid preparer P	Check ERO's PTIN P00749825
	i's name (or you's If-employed)	Firm's FEIN
	address	ZIP code
	es of perjury, I declare that I have examined the above organization's return and accompanying schedules and state by are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	
Paid	Paid Date Check	Paid preparer's PTIN
Preparer	preparer's signature 08/29/22 if self-employe	D000110005
Must	Firm's name (or yours SWENSON ADVISORS LLP	Frm's FEIN 33-0810710
Sign	and address 25220 HANCOCK AVE., SUITE 240 MURRIETA, CA	ZIP code 9 2 5 6 2

FTB 8453-EO 2021