LEVITZACKS CERTIFIED PUBLIC ACCOUNTANTS 450 B STREET, SUITE 500 SAN DIEGO, CA 92101

MR. SAMUEL A. HARDAGE THE VISION OF CHILDREN 12555 HIGH BLUFF DR NO. 330 SAN DIEGO, CA 92130

DEAR SAM:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990

2018 CALIFORNIA FORM 199

2018 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

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

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

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

VERY TRULY YOURS,

LEVITZACKS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	MR. SAMUEL A. HARDAGE THE VISION OF CHILDREN 12555 HIGH BLUFF DR NO. 330 SAN DIEGO, CA 92130
Prepared by	LEVITZACKS 450 B STREET, SUITE 500 SAN DIEGO, CA 92101
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2018, or fiscal year beginning	, 2018, and ending
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OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

95-4271785

THE VISION OF CHILDREN

Name and title of officer

MR SAMUEL A HARDAGE

CEO & CHAIRMAN

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	549,880.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize LEVITZACKS	to enter my PIN 20829						
ERO firm name	Enter five numbers, l do not enter all zero						
as my signature on the organization's tax year 2018 electronically filed return is being filed with a state agency(ies) regulating charities as part of the IRS Fenter my PIN on the return's disclosure consent screen.	• • • • • • • • • • • • • • • • • • • •						
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically fi indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of program, I will enter my PIN on the return's disclosure consent screen.							
Officer's signature	Date						
Part III Cortification and Authoritication							

Certification and Authentication

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

33612875810 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

EXTENDED TO NOVEMBER 15, 2019

990

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

A	ror the	e 20 18 calendar year, or tax year beginning and	enaing	_	
В	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addre: chang	THE VISION OF CHILDREN			
	Name chang	Doing business as		95-4	271785
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	<u> </u>
F	Final return/		330) 314-7910
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	661,998.
Г	Ameno			H(a) Is this a group re	
F	Applic		AGE	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
$\overline{}$	Toy ov	empt status: X 501(c)(3) 501(c) ()	or 527	_	list. (see instructions)
		re: WWW.VISIONOFCHILDREN.ORG	01 321	−1	
		organization: X Corporation	I Voor	of formation: 1990 N	State of legal domicile: CA
	art I	Summary	L TEAT	oriormation, ±550 N	1 State of legal dominione. C11
	T 4	Briefly describe the organization's mission or most significant activities: THE	VISION	J OF CHILDRE	N SEEKS TO
Activities & Governance	'	FIND A CURE FOR INHERITED EYE DISEASES.	VIDIOI	OI CHILDRE	N DELING TO
Jan				- H OF0/ - f H t	
Ver	2	Check this box if the organization discontinued its operations or dispo		1 1	ssets.
é	3			3	0
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
ijes	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5
Ξ̈́	6	Total number of volunteers (estimate if necessary)			
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		873,703.	561,772.
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		530.	1,226.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,620.	-13,118.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		911,853.	549,880.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		340,512.	515,021.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		250,011.	250,420.
ŠUŠ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e)	99.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		131,049.	100,310.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		721,572.	865,751.
	19	Revenue less expenses. Subtract line 18 from line 12		190,281.	-315,871.
JO S	22		Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		829,002.	576,938.
ASS	21	Total liabilities (Part X, line 26)		445,734.	509,541.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		383,268.	67,397.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of my	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
Sig	gn .	Signature of officer		Date	
He		MR. SAMUEL A. HARDAGE, CEO & CHAIRMAN			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	MICHAEL C. FRIEDMAN		if self-employe	P00283655
Pre	parer	Firm's name LEVITZACKS	<u> </u>	Firm's EIN	95-3159181
	e Only	Firm's address 450 B STREET, SUITE 500			
	•	SAN DIEGO, CA 92101		Phone no. (6	19)238-1077
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		. Hono hor (•	X Yes No
	, 11				

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 1, 1, 3,
	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 \$ 515,021. including grants of \$ 515,021.) (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.
4b	(Code:) (Expenses \$ 280 • including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$280 • including grants of \$) (Revenue \$) 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.
4c	(Code:) (Expenses \$ 97,797 • 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. THROUGH NEWSLETTERS AND OUR
	WEBSITE, WE INFORM THE MEMBERS WHO MAKE UP OUR FAMILY NETWORK.
4d	
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 613,098.
<u>4e</u>	Total program service expenses ► 613,098.

Form 990 (2018) THE VISION O Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(S) or 4947((21)) (other than a private foundation)? 1				Yes	No
2 Is 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 4 Section 801(x)3 organizations. Did the organization engage in dobbying activities, or have a section 501(ft) election in effect during the tax year? If "Yes, "complete Schedule C, Part II 5 Is the organization as section 501(c)(d), 501(c)(d), 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 if "Yes, "complete Schedule C, Part II 6 Did the organization markan any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization enceive or hold a conservation easement, including easements to preserve open space, the environment, historic land raises, or historic extrustrea? If "Yes, "complete Schedule D, Part II 8 Did the organization markan any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 9 Did the organization markan and provide schedule D, Part II 10 Did the organization markan and provide schedule D, Part II 11 Did the organization report an amount in Part X, line 21, for escrov or custodial account liability, serve as a custodian for amounts in collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II 11 Did the organization report an amount for investments because scuring in Part X, line 107 If "Yes," complete Schedule D, Part X II 12 Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes,"	1			v	
3 Uk the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public orflice? If "Yes," complete Schedule C, Part I was section 501(n) election in effect during the fax year? If "Yes," complete Schedule C, Part I was section 501(n) election in effect during the fax year? If "Yes," complete Schedule C, Part II was set to enganization as section 501(n) election in effect during the fax year? If "Yes," complete Schedule C, Part II was set to enganization as action 501(n)(s) 501(s)(s) 501(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(_	In Yes, "Complete Schedule A	_		
Section 501(h) election in offset Ves. Complete Schedule C, Part I 4 X Section 501(h) election in offset during the tax year? If Yes. Complete Schedule C, Part II 4 X X Is the organization a section 501(h) election in offset during the tax year? If Yes. Complete Schedule C, Part II 4 X X Is the organization as exterion 501(h) election in offset during the tax year? If Yes. Complete Schedule C, Part II 4 X X S Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide order for amounts not funds or accounts for which donors have the right to provide order for amounts not funds or accounts for which donors have the right to provide order for amounts not funds or accounts for which donors have the right to provide order for amounts not present and areas, or historic attractive? If Yes, complete Schedule D, Part II S X X X X X X X X X			2	21	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect using the tax year? If "Yes," complete Schedule C, Part II X is 1s the organization assection 501(h), 501(s)(s), 501(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(3		ا ء		x
during the tax year? If "Yes," complete Schedule C, Part II similar amounts as defined in Revenue Procedure 89.19 If "Yes," complete Schedule C, Part III to the organization nestron 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in the provide produce structures? If "yes," complete Schedule D, Part II 10 but the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 11 but the organization in the provide credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 but the organization is native to any of the following questions is "Yes," then complete Schedule D, Part SV, IV, IV, IV, IV, IV, IV, IV, IV, IV, I	4				
5 Is the organization a section \$01(c)(4), \$01(c)(5) or \$	7		4		x
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Pith 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 for which donors have the right to provide advice on the distribution or investment of amounts in such 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - organization report an amount for investments - organization assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for orther liabilities in Part X, line 19? If "Yes," complete Schedule D, Part XIII. Did the organization or a mount for orther liabilities in Part X, line 19? If "Yes," complete Schedule D, Part X. Did the organization or a mount for orther liabilities in Part X, line 19? If "Yes," complete Schedule D, Part X. Did the organization or amount for orther liabilities in Part X, line 19? If "Yes," complete Schedule D, Part X. Did the organization as	5		-		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 1 but he organization resolver 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	J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
The first the organization receive or hold a conservation easement, including easements to preserve open space, the environment istoric its and rease, or historic structures? If "Yes," complete Schedule D, Part II. A Did the organization maintain collections of borks of art, historical treasures, or or other similar assess? If "Yes," complete Schedule D, Part III. B Did the organization proport 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. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV. If the organization is never to any of the following questions is "Yes," then complete Schedule D, Part SV. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization submit in the International statements for the tax year include a tootnote that addresses the organization is ablative to runcerhal tax per Complete Schedule D, Part X and X line 16. Did the organization bothain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and X line organization maintain an office, employees, or agents outside of the U	6				v
bit he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		-		
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization assever to any of the following questions is "Yes," then complete Schedule D, Part SV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X B Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization p	′		7		x
Schedule D, Part III 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 10 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V, lift be organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III bit the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III bit the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII life III bit III bi	8		- '-		
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V	Ū		8		x
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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X 11b X 11b X 11c X 11c X 11c X 11d X	9		<u> </u>		
If "Yes," complete Schedule D, Part IV	•				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 4 Did the organization report an amount for other assets is attenents for the tax year of the tax year of the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 5 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 6 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 7 Did the organization maintain an office, employees, or agents outside the United States? 8 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts II and IV 9 Did the organization report on Part IX, column (A), line 3, more t			9		Х
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b 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	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			21	X	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04.0	Schedule J	23		_^
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			- v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
2F -	Part V, line 1	34 35a	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100		\vdash
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	<u> </u>
	Establish was been add in Day 2 of Establish 200 Establish 2 if a 1 in 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	(gambling) winnings to prize winners?	1c	Х	
	(garramig) trainings to prize without	1 10		

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

b if "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 b 10 Yes," enter the name of the foreign country. 5b of Wes," enter the name of the foreign country. 5ce 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 b Did any staable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did any staable party notify the organization file Form 8886.7? 6c Dose 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? 6c Did 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? 6c Did the organization that may receive deductible contributions under section 170(c). 6d Did the organization that may receive deductible contributions under section 170(c). 6d Did the organization receive a pyment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a Did the organization receive any pyment in excess of \$75 made party as a contribution of understance to the Form 8882 as required? 7b Did the organization receive any pure section of the value of the goods or services provided? 7c To the organization receive any pure section of the value of the goods or services provided? 7c To the organization receive any purpose of the purpose of the property for which it was required? 7c Did the organization receive any payment in excess of the purpose of the p					Yes	No
b If a least one is reported on line 2a, did the organization lie all required foreiral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a form 950-Tro this year? If "No" to line 3b, provide an explanation in Schedule O 3b If "Yes," and the during the calendary 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 At any time the name of the foreign country. 5a If "Yes," an advantage of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization have to prohibited tax shelter transaction at any time during the tax year? 5 b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If "Yes" to line 5 ao r 5b, did the organization file Form 8888 T? 6 Does the organization have armual gross receipts that are normally greater than \$100,000, and did the organization alout any contributions that were not tax deductible as charitable contributions? 6 a Does the organization have armual gross receipts that are normally greater than \$100,000, and did the organization alout any contributions that may receive deductible contributions under section 170(c). a bif the organization access a payment in excess of \$76 made pathy as a contribution and party for goods and services provided to the payment in excess of \$76 made pathy as a contribution of a payment in excess of \$76 made pathy as a contribution of payment in excess of \$75 made pathy as a contribution of payment in excess of \$75 made pathy as a contribution of payment in excess of \$75 made pathy as a contribution of payment in excess of \$75 made pathy as a contribution of payment in exce	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has a filed a Form 980-1 for this year? If "No" to line 3b, provide an explanation in Schedule 0 a At any time during the calendar year, of the organization have an interest in, or a signature or other nutritory over, a financial accountly (such as a bank account, securities account, or other financial accountly) b If "Yes," enter the name of the foreign country; Such as a bank account, securities account, or other financial accountly? 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 prohibitotic tax shelter transaction at any time during the tax year? 5a Did any taxabib party nority the organization file Form 8886.77 5b Did any taxabib party nority the organization file Form 8886.77 6c Does the organization anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions set and the organization solicit any contributions that were not tax deductible on the organization such exploration and party to a prohibitotion or grits were not tax deductible? 1 If "Yes," did the organization include with every solicitation any express statement that such contributions or grits were not tax deductible? 2 Did the organization neceive applient in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5a Different formal and a payment in excess of \$75 made party as a contribution and party for which it was required to file Form 8282? Ifted during the year 6 Did the organization sell-except, or cherwise dispose of tanglible personal property for which it was required to file Form 8282? Ifted during the year 6 Did the organization formal payment in excess o		filed for the calendar year ending with or within the year covered by this return	2a 4			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 5b If 11 Yes, "Install filled a Form 3901 for this year? If 11 Wol' to live 30, provide an explanation in Schedule O. 5b If 11 Yes, "Install filled a Form 3901 for this year? If 11 Wol' to live 30, provided an explanation in Schedule O. 5c If 11 Yes, "Install filled a Form 3901 for this year? If 11 Wol' to live 30, provided an explanation or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in the financial account	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
b if Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, of dith or 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 accounts) or other financial accountry. 4a b if Yes, 'enter the name of the foreign country: 5b or in the state of the foreign country: 5ce 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 b Did any stateble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did any stateble party notify the organization file Form 8886-T? 5c Did bost 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? 7b organizations that may receive deductible contributions under section 170(c). 8b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b organizations that may receive deductible contributions under section 170(c). 8b If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive any primation services any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of qualified intellectual property, did the organization file form 889a as required? 7d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8c Sponsoring organization make any taxable distributions under section 4966? 9a Did the sponso		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any studble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or Sb, did the organization file Form 8886-17. 5c Does the organization around agross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b (if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization netwer aparentin excess of \$75 made party as a contribution of qualitation foreive a parentin excess of \$75 made party as a contribution of qualitation foreive aparentin excess of \$75 made party as a contribution of understance of the party of prohibitions that the such contribution of the party of the promazion received another than one of the value of the goods or services provided? 7 Did the organization received another than of understance of tangible personal property for which it was required to tile Form 8282? 7 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization flore forms 829 as required? 10 Did the organization received a contribution of cars, boats, atripanes, or other vehicles, did the organization flore and contribution of cars, boats, atripanes, or other vehicles, did the organization flore and contribution of cars, boats, apipanes, or other vehicles, did the orga	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Company of the second)	3b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						77
	16		t income?	16		X
		If "Yes," complete Form 4720, Schedule O.		Г-	000	(0040

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X							
Sec	tion A. Governing Body and Management											
		1 1	_	Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>9</u>									
	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 in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other										
	officer, director, trustee, or key employee?		2	X								
3	Did the organization delegate control over management duties customarily performed by or under the											
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х							
4												
5												
6												
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?											
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
-	persons other than the governing body?											
8												
а	The governing body?		8a	Х								
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 re		0.5									
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O											
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F											
				Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such of		100									
_	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 boo		11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bololo limig allo lollili.	114									
12a	Did the appropriation become without another the first and a line of the land of the same		12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		12.5									
·	in Schedule O how this was done		12c	х								
13	Did the organization have a written whistleblower policy?		13	X								
			14	X								
14 15	Did the organization have a written document retention and destruction policy?		14	-2								
15	Did the process for determining compensation of the following persons include a review and approx persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
_			150		Х							
	The organization's CEO, Executive Director, or top management official		15a	Х	- ^ `							
IJ	Other officers or key employees of the organization		15b	-22								
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a										
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		40-		Х							
,	taxable entity during the year?		16a		Α.							
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the control of t											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of		401									
800	exempt status with respect to such arrangements?		16b									
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed CA		0\		- I - I							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	ina 990-1 (Section 501(c)(s only)	availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.	n in Onbard In O										
		n in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	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 be	ooks and records										
	SAMUEL A. HARDAGE - (858)314-7916											
	12555 HIGH BLUFF DR STE 330, SAN DIEGO, CA 92130											

832006 12-31-18

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	\vdash	Jer an	lu a u	recio	Iriius	lee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 2. *********************************		and related
	below	idual	ution	<u>.</u>	Key employee	est co oyee	ler.			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) SAMUEL A. HARDAGE	0.50									
CEO & CHAIRMAN		Х		Х				0.	0.	0.
(2) DEBORA B. FARBER, PH.D.	0.50									
CHIEF SCIENTIFIC ADVISOR		Х						0.	0.	0.
(3) VIVIAN L. HARDAGE	0.50									
DIRECTOR		Х						0.	0.	0.
(4) JACQUELINE JOHNSON, PH.D.	0.50									
DIRECTOR		Х						0.	0.	0.
(5) RICHARD A. SCHATZ, M.D.	0.50									
DIRECTOR		Х						0.	0.	0.
(6) KEN WIDDER, M.D.	0.50									
DIRECTOR		Х						0.	0.	0.
(7) ELIZABETH DOLE	0.00									
HONORARY CO-CHAIR		Х						0.	0.	0.
(8) DAN GIL	0.50									
DIRECTOR		Х						0.	0.	0.
(9) GREG OSTROW, M.D.	0.50									
DIRECTOR		Х						0.	0.	0.
(10) STEPHEN MOFFETT	0.50									
DIRECTOR		Х						0.	0.	0.
(11) BETH CHANEY	0.50									
SECRETARY				Х				0.	0.	0.
						<u> </u>				
					<u> </u>	<u> </u>				
				l	l	1	l			

	(A)	(B)	l		(C	•			(D)	(E)	ı		(F)	
	Name and title	Average	(do	not cl	Posi			one	Reportable	Reportable		Es	timate	ed .
		hours per	box	, unles	ss per	rson i	is bot	n an	compensation	compensation	·		nount (of
		week (list any	-	CCI AII	u a u	II ecto	ii us	ice)	from	from related			other	
		hours for	director				_		the organization	organizations (W-2/1099-MIS	~		pensa om the	
		related	3e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099*******	"		anizati	
		organizations	trust	al tru		yee	educ		,			•	d relate	
		below	Individual trustee or	Institutional trustee	cer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
		line)	pul	lns	Officer	Key	Hig	For						
1b Sub-t	otal							<u> </u>	0.		0.			0.
c Total	from continuation sheets to Part	VII, Section A						>	0.		0.			0.
	(add lines 1b and 1c)							<u> </u>	0.		0.			0.
	number of individuals (including buensation from the organization		ose	liste	ed at	oove	e) wł	o re	eceived more than \$100	0,000 of reportable)			0
ОСПІРС	SHOULDH HOM the organization												Yes	No
3 Did the	e organization list any former offic	er, director, or tru	uste	e, ke	y en	nplo	yee	or l	highest compensated e	mployee on				
line 1a	? If "Yes," complete Schedule J fo	r such individual									[3		X
	y individual listed on line 1a, is the	•								•				77
	lated organizations greater than \$											4		Х
	y person listed on line 1a receive or red to the organization? If "Yes," co	•				•		elat	•		- 1	5		Х
	Independent Contractors	ompiete Scriedur	e J i	OF SL	ich j	Ders	SOIT .					3		
	lete this table for your five highest ganization. Report compensation f										ens	ation f	rom	
une org	(A)					VILIT	OI W		(B)			(0		
	Name and busine	ess address	NO	ONE	3			4	Description of s	ervices	С	ompe	nsatio	n
										<u> </u>				
	number of independent contractor 200 of compensation from the orga		ot li	mite	d to		se lis	sted	above) who received n	nore than				

832008 12-31-18

Form 990 (2018) THE VIS:
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			·	,	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
इ इ	1 a	Federated campaigns	1a					3.2 3.1.
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
٩		Fundraising events						
ifts		Related organizations						
nis G		Government grants (contributi						
Sir		All other contributions, gifts, grant	· ——					
e ti	'			561,772.				
등등		similar amounts not included abov		1,975.				
o p	_	Noncash contributions included in lines			561,772.			
90	n	Total. Add lines 1a-1f			301,772.			
	_			Business Code				
ice	2 a							
ne P	b	·						
en S	С							
Re	d							
Program Service Revenue	е							
-		All other program service reve						
\rightarrow	g	Total. Add lines 2a-2f						
	3	Investment income (including			1 006			1 006
		other similar amounts)			1,226.			1,226.
	4	Income from investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		•				
en		Gross income from fundraising	g events (not					
		including \$193,7						
Other Reven		contributions reported on line						
ē		Part IV, line 18		99,000.				
₹		Less: direct expenses		112,118.	10 110			10 110
-		Net income or (loss) from fund		_	-13,118.			-13,118.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
İ		Miscellaneous Revenu		Business Code				
İ	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			549,880.	0.	0.	-11,892.

Part IX | Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			, , ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	general expenses	скропосс
	and domestic governments. See Part IV, line 21	515,021.	515,021.		
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	250,420.	68,978.	69,966.	111,476
8	Pension plan accruals and contributions (include				<u></u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
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 O.)				
12	Advertising and promotion				
13	Office expenses	1,645.	150.	1,431.	64
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	11,410.	3,328.	824.	7,258
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	789.		50.	739
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,705.		2,705.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL FEES	25,124.		25,124.	
b	VISION HEROES VIDEO SER	24,485.	24,485.	-	
С	BUSINESS MEALS	7,090.	19.	2,428.	4,643
d	MARKETING	6,994.		-	6,994
е	All other expenses	20,068.	1,117.	10,426.	8,525
25	Total functional expenses. Add lines 1 through 24e	865,751.	613,098.	112,954.	139,699
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)				
	0 12-31-18	I			Form 990 (2018

Part :	X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		92,273.	1	77,946.
	2			416,110.	2	197,336
	3	Pledges and grants receivable, net			3	
		Accounts receivable, net		34,958.	4	26,376
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens	ated employees. Complete			
					5	
	6	Loans and other receivables from other disqual				
		section 4958(f)(1)), persons described in section	, ,			
		employers and sponsoring organizations of sec	-			
တ္က		employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
Assets	7	Notes and loans receivable, net	The state of the s		7	
8 B		Inventories for sale or use		560.	8	280
		Prepaid expenses and deferred charges		10,101.	9	0
		Land, buildings, and equipment: cost or other		- , -		
- 1 -	-	basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
1	1	Investments - publicly traded securities			11	
- 1	2	Investments - other securities. See Part IV, line			12	
	3	Investments - program-related. See Part IV, line		275,000.	13	275,000
	4	Intangible assets		.,	14	. ,
	5	Other assets. See Part IV, line 11			15	
	6	Total assets. Add lines 1 through 15 (must equ		829,002.	16	576,938
_	7	Accounts payable and accrued expenses		20,365.	17	32,377
		Grants payable		378,369.	18	477,164
	9	Deferred revenue		47,000.	19	0
2		Tax-exempt bond liabilities		<u> </u>	20	
2		Escrow or custodial account liability. Complete			21	
	2	Loans and other payables to current and forme				
Liabilities	_	key employees, highest compensated employee				
ᅙᆖ		Complete Part II of Schedule L			22	
ہ ا ڌ	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	The state of the s		24	
		Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	•			
		Onlandada D	·		25	
2	26	Total liabilities. Add lines 17 through 25		445,734.	26	509,541
		Organizations that follow SFAS 117 (ASC 958				
န္တ		complete lines 27 through 29, and lines 33 ar				
ဋ 2	27	Unrestricted net assets		331,061.	27	22,051
<u>e</u> 2	28	Temporarily restricted net assets		52,207.	28	45,346
<u></u>	9				29	
튀		Organizations that do not follow SFAS 117 (A				
<u></u>		and complete lines 30 through 34.				
ន្ទ 3	0	Capital stock or trust principal, or current funds			30	
38	81	Paid-in or capital surplus, or land, building, or ed			31	
⋖	2	Retained earnings, endowment, accumulated in			32	
ž ₃		Total net assets or fund balances		383,268.	33	67,397
3	84	Total liabilities and net assets/fund balances		829,002.	34	576,938

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			E 4	0	0.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,7	
3	Revenue less expenses. Subtract line 2 from line 1		-31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	3,2	68.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6	7,3	97.
Pa	rt XII Financial Statements and Reporting	,			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	,			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
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				
	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	e 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 in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

10

Name of the organization

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

Open to Public Inspection

Employer identification number

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.)

1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name
	city, and state:
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)

☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8

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 university:

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

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.

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 III, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	305,260.	388,102.	404,688.	1,096,653.	660,771.	2,855,474.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	305,260.	388,102.	404,688.	1,096,653.	660,771.	2,855,474.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						871,718.
6	Public support. Subtract line 5 from line 4.						1,983,756.
Sec	ction B. Total Support			•			, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	305,260.	388,102.	404,688.	1,096,653.	660,771.	2,855,474.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	748.	657.	763.	530.	1,226.	3,924.
9	Net income from unrelated business					-	<u> </u>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,439.		8,538.			9,977.
11							2,869,375.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop			·····			
Sec	ction C. Computation of Publ						
14	Public support percentage for 2018 (I	line 6, column (f) d	vided by line 11, c	olumn (f))		14	69.14 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	71.36 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h e	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
			,				

Schedule A (Form 990 or 990-EZ) 2018

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	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(6) 2016	(4) 2017	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first, second this	rd, fourth, or fifth t	ax vear as a sectio	on 501(c)(3) organiz	ration.
• •		· ·		,	•	() ()	▶
Se	ction C. Computation of Publi						<u> </u>
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	<u> </u>
	ction D. Computation of Inves					, ,	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2018. If the						
196	more than 33 1/3%, check this box ar						I IS HOL
L							
	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	Filvate loundation. If the organization	in ala not check a	DOX OF HILE 14, 18	a, or rab, crieck t	ing bux and see in	อเเนษแบบอ	

832023 10-11-18

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction:	3)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Pai	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

THE VISION OF CHILDREN 95-4271785 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

THE VISION OF CHILDREN

95-4271785

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08		\$	990 990-F7 or 990-PF\(2

Name of organization **Employer identification number** 95-4271785 THE VISION OF CHILDREN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE VISION OF CHILDREN

Employer identification number 95-4271785

Pai	t I Organizations Maintaining Donor Advise		r Similar Funds	or Accounts Complete if the
. u	organization answered "Yes" on Form 990, Part IV, lin		ommar ranac	or 7000 anto:00mplete il tile
	organization answered Tes Off Offi 390, Fart IV, iii	(a) Donor advi	sed funds	(b) Funds and other accounts
4	Total number at and of year	(a) Borior davi	334 141143	(b) Fariac and carer accounts
1	Total number at end of year			
2				
3	Aggregate value of grants from (during year)		+	
4	Aggregate value at end of year			16.1
5	Did the organization inform all donors and donor advisors in	-		
	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	or donor advisor, or for	any other purpose	
D	impermissible private benefit?			Yes No
Pai				Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e	education)	eservation of a hist	orically important land area
	Protection of natural habitat	L Pr	eservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cont	ribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not	on a historic struct	ure
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-			
	year▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, insp	ection, handling of	
	violations, and enforcement of the conservation easements in	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conserva	tion easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirem	ents 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			
	include, if applicable, the text of the footnote to the organization	tion's financial stateme	ents that describes	the organization's accounting for
	conservation easements.			
Pai	t III Organizations Maintaining Collections o	f Art, Historical T	reasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report i	n its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or i	research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its	revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research i	n furtherance of pu	blic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L .
2	If the organization received or held works of art, historical tre	asures, or other simila	r assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating	to these items:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			

832051 10-29-18

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

Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t are a si	gnificant	use of its	collection	items	
	(check all that apply):										
а	a Public exhibition d Loan or exchange programs										
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further t	the organization	on's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	asures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	ns or other as	sets not	included		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
	Distributions during the year										
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	unt liabili	ity?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has beer	n provided on	Part XIII					
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	s back ((d) Three y	ears back	(e) Four	years ba	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posses		ation tha	t are held a	and administe	red for th	ne organi:	zation			
	by:	_					_			Yes I	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	chedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 990), Part IV	/, line 11a. \$	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value	
	,	basis (investn		. ,	(other)		reciation		` ,		
	Land	,									
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	Add lines 1a through 1a (Column (d) must ea		V colum	an (D) line	100)						Λ.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 THE VISION	OF CHILDREN		95-4271785 Page
Part VII Investments - Other Securities.			rago
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11b. See Form 990. Part X. line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			•
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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 990 Part IV li	ne 11c. See Form 990. Part X. line 1.	3
(a) Description of investment	(b) Book value		st or end-of-year market value
(1) INVESTMENT IN SYDNEXIS,	. ,	· · ·	•
(2) INC.	275,000	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	275,000) .	
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11d See Form 990 Part X line 1	5
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(7) (8)

Pai	rt XI Reconciliation of Revenue per Audited Financia	al Statements With Reven	ue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	1	549,880.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d				
е			2e	0.
3	Subtract line 2e from line 1		3	549,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	: Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	5	549,880.	
Pa	rt XII Reconciliation of Expenses per Audited Financi	al Statements With Expe	nses per Return	•
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	865,751.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	: Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	865,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			865,751.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION'S POLICY IS TO RECOGNIZE THE TAX BENEFITS OF AN UNCERTAIN TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE RELEVANT TAXING AUTHORITY. MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT ALL SIGNIFICANT TAX POSITIONS TAKEN TO DATE ON TAX RETURNS STILL SUBJECT TO EXAMINATION WOULD BE SUSTAINED BY THE RELEVANT TAXING AUTHORITIES. FEDERAL TAX RETURNS FOR 2014 TO 2018 AND CALIFORNIA TAX RETURNS FOR 2013 TO 2018 WERE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES AS OF DECEMBER 31, 2018.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	THE VISION OF CHILDREN	95-4271785 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Inf	formation (continued)	
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE VISION OF CHILDREN

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.

required to complete this par	t.							
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply				
a Mail solicitations e Solicitation of non-government grants								
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations	g Special	fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	dina o	fficers, directors, trus	stees, or			
key employees listed in Form 990, P						☐ No		
b If "Yes," list the 10 highest paid indiv								
compensated at least \$5,000 by the		<i>.</i>	ug. oc	monto andor winom				
Compensated at least \$6,000 by the	organization.							
		(iii)	Did		(v) Amount paid	(vi) Amount paid		
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)		
or entity (fundraiser)	-	or cor contrib	trol of utions?	from activity	listed in col. (i)	organization		
		Yes	No					
		163	140					
- Fotal								
3 List all states in which the organization	up in registered or licensed to policit a		ution	or has been notified	d it is avampt from re	aistration		
or licensing.	in is registered or licerised to solicit	CONTINE	utions	s of has been notined	a it is exempt from re	egistration		
or neerising.								

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

Schedule G (Form 990 or 990-EZ) 2018

ГС	art	of fundraising Events . Complete if the of fundraising event contributions and gr	•	•		·
			(a) Event #1 BOCELLI CONCERT	(b) Event #2 SYMPOSIUM 2018	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	301. (0))
Revenue	1	Gross receipts	223,860.	68,935.		292,795.
	2	Less: Contributions	124,860.	68,935.		193,795.
	3	Gross income (line 1 minus line 2)	99,000.			99,000.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				110 110
	9	Other direct expenses				112,118. 112,118.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I			L .	-13,118.
Pa	irt					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
۵	En	ter the state(s) in which the organization cond	icts gaming activities.	' 'A		
a	l Is t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		X Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•		year?	Yes X No
8320	82 1	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 THE VISION OF CHILDREN	95-42/		9
11 Does the organization conduct gaming activities with nonmembers?	L	Yes	X 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	X No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13	a	%
b An outside facility		ь	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record			, -
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amou of gaming revenue retained by the third party ▶\$	nt		
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	X	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III	lines 9.	9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, ,	,,

Schedule G	(Form 990 or 990-EZ)	THE VISION OF CHILDREN	95-4271785 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)	
		(
•			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the org	Employer identification number $95-4271785$							
Part I Gen	eral Information on Grants a	and Assistance					•	
criteria use	organization maintain records ed to award the grants or assi n Part IV the organization's pr	stance?						
	nts and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recip	pient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is need	ded.			
	and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MILE DECEMBO	OE MUE INTVENCIMY OF							
CA - 100 STE	OF THE UNIVERSITY OF IN PLAZA - LOS	05 6006142	E01/G)/2)	416.226				RESEARCH FOR A CURE TO
ANGELES, CA	90095	95-6006143	501(C)(3)	416,226.	0.	CASH VALUE		CHILDHOOD BLINDNESS
2 Enter total	number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				>
3 Enter total	number of other organization	s listed in the line	1 table					

Part III Can be duplicated if additional space is needed. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.											
(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	n (b); and any other a	dditional information.							
PART I, LINE 2:											
THE ORGANIZATION PROVIDES RESEARCH	GRANTS '	TO PHD'S W	HO ARE DED	ICATED TO							
FINDING CURES FOR BLINDNESS AND OT	HER VISI	ON DISORDE	ERS. A GRA	NTEE'S							
ELIGIBILITY IS DETERMINED BY THE B	OARD BEF	ORE A GRAN	IT IS APPRO	VED. GRANTS							
ARE PAID QUARTERLY AND ARE USED TO	FUND SP	ECIFIC SCI	ENTIFIC RE	SEARCH							
EXPENSES AS ENUMERATED IN THE GRAN	T PROPOS	AL. IT IS	S A REQUIRE	MENT OF THE							
GRANT THAT THE GRANTEE PROVIDE THE	ORGANIZ	ATION WITH	I QUARTERLY	REPORTS ON							
THE PROGRESS IN ORDER FOR THE GRAN	TEE TO C	ONTINUE TO	RECEIVE F	UNDING.							

SCHEDULE I: THE ORGANIZATION REPORTS GRANTS ON SCHEDULE I ON A CASH BASIS. THEREFORE, THE DETAILS OF GRANT EXPENSES ARE REPORTED ON SCHEDULE I AS THEY ARE PAID NOT AS THEY ARE ACCRUED. GRANT EXPENSES ON FORM 990, PART IX, LINE 1 ARE REPORTED ON AN ACCRUAL BASIS.	Part IV Supplemental Information
THEREFORE, THE DETAILS OF GRANT EXPENSES ARE REPORTED ON SCHEDULE I AS THEY ARE PAID NOT AS THEY ARE ACCRUED. GRANT EXPENSES ON FORM 990,	SCHEDULE I:
THEY ARE PAID NOT AS THEY ARE ACCRUED. GRANT EXPENSES ON FORM 990,	THE ORGANIZATION REPORTS GRANTS ON SCHEDULE I ON A CASH BASIS.
	THEREFORE, THE DETAILS OF GRANT EXPENSES ARE REPORTED ON SCHEDULE I AS
PART IX, LINE 1 ARE REPORTED ON AN ACCRUAL BASIS.	THEY ARE PAID NOT AS THEY ARE ACCRUED. GRANT EXPENSES ON FORM 990,
	PART IX, LINE 1 ARE REPORTED ON AN ACCRUAL BASIS.

Schedule I (Form 990)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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

Open To Public Inspection

Name of the organization

Employer identification number

				N OF CHI								717	85		
Part I	Excess Bene	fit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)	(29) organization	ns only	<i>'</i>).				
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, P	art V,	ine 40	b.			
1 , , , ,			(b) F	Relationship betv	veen o	disqua	lified ,						(d)	Corre	cted?
(a) Name	e of disqualified p	erson	person and organization (c) Description of transaction							Ye	es	No			
2 Enter th	e amount of tax i	ncurred by	the o	rganization man	agers	or disc	qualified persons du	ring	the year under						
section	4958										\$				
3 Enter th							ganization				\$				
Part II	Loans to and	l/or From	ı Int	erested Pers	sons										
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or	Forn	n 990, Part IV, lin	e 26;	or if th	e orga	anizatio	on	
	reported an amo			, Part X, line 5, 6											
	Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	(g)		(h) Ap _l by bo	proved ard or	(i) W	ritten
interes	ted person	with organiz	ation	of loan		zation?	principal amount			defa	ult?	cómm	ittee?	agree	ment?
					То	From				Yes	No	Yes	No	Yes	No
Total	O						> \$								
	Grants or As			_											
	Complete if the o														
(a) Nar	ne of interested p	person	((b) Relationship			(c) Amount of assistance		(d) Type assistan			• •) Purp assista		
				interested pers		a	assistance		assistan	CE		•	2001010	al IC C	
											-+				
											-				
											+				
											+				
			1								+				
			1								+				
			1								+				
			1								+				
			+								-				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 THE VISION OF CHILDREN Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization				(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
			· ·				Yes	No	
			BOARD			HH LLC FINA		Х	
SYDNEXIS, INC.	OWNED	BY	BOARD	MEMB	275,000.	VOC HAS EXE		Х	
Part V Supplemental Information. Provide additional information for response	nses to qu	estior	ns on Sched	ule L (see	instructions).				
SCH L, PART IV, BUSINESS T	RANSA	CTI	ONS IN	OLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: HARDAG	E HOS	PIT	ALITY :	LLC (HH LLC)				
(B) RELATIONSHIP BETWEEN I	NTERE	STE:	D PERS	ON AN	D ORGANIZAT	ION:			
OWNED BY BOARD MEMBER									
(C) AMOUNT OF TRANSACTION	\$ 32,	465	•						
(D) DESCRIPTION OF TRANSAC	TION:	НН	LLC F	INANC	ES CERTAIN	EXPENSES AN	D IS		
SUBSEQUENTLY REIMBURSED BY	VOC.	H	H LLC	FINAN	CED EXPENSE	S OF \$32,46	5 IN		
2018.									
THIS ENTITY ALSO PROVIDED	OFFIC	E F.	ACILIT	IES T	O VOC AT NO	CHARGE.			
(E) SHARING OF ORGANIZATIO	N REV	ENU:	ES? = 1	1O					
(A) NAME OF PERSON: SYDNEX	TC T	NTC							
(B) RELATIONSHIP BETWEEN I	-		ח סקקפ	אר אר	D ORGANIZAT	TON•			
OWNED BY BOARD MEMBERS	14111111	<u> </u>	D IERD	JIV AIV.	D ONGANIZAI	TON:			
(C) AMOUNT OF TRANSACTION	\$ 275	0.0	0 .						
(D) DESCRIPTION OF TRANSAC	•	_		EXECU	TED AN AGRE	EMENT TO HE	LP		
FUND RESEARCH CONCERNING T									
FOR PROVIDING THIS FUNDING								,	
INC. AND A ROYALTY INTERES									

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE VISION OF CHILDREN

Employer identification number 95-4271785

FORM 990, PART VI, SECTION A, LINE 2:

KEN WIDDER AND JACKI 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:

AT EACH BOARD MEETING, THE CONFLICT OF INTEREST POLICY IS DISCUSSED AND

REVIEWED. THE POLICY IS ALSO REVIEWED AND DISCUSSED WITH EACH EMPLOYEE, A

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. THE FORM 990 IS ALSO

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

THE VISION OF CHILDREN	95-4271785
AVAILABLE TO THE PUBLIC UPON REQUEST AS WELL AS VIA THE C	DRGANIZATION'S
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE CHAIRMAN OF THE BOARD AND THE ACCOUNTING STAFF ASSUME	ES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANACI	AL STATEMENTS
AND SELECTION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTS	ING FIRM.
DURING THE CALENDAR YEAR 2018, THE ORGANIZATION DID NOT C	CHANGE ITS
OVERSIGHT OR SELECTION PROCESS.	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 95-4271785 THE VISION OF CHILDREN File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 12555 HIGH BLUFF DR, NO. 330 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SAN DIEGO, CA 92130 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 SAMUEL A. HARDAGE The books are in the care of ► 12555 HIGH BLUFF DR STE 330 - SAN DIEGO, CA 92130 Telephone No. \blacktriangleright (858) $31\overline{4-7916}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and ElNs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2019)

За

3b

2018 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	MR. SAMUEL A. HARDAGE THE VISION OF CHILDREN 12555 HIGH BLUFF DR NO. 330 SAN DIEGO, CA 92130
Prepared by	LEVITZACKS 450 B STREET, SUITE 500 SAN DIEGO, CA 92101
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW YOUR RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

	Calendar Yea	r 2018 or fiscal year beginning (mm/dd/yyyy) , and end	ding (mm/dd/yy)	/y)			
First Return		3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cali	fornia corp	oration r	number	
First Return							
First Return	THE VI	SION OF CHILDREN		1661	435		
PAGE PAGE							
PAGE PAGE				95-4	271	785	
SAN DIEGO Trough country rans Proving normally marries Press X No B Amended Return Press X No C IRC Section 4947(a)(1) must Press X No D Final information Return? Press X No D Final information Return? Press X No D Final minormation Return? Press X No D Research X No B Is this a group fining? See instructions Press X No B Is this or agruntation in a group exemption Press X No D Id the organization in a group exemption Press X No D Id the organization in a group exemption Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have and the see in the Subtraction B and C. Press X No D Id the organization under adult by the IRS or has the IRS adulted in a prior year? Press X No D Id the organization in a group press to the see in the Subtraction B and C. Press X No D Id the organization under adult by the IRS or has the IRS adulted in a prior year? Press X No D Id the organ	Street address	(suite or room)	I				
SAN DIEGO Trough country rans Proving normally marries Press X No B Amended Return Press X No C IRC Section 4947(a)(1) must Press X No D Final information Return? Press X No D Final information Return? Press X No D Final minormation Return? Press X No D Research X No B Is this a group fining? See instructions Press X No B Is this or agruntation in a group exemption Press X No D Id the organization in a group exemption Press X No D Id the organization in a group exemption Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have any changes to its guidelines not reported to the First See instructions Press X No D Id the organization have and the see in the Subtraction B and C. Press X No D Id the organization under adult by the IRS or has the IRS adulted in a prior year? Press X No D Id the organization in a group press to the see in the Subtraction B and C. Press X No D Id the organization under adult by the IRS or has the IRS adulted in a prior year? Press X No D Id the organ	12555	HIGH BLUFF DR. NO. 330					
Foreign country name		,	State	ZIP code			
Foreign country name	SAN DI	EGO	CA	9213	0		
B Amended Return Ves						de	
B Amended Return Ves							
B Amended Return Ves	A First Reti	ırn Yes X No J If eyemnt under R8	TC Section 237	n1d has	the ora	 vanization	
C IRC Section 4947(a)(1) trust	R Amende				_		l No
Definition from the turn? Descrived Surrendered (Withortawn) Merged-Peorgenized Enter date: principal state (1) in a public charity exempt under 87 more from the control of the control	C IRC Sect						
Desolved Supervisions Merged/Recrganized EC Check accounting method: (1) Cash (2) X Accrual (3) Cother Check accounting method: (1) Cash (2) X Accrual (3) Cother F Federal return filed? (1) • Opport(2) • Desolver (3) • Sch H (900) (4) X Other 990 series G Is this a group filing? See instructions • Yes X No N Diling fee is required to the FIRP See instructions • Yes X No N Diling fee is required to the FIRP See instructions • Yes X No Diling fee in the parent's name? If 'Yes,' what is the parent's name? If 'Yes,' what							1110
Ection 2370 1 and meets the filing fee exception, check box. No filing fee screption, check box. No filing fee is required by series F Federal return filed? (1)			=				
E Check accounting method: (1)		a aa-a	-				
F Federal return filed? (1) • seor(2) • seope (3) • Sch H (seo) M is the organization at Limited Liability Company? • Yes X No (4) X Other 990 series 6 Is this a group filing? See instructions • Yes X No Did the organization in a group exemption Yes X No If "Yes," what is the parent's name? 1 Did the organization in a group exemption Yes X No Did the organization may compare the part in a group parent in a group exemption Yes X No No Did the organization under audit by the IRS or has the IRS audited in a prior year? Yes X No No Date filed with IRS Date fi			1	•			
(a) LX Other 990 series 6 Is this a group filling? See instructions 6 Is this a group filling? See instructions 7 Yes X No 7 No 8 Is this organization in a group exemption 1 If 'Yes,' what is the parent's name? 1 Did the organization have any changes to its guidelines 1 not reported to the FIB? See instructions 1 To lid the organization have any changes to its guidelines 1 To lid the organization have any changes to its guidelines 1 To lid the organization have any changes to its guidelines 1 To lid the organization have any changes to its guidelines 1 To lid the organization have any changes to its guidelines 1 To lid the organization have any changes to its guidelines 1 To lid the organization have any changes to its guidelines 1 To lid costs also or receipts from other sources. From Side 2, Part II, line 8 1 To lid costs and assessments from members and affiliates 2 Gross dues and assessments from members and affiliates 3 Gross contributions, girls, grants, and similar amounts received 4 To lie is seminate to emplete the complete of the result is the analysis of the property test, but high							l No
Striks a group filling? See instructions							, 110
H is this organization in a group exemption If Yes, *what is the parent's name? If Yes, *what is the parent's name? If Wes, *what is the parent's name? If Wes, *what is the parent's name? Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form. See General Information B and C. Part I Complete Part lunless not required to file this form Scie 2, Part II, line 18 Payments balance. If line 11 is more than line 12, subtract line 12 from line 12 Use tax. See General Information F I Use tax balance. If line 11 is more than line 12, subtract line 12 from line 12 Payments balance. If line 12 is more than line 12, subtract line 11 from line 12 Payments balance. If line 12 is more than line 12, subtract						● Yes X	l No
If "Yes," what is the parent's name? IRS audited in a prior year? Yes No No No No No No No N	H le this or	ganization in a group exemption					1110
Did the organization have any changes to its guidelines not reported to the FTB? See instructions			-				l No
Did the organization have any changes to its guidelines not reported to the FTBP See instructions	11 100, 1						=
Part I Complete Part unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	I Did the o					103 [22	1110
Part I Complete Part I unless not required to file this form. See General Information B and C. Total gross a receipts and Revenues 1		ted to the FTR2 See instructions					
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8							
Receipts and Free Properties 2 Gross dues and assessments from members and affiliates 3 3 561,772 00 00 00 00 00 00 00				•	1	100.220	6l nn
Receipts and Revenues		Gross dues and assessments from members and affiliates		•	_		+-
Sevenues 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 7 Total gorss. Add line 5 and line 6 8 Total gorss income. Subtract line 7 from line 4 8 661,998 cost of assets sold 9 9777,869 cost of receipts over expenses and disbursements. From Side 2, Part II, line 18 9 9777,869 cost of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -315,871 cost of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 1 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 1 Cost of assets		3 Gross contributions gifts grants and similar amounts received	STMT	1 •	-	561.773	
Sevenues 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 7 Total gorss. Add line 5 and line 6 8 Total gorss income. Subtract line 7 from line 4 8 661,998 cost of assets sold 9 9777,869 cost of receipts over expenses and disbursements. From Side 2, Part II, line 18 9 9777,869 cost of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -315,871 cost of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 8 11 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 1 Cost of assets of receipts over expenses and disbursements. Subtract line 12 from line 1 Cost of assets	Receipts	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed if the result is less than \$50,000, see General Information B.		···· ··· ·	-		
Total costs. Add line 5 and line 6 7	and	I 5 Cost of goods sold ■ I 5 I		l nn	• •	7.5	-100
Total costs. Add line 5 and line 6 7	Revenues	6 Cost or other hasis, and sales expenses of assets sold 6 Cost or other hasis, and sales expenses of assets sold		00			
Source Superance Subtract line 7 from line 4 Subtract line 7 from line 4 Subtract line 9 Superance Subtract line 9 from line 8 Subtract line 9 Superance Subtract line 9 from line 8 Subtract line 11 from line 12 Subtract line 11 from lin				100	7		Too
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Filing fee \$10 or \$25. See General Information F 16 Penalties and Interest. See General Information F 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result 18 Outline repenates or perjury. I declare than Invertically accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer's Signature Firm's name (or yours, if self-employed) Firm's name (or yours, if self-employed) Firm's name (or yours, if self-employed) A 50 B STREET, SUITE 500 SAN DIEGO, CA 92101 9 Telephone (619)238-1077						661.998	
Filing Fee 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 15 Filing fee \$10 or \$25. See General Information F 16 Penalties and Interest. See General Information J 17 Balance due. Add line 12, ine 15, and line 16. Then subtract line 11 from the result 18 Under penalties of perjury, declare than 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belier, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer's Use Only 10 Use rax balance. If line 12 is more than line 12, subtract line 11 from line 12 15 Filing fee \$10 or \$25. See General Information J 16 Penalties and Interest. See General Information J 17 Oo 18 Penalties and Interest. See General Information J 19 Date 10 Oo 17 Oo 17 Oo 18 Penalties and Interest. See General Information of which preparer has any knowledge. 17 Oo 18 Penalties and Interest. See General Information of which preparer has any knowledge. 19 Title 10 Check if self-employed Paid Seed Paid Seed Paid Seed Paid Seed Paid Seed Seed Paid					9		
Filing Fee 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 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Filling fee \$10 or \$25\$. See General Information F 15 N/A 00 16 Penalties and Interest. See General Information J 16 00 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result 16 00 00 00 00 00 00 00	Expenses				10		
Filing Fee 12					_		
Filing Fee 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11				_	-		
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12					13		
15 Filing fee \$10 or \$25. See General Information F 16 Penalties and Interest. See General Information J 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result 18 Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer's signature of officer Paid Preparer's signature of officer Preparer's Use Only EVITZACKS 15 N/A 00 16 00 17 000 18 Date Otheck if self-employed PO0 28 3 6 5 5 Paid Firm's name (or yours, if self-employed) A 50 B STREET, SUITE 500 SAN DIEGO, CA 92101 18 Date Otheck if self-employed PO0 28 3 6 5 5 Paid OFFICE OFFIC	Filing Fee				14		
16 Penalties and Interest. See General Information J 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer's Signature of officer Preparer's Signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Preparer's Signature of officer Preparer's Signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, and the pest of my	·				15	N/A	
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title		1 .			16		+-
Here Signature of officer Signature of officer Preparer's signature signature of officer Preparer's Signature of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) of officer Preparer's Signature of officer Prim's name (or yours, if self-employed) of officer Preparer's Signature of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer officer Prim's name (or yours, if self-employed) officer offi							+-
Here Signature of officer Signature of officer Preparer's signature signature of officer Preparer's Signature of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) of officer Preparer's Signature of officer Prim's name (or yours, if self-employed) of officer Preparer's Signature of officer Prim's name (or yours, if self-employed) of officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer Prim's name (or yours, if self-employed) officer officer Prim's name (or yours, if self-employed) officer offi		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and it is true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of w	statements, and to	the best only knowled	t my kha lae.	owledge and belief,	
Signature of officer CEO & CHAIRMAN Preparer's signature signatu		I Title			٠		
Preparer's signature signature signature solution in the self-employed signature sign	пете						
Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address LEVITZACKS 95-3159181 ■ Telephone (619)238-1077			Check	if		● PTIN	
Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address LEVITZACKS 95-3159181 ■ Telephone (619) 238-1077		Preparer's signature	self-en	nployed	. 🔲	P00283655	
Preparer's Use Only Use Only $\begin{pmatrix} \text{(or yours, if self-employed)} \\ \text{and address} \end{pmatrix}$ LEVITZACKS $\qquad \qquad	Paid	•				Firm's FEIN	
Use Only employed and address SAN DIEGO, CA 92101 Output Ou	Preparer's	(or yours, T.EV/TT7.2CKS				95-3159181	
and address SAN DIEGO, CA 92101 (619)238-1077	-	employed) 450 B STREET, SUITE 500					
May the FTB discuss this return with the preparer shown above? See instructions • X Yes No	•					(619)238-10	77
		May the FTB discuss this return with the preparer shown above? See instructions		• X	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.

222251	12-12-1

		1	Gross sales or receipts from all	ousiness activities. See instru	ctions	•	1		99,000 00
		2	Interest			•	2		$1,226_{00}$
			Dividends				3		00
Rece	ipts		^ .			_	4		00
from		5	Gross royalties			•	5		00
Othe	r	6	Gross amount received from sal	e of assets (See Instructions)		•	6		00
Sour	ces	7					7	-	00
		8	Total gross sales or receipts fro		•		8		00,226 00
		9	Contributions, gifts, grants, and	similar amounts paid		•	9	5	15,021 00
		10	Disbursements to or for member	rs	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•	10		00
		11	Compensation of officers, direct	ors, and trustees	SEE STA	ATEMENT Z •	11	2	0 00
_			Other salaries and wages				12	4	50,420 00
•	nses		Interest				13		00
and			Taxes				14		00
	urse-	15	Rents	:			15		00
men	នេ	16	Depreciation and depletion (See	instructions)	CFF CT	хиемеит 3 • I	16 17	2	00 212,428 ₀₀
		17	Other Expenses and Disburseme Total expenses and disburseme	nto Add line O through line 1	7 Enter here and an Cide 1	Port Lline 0	18	9	77,869 00
Sch	nedul				taxable year			able year	11,00900
Asse			Dalanco onos	(a)	(b)	(c)		,	(d)
	0 1-			()	508,38			•	275,282
			s receivable		34,95			•	26,376
			ceivable					•	
					56	0		•	280
			state government obligations					•	
6	Investn	nents	in other bonds					•	
			in stock					•	
8	Mortga	ge loa	ans					•	
9	Other ir	nvestr	ments STMT 4		275,00	0		•	275,000
10	a Depr	eciab	le assets						
		accu	mulated depreciation	()		()		
	Land		CM14TL F		10 10	1		•	
12	Other a	ssets	STMT 5		10,10			•	F7C 020
					829,00	4			576,938
			et worth		20,36	5			32,377
			yable		378,36			•	477,164
			s, gifts, or grants payable otes payable		370,30			•	4//,104
			avabla					•	
	Other li				47,00	0			
			or principal fund		-: / 5 5			•	
			tal surplus. Attach reconciliation					•	
			nings or income fund		383,26	8		•	67,397
			ties and net worth		829,00	2			576,938
Sch	nedul	le M	I-1 Reconciliation of income	per books with income per r	eturn				
			Do not complete this sche	dule if the amount on Schedu		ess than \$50,000.			
1	Net inco	ome p	oer books	····· -315,	871 7 Income recorde	ed on books this year			
			me tax		not included in			•	
			pital losses over capital gains			his return not charged			
			recorded on books this year			come this year		•	
	-		corded on books this year not		9 Total. Add line 7				
			this return		10 Net income per				215 071
	intal A	\dd lin	ne 1 through line 5	-315,	Subtract line 9	from line 6			-315,871

CA 199	COMPENSATION	OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDE	RESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SAMUEL A. HAE 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.	330	CEO & CHAIRMAN 0.50	0.
DEBORA B. FAR 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.		CHIEF SCIENTIFIC ADVISOR 0.50	0.
VIVIAN L. HAE 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.	330	DIRECTOR 0.50	0.
JACQUELINE JO 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.		DIRECTOR 0.50	0.
RICHARD A. SO 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.		DIRECTOR 0.50	0.
KEN WIDDER, M 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.	330	DIRECTOR 0.50	0.
ELIZABETH DOI 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.	330	HONORARY CO-CHAIR 0.00	0.
DAN GIL 12555 HIGH BI SAN DIEGO, CA		330	DIRECTOR 0.50	0.
GREG OSTROW, 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.	330	DIRECTOR 0.50	0.
STEPHEN MOFFE 12555 HIGH BI SAN DIEGO, CA	LUFF DR, NO.	330	DIRECTOR 0.50	0.
BETH CHANEY 12555 HIGH BI SAN DIEGO, CA		330	SECRETARY 0.50	0.
TOTAL TO FORM	M 199, PART I	I, LINE 11		0.

CA 199	OTHER	EXPENSES			STATEMENT	3
DESCRIPTION					AMOUNT	
PROFESSIONAL FEES					25,1	24.
VISION HEROES VIDEO SER					24,4	
BUSINESS MEALS					7,0	
MARKETING					6,9	
DIRECT EXPENSES OF FUNDRAISING I	EVENTS				112,1	
OFFICE EXPENSES					1,6	45.
TRAVEL					11,4	
CONFERENCES AND CONVENTIONS						89.
INSURANCE					2,7	
ALL OTHER EXPENSES					20,0	68.
TOTAL TO FORM 199, PART II, LINI	E 17				212,4	28.
CA 199	OTHER :	INVESTMENTS			STATEMENT	<u> </u>
DESCRIPTION			BEG.	OF YEAR	END OF YE	AR
INVESTMENT IN SYDNEXIS, INC.		_		275,000.	275,0	00.
TOTAL TO FORM 199, SCHEDULE L, I	LINE 9	=		275,000.	275,0	00.
CA 199	OTHE	R ASSETS			STATEMENT	 5
DESCRIPTION			DEC	OE VEAD	END OF VE	7 D
——————		_	DEG.	OF YEAR	END OF YE	———
PREPAID EXPENSES AND DEFERRED C	HARGES	_		10,101.		0.
TOTAL TO FORM 199, SCHEDULE L, I	LINE 12	=		10,101.		0.
CA 199	OTHER I	LIABILITIES			STATEMENT	
DESCRIPTION			BEG.	OF YEAR	END OF YE	AR
DEFERRED REVENUE		-		47,000.		0.
TOTAL TO FORM 199, SCHEDULE L, I	LINE 18	-		47,000.		0.
		=				

CA 199	FUND BALANCES		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS		331,061. 52,207.	22,051. 45,346.
TOTAL TO FORM 199, SCHEDULE L, LIN	NE 21	383,268.	67,397.

Date Accepted

TAXABLE YEAR California o-file

California e-file Return Authorization for Exempt Organizations

8453-EC

Exer	mpt Organization name		Identifying numb	er
TH	HE VISION OF CHILDREN		95-427	1785
Pai	t I Electronic Return Information (whole dollars only)			
1	Total gross receipts (Form 199, line 4)		1	661,998
2	Total gross income (Form 199, line 8)		2	661,998
3	Total expenses and disbursements (Form 199, line 9)			977,869
Pai	t II Settle Your Account Electronically for Taxable Year 2018			
4	Electronic funds withdrawal 4a Amount	4b Withdrawal date (mm/dd/y	ууу)	
Pai	t III Banking Information (Have you verified the exempt organizati	on's banking information?)		
5	Routing number			
6	Account number	7 Type of account: Checking	g 🔲 Savi	ngs
Pai	t IV Declaration of Officer			
	thorize the exempt organization's account to be settled as designated in Part II. ine 4a.	. If I check Part II, Box 4, I authorize an electronic fu	nds withdrawal	for the amount listed
trar Cali a ba org	ler penalties of perjury, I declare that I am an officer of the above exempt organ ismitter, or intermediate service provider and the amounts in Part I above agree fornia electronic return. To the best of my knowledge and belief, the exempt orgalance due return, I understand that if the Franchise Tax Board (FTB) does not reanization will remain liable for the fee liability and all applicable interest and ements be transmitted to the FTB by the FBO transmitter, or intermediate services.	e with the amounts on the corresponding lines of the ganization's return is true, correct, and complete. If eceive full and timely payment of the exempt organi alties. I authorize the exempt organization return an	e exempt organ the exempt org ization's fee liab d accompanyin	ization's 2018 anization is filing pility, the exempt g schedules and

Sign Here

7	
Signature of officer	Date

delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

CEO & CHAIRMAN

I Check if

I Check

I ERO's PTIN

ZIP code

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will flile with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	signature			also paid preparer X	if self- employe	P00283655	
Must	Firm's name (or yours if self-employed)	LEVITZACKS FEIN 95-3159181					
Sign	and address	450 B STREET, SUITE 500					
		SAN DIEGO, CA				ZIP code 92101	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.							
Paid	Paid preparer's		Date	Check if self-		Paid preparer's PTIN	
Prepai	rer signature			employ	ed]	
Must	Firm's name (or yours if self-employed)					FEIN	
Sign	and address		•		·		

I Date

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	MR. SAMUEL A. HARDAGE THE VISION OF CHILDREN 12555 HIGH BLUFF DR NO. 330 SAN DIEGO, CA 92130
Prepared by	LEVITZACKS 450 B STREET, SUITE 500 SAN DIEGO, CA 92101
Amount due or refund	BALANCE DUE OF \$75.00
Make check payable to	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

l l								
State Charity Registration Number: CT 077557		Check if: Change of address						
THE VISION OF CHILDREN			Amended report					
Name of Organization 12555 HIGH BLUFF DR, NO. 330		Corporate or Organization No. D-1661435						
Address (Number and Street) SAN DIEGO, CA 92130 City or Town, State and ZIP Code		Federal Employer I.D. No. 95-4271785						
	 NEWAL FEE SCHEDULE (11 Cal.	Code Regs	s. sections 301-30	7, 311, and 312)				
	Payable to Attorney General's R							
Gross Receipts Fee G	Gross Annual Revenue	Fee	Gross Annual Revenue			<u>e</u>		
Less than \$25,000 0 Between \$100,001 and \$250, Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 mi		\$50 \$75			\$150 \$225 \$300			
PART A - ACTIVITIES								
For your most recent full accounting period (beginning $01/01/2018$ ending $12/31/2018$) list: Gross annual revenue \$ 549,880 Total assets \$ 576,938								
PART B - STATEMENTS REGARDING ORGANIZ	IZATION DURING THE PERIOD (OF THIS RE	PORT					
Note: If you answer "yes" to any of the questi			ge providing an ex	planation and details	for eac	ch		
"yes" response. Please review RRF-1 instructions for information required.				Yes	No			
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had			103	Х				
any financial interest?During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?				X				
During this reporting period, did non-program expenditures exceed 50% of gross revenue?						X		
During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						Х		
 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. 					Х			
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.						х		
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 8				х				
Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						х		
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				х				
Organization's area code and telephone number (858) 314-7910								
Organization's e-mail address								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.								
MR. SAMUEL A. HARDAGE CEO & CHAIRMAN								
Signature of authorized officer Printed Name Title Date								

EXPLANATION OF CHARITABLE RAFFLES CA RRF-1 PART B, LINE 7

STATEMENT

THE ORGANIZATION HELD AN OPPORTUNITY DRAWING AT ITS FUNDRAISING EVENT ON MAY 13 - 14 AND JUNE 24 - 25.