WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

VISION FORWARD ASSOCIATION, INCORPORATED 912 N HAWLEY RD MILWAUKEE, WI 53213-3222

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** PUBLIC DISCLOSURE COPY *	* Incomo Tox	OMB No. 1545-0047									
Form 990 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2022									
Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e Do not enter social security numbers on this form as it may	•••										
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection									
A For the 2022 calendar year, or tax year beginning $APR \ 1$, 2022 and ending	MAR 31, 2023										
B Check if applicable: C Name of organization	D Employer identificat	ion number									
Address VISION FORWARD ASSOCIATION, INCORPORATED Name Doing business as 39-0808506											
\Box Final 912 N HAWLEY RD (414) 615-0100											
Instrum Instrum Instrum Instrum Instrum termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 5,984,78											
Amended MILWAUKEE, WI 53213-3222	H(a) Is this a group retur										
Pending CAND A C A DOUL	for subordinates?										
Jernaling SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 501(c)(1)	H(b) Are all subordinates includ										
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5 J Website: VISION-FORWARD.ORG	527 If "No," attach a list H(c) Group exemption n										
	ear of formation: 1920 M S										
Part I Summary											
1 Briefly describe the organization's mission or most significant activities: EMPOWER,	EDUCATE, AND E	NHANCE									
THE LIVES OF INDIVIDUALS IMPACTED BY VISION L	OSS THROUGH ALI	J OF									
2 Check this box if the organization discontinued its operations or disposed of me											
3 Number of voting members of the governing body (Part VI, line 1a)		<u> </u>									
3 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 Tatel sumber of individuals ampleud in calcade years (2000 (Part VI, line 2c))		42									
 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 		92									
THE LIVES OF INDIVIDUALS IMPACTED BY VISION L 2 Check this box if the organization discontinued its operations or disposed of me 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12		0.									
b Net unrelated business taxable income from Form 990-T, Part I, line 11		0.									
	Prior Year	Current Year									
8 Contributions and grants (Part VIII, line 1h)	1,693,831.	1,656,290.									
 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 	487,491.	554,857.									
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	503,966. 132,608.	<u>38,483.</u> 132,233.									
 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 	2,817,896.	2,381,863.									
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,600.	4,600.									
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.									
15 Colorise other componentian employee herefits (Part IX, column (A), lines 5.10)	1,987,467.	2,124,699.									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e)	0.	0.									
b Total fundraising expenses (Part IX, column (D), line 25) 475, 459.											
	782,873.	852,090.									
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,774,940. 42,956.	2,981,389. -599,526.									
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year									
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 ✓ 21 Total liabilities (Part X, line 26) 		6,641,566.									
	82,039.	6,641,566. 861,006.									
≥ 2 Net assets or fund balances. Subtract line 21 from line 20	82,039. 6,688,055.										

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

Sign	Signature of officer			Date								
Here												
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN							
Paid	JENNY TARKOWSKI, CPA	/23 self-employed	P00634290									
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-	0974031							
Use Only	Firm's address 2921 LANDMARK PL	STE 300										
MADISON, WI 53713-4236 Phone no. (608) 27												
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes No							
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ice, see the separate instruction	s.		Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

2 D 9 H 3 D 4 D 4 C 2 H 4 C 2 H 1	Briefly describe the organization's mission: EMPOWER, EDUCATE, AND ENHANCE THE LIVES OF INDIVIT VISION LOSS THROUGH ALL OF LIFE'S TRANSITIONS. Did the organization undertake any significant program services during the year which were not list prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any progra If "Yes," describe these changes on Schedule O. Did the organization is program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca revenue, if any, for each program service reported. (code:) (Expenses \$1,095,475. including grants of \$4,60 CHILDREN'S PROGRAM: OUR CHILDREN'S SERVICES INCLUI SERVES CHILDREN FROM SIX WEEKS TO 21 YEARS OF AGE. PROGRAM PROVIDES SPECIAL EDUCATION INSTRUCTION, VI TRAINING, ORIENTATION AND MOBILITY TRAINING, AND M PHYSICAL AND SPEECH/LANGUAGE THERAPY TO CHILDREN F	ed on the m services? Yes services, as measured by expenses. tions to others, the total expenses, ar 0. (Revenue \$ 288, DE PROGRAMMING THAT OUR CHILDREN'S SION AND SENSORY	X No
2 D 9 If 3 D 4 D 4 S 7 4a (0 9 14 1 1	VISION LOSS THROUGH ALL OF LIFE'S TRANSITIONS. Did the organization undertake any significant program services during the year which were not list prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program for "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca revenue, if any, for each program service reported. I (Code:) (Expenses \$1,095,475including grants of \$4,60 CHILDREN'S PROGRAM: OUR CHILDREN'S SERVICES INCLUIT SERVES CHILDREN FROM SIX WEEKS TO 21 YEARS OF AGE. PROGRAM PROVIDES SPECIAL EDUCATION INSTRUCTION, VITRAINING, ORIENTATION AND MOBILITY TRAINING, AND MOBILITY TRAINING, AND MOBILITY TRAINING, AND MOBILITY TRAINING.	ed on the m services? Yes services, as measured by expenses. tions to others, the total expenses, ar 0. (Revenue \$ 288, DE PROGRAMMING THAT OUR CHILDREN'S SION AND SENSORY	X No
2 D p 3 D 4 D 4 D 8 7 4a (0 2 1 1 1	Did the organization undertake any significant program services during the year which were not list prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any progra If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,095,475. including grants of \$ 4,60 CHILDREN'S PROGRAM: OUR CHILDREN'S SERVICES INCLUI SERVES CHILDREN FROM SIX WEEKS TO 21 YEARS OF AGE. PROGRAM PROVIDES SPECIAL EDUCATION INSTRUCTION, VI TRAINING, ORIENTATION AND MOBILITY TRAINING, AND M	Yes m services? Yes services, as measured by expenses. tions to others, the total expenses, ar 0. (Revenue \$ 288, 1 DE PROGRAMMING THAT OUR CHILDREN'S SION AND SENSORY	nd
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4 D 4 D 44 C 44a (0 5 44a (0 5 1 1	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any progra If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca revenue, if any, for each program service reported. (Code:) (Expenses \$1,095,475including grants of \$4,60 CHILDREN'S PROGRAM: OUR CHILDREN'S SERVICES INCLUI SERVES CHILDREN FROM SIX WEEKS TO 21 YEARS OF AGE. PROGRAM PROVIDES SPECIAL EDUCATION INSTRUCTION, VI TRAINING, ORIENTATION AND MOBILITY TRAINING, AND M	m services? Yes services, as measured by expenses. tions to others, the total expenses, ar 0. (Revenue \$ 288, DE PROGRAMMING THAT OUR CHILDREN'S SION AND SENSORY	X No
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Ī	TRAINING, ORIENTATION AND MOBILITY TRAINING, AND M		
_		AUSIC, OCCUPATIONAL	
			,
v	VISUALLY IMPAIRED. OUR YOUTH PROGRAM SUPPORTS THE		
_	EXPANDED CORE CURRICULUM (ECC) FOR SCHOOL-AGE YOUT		1
_	YEARS, THROUGH REGULARLY SCHEDULED, HIGHLY STRUCTU	•	
	ACTIVITIES THAT ARE OFFERED DURING THE DAY, SOME W		
_	THE SUMMER. THE SERVICES WE PROVIDE ARE BASED ON B		
_	INDIVIDUAL NEEDS AND ADDRESS THE SKILLS THAT ALL C		AS
_	WELL AS THE ADAPTIVE SKILLS USED BY THOSE WHO ARE		
		0.) (Revenue \$ 266,	540.
(VISION REHABILITATION: OUR ADULT VISION REHABILITA		
_	ASSESSMENT AND TRAINING IN THE FOLLOWING AREAS: LO		
_	OF DAILY LIVING, COMMUNICATION, ORIENTATION AND MC		
	AND WHITE CANE TRAVEL), AND ASSISTIVE TECHNOLOGY 7		
_	OLDER, WHO ARE BLIND AND VISUALLY IMPAIRED. OUR EN		
_			
	OFFERS SOCIAL ACTIVITIES, CLASSES AND WORKSHOPS TO		0.7
	VISION LOSS LEARN ADAPTIVE LIFE AND TECHNOLOGY SKI		
	AND ENHANCE THEIR LIVES. WE ALSO OFFER A SERIES OF		
	HELP ADULTS ADDRESS THE SOCIAL EMOTIONAL ISSUES TH		N
_	LOSS. 222 PEOPLE HAD CONTACT WITH OUR SOCIAL WORKE	•	
_	PREPARE FOR THEIR VISION LOSS JOURNEY. IN FISCAL Y		D
6	687 ADULTS THROUGH OUR ADULT VISION REHABILITATION	· · · · · · · · · · · · · · · · · · ·	
		0.) (Revenue \$ 138, '	/65.
_	VISION FORWARD STORE: OUR STORE IS ONLY ONE OF A B		
_	SOUTHEASTERN WISCONSIN THAT SELLS ADAPTIVE PRODUCT		
	VISION LOSS. THE HUNDREDS OF PRODUCTS WE CARRY ARE		
	THOSE WHO ARE BLIND, AS WELL AS THOSE WHO ARE LIVI		
_	VISION AND LOW VISION, TO SUCCESSFULLY ACCOMPLISH		
_	LIFE. SOME OF THE TOP SELLING DEVICES WE FEATURE A	-	VS
_	(VIDEO MAGNIFIERS), LARGE PRINT ITEMS, TALKING WAT	· · · · · · · · · · · · · · · · · · ·	
_	CHECK WRITING GUIDES AND SPECIALIZED LIGHTING. DUP		-
_	WE SERVED 1,206 UNIQUE CUSTOMERS WITH GUIDANCE ANI		
_	THAT HELP THEM ENHANCE THEIR SKILLS, MAXIMIZE THE		,
M	MAINTAIN THEIR HEALTH, AND RETAIN THEIR INDEPENDEN	ICE.ENCE.	
4d (Other program services (Describe on Schedule O.)		
	(Expenses \$ 39,122 · including grants of \$ 0 ·) (Revenue \$	0.)	
		,	
1		Form 9	90 (202)

Form 990 (2022) VISION FORWA VISION FORWARD ASSOCIATION, INCORPORATED

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	12a	- 13	
D		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
232003	12-13-22	Form	990	(2022)

4

232003 12-13-22

 Form 990 (2022)
 VISION FORWARD ASSOCIATION, INCORPORATED
 39-0808506
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 Formation (contin)
 Formation (contin)
 <

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ <u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
00		38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	
232004	- 12-13-22 5	rorm	330 ((2022)
	5			

Yes No 2a 42 3b 1 3c 42 3c 42 3c 42 3c 42 3c 11 3c 12	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
In the calendar year ending with or within the year covered by this return 2a 42 B Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b 3c 3c <td< th=""><th></th><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>						Yes	No					
b If a least one is reported on line 2a, die the organization file all required feeral employment tas returns? gb X 3b Did the organization have unitable business grows income of \$1,000 or more during the year? gb X 4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is activative account, or other hanced accounts (FEAR). gb X b I*%-, "net the name of the foreign country (busin as a bina account, securities account, or other hanced is account, or securities account, or other hanced is accounts (FEAR). ga X b Did any taxable party notify the organization that was or is a party to a prohibited tax sheler transaction? gb X b Did any taxable party notify the organization that are normally greater than \$10,000, and did the organization solid tar any time during the tax year? gb X b Did any taxable party notify the organization that are normally greater than \$10,000, and did the organization solid tar any taxe during the tax year? gb X b I*%*: for the organization networe solicitation an express statement that such contributions or gifts were not tax deductible accheribitic contributions and party to prohibited tax sheler transaction? gb Z c I*%*: for the organization networe appreting the scales of any taxify to probis and services provided? fc <th>2a</th> <th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th> <th></th> <th></th> <th></th> <th></th> <th></th>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
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b If "Yes", this if field a Form 900-T for this yes? If Yes", the at ytime during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a torque nountry (such as a bank account, securities account, or other financial accounts (FEAR). If "Yes", either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FEAR). If "Yes", either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FEAR). If "Yes", either the name of the foreign country is a bank account, securities account, or other financial accounts (FEAR). If was the organization have end to ergin country to a prohibited tax where transaction? If a X 50 Dod any taxable pary notify the organization have end the was real parts that was or is a party to a prohibited tax scheter transaction? If a X 10 If "Yes", told end organization have end tax deductible acchiration on express statement that such contributions or gifts were not tax deductible? If X 10 If "Yes", did the organization have, discope of tangible personal property for which it was required to the form 8282? If X 11 Tys", did the organization accounties, discope of tangible personal property for which it was required? If X 12 Did the organization have, and partity as a contribution and partly to goods and services provided? If X 12 Did the organization have accounties, discope of tangible personal property for which it was required? <th>b</th> <th colspan="10">If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority our, a financial accountly flucture as back account, securities account, or other financial accountly? 4a X b If Yes, "enter the name of this prequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a X b Was the organization have to prohibed tax shefter transaction at any time during the tax year? 5a X b Did any taxable party notity the organization freem 8886-7. 5a X c II *'ves' in the Sa or 5b, did the organization freem 8886-7. 5a X c II *'ves' in the sa or 5b, did the organization in the way easily greater than \$100,000, and did the organization solidit any contributions that may receive aductable? 5a X 7 Organizations that may receive aductable contributions under section 170(c). 6b 5a X 10 If *'ves, 'idd the organization include with every solicitation an express statement that such contributions or gifts was nonliking the year 7a X 7b X 7 Uses, 'indicate the number of Forms 82827 field during the year 7d 7c X 7d 7a X	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
In invasional account in a breegn country securities account, or other financial account? 4a X bit if '\se's inter the name of the foreign country 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Dd any taxabib party notify the organization hile form 888-17 5a Sa X 6a Does the organization have annual gross receivity to a prohibited tax shelter transaction? 5a X 5c Did any taxabib party notify the organization have annual gross receivity to a prohibited tax shelter transaction? 5a X 5b Did any taxabib party notify the organization have annual gross receivity to a prohibited tax shelter transaction? 5a X 6a Does the organization have annual gross receivity and constructions or gifts 6a X 7c Organization tax receive deductible contributions or gifts 6b 7a X 7a D dift de organization neceles a pyment in excess of \$7s made party as a contribution of an other shear of the value of the goods or services provided? 7a X 7a D dift de organization neceles any funds, directly or indirectly, to pay prenums on a personal beeff contract? 7a X 7a D dift de organization neceles any funds, directly or indirectly, to pay prenums on a personal beeff contract? 7a X 7a D dift de organization neceles any funds, directly or indirectly, to pay prenums on a personal beeff contract?	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
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16 X 17 If "Yes," complete Form 4720, Schedule O. 18 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					15		X					
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47			_								
	17				47							
If "Voe " complete Form 6060					17							
If "Yes," complete Form 6069. If "Ses," complete Form 6069. 232005 12-13-22 Form 990 (2022)	232005				Form	990	(2022)					

6

VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 5

232005 12-13-22

Form 990 (2022)

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Form	990	(2022)
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VISION FORWARD ASSOCIATION, INCORPORATED

39-0808506 Page 6

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

	conse or note to any line in this Part VI
Section A. Governing Body and Management	agement

					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other									
	officer, director, trustee, or key employee?			2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3		X						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
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	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or									
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:									
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 read			1								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)									
					Yes	No						
	Did the organization have local chapters, branches, or affiliates?			10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,	10b								
	and branches to ensure their operations are consistent with the organization's exempt purposes?											
	Ia Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13											
b												
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -			37							
	on Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approval	i by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v							
	The organization's CEO, Executive Director, or top management official			15a	X	X						
D	Other officers or key employees of the organization			150								
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ont	ith a									
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year?			160		x						
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		21						
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure	<u></u>				L						
17	List the states with which a copy of this Form 990 is required to be filed WI											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3);	s only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.			2 (. iiy)	aranak							
	Own website Another's website X Upon request Other (explain	on Sc	hedule ()									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial							
	statements available to the public during the tax year.		, and a second									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records									
-	O'LEARY & ANICK LLC - (414) 744-0300											
	13400 BISHOP'S LANE, STE 120, BROOKFIELD, WI 53005	6-62	54									
232006	12-13-22			Form	9 90	(2022)						
	7					. /						

Form 990 (2	e /	-		INCORPORATED	39-0808506	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
Employees, and Independent Contractors												
Check if Schedule O contains a response or note to any line in this Part VII												
Section A.	Officers, Directors, Trustees,	Key Employees	, and Highest Compensa	ted Employees								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per body Description concentration and effective body Reportable compensation from body Reportable compensation from body Estimated compensation from body Estimated compensation from the compensation from tested from the compensation from tested from	(A)	(B)			(0	C)			(D)	(E)	(F)
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Form **990** (2022)

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	DRWARD A	SS	OC	IA	TI	ON	',	INCORPORATED	39-08	08!	506	Page 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)										(F)			
Name and title	Average		not ch		more	than o		Reportable	Reportable			nated	
	hours per week		, unles cer an					compensation from	compensation from related			unt of her	
	(list any	ctor						the	organizations			ensation	
	hours for	ır direc				ted		organization	(W-2/1099-MISC			n the	
	related	stee o	trustee			pensa		(W-2/1099-MISC/	1099-NEC)		•	ization	
	organizations below	ual tru	ional t		ployee	t com		1099-NEC)				elated zations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	Zations	
(18) NICHOLAS TOSI	1.00	_	_	0	×	1 - 0	-						
DIRECTOR		х						0.		0.		0.	
(19) SONJA WILLIAMS	1.00												
DIRECTOR		Х						0.		0.		0.	
										-+			
										-+			
1b Subtotal 254,140. 0.											22	,314.	
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.	
								254,140.		0.	22	,314.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			2	
compensation from the organization											Y	es No	
3 Did the organization list any former officer,	director. truste	ee. k	ev e	mpl	ove	e. or	hia	hest compensated emp	lovee on	ſ	-		
line 1a? If "Yes," complete Schedule J for si											3	X	
4 For any individual listed on line 1a, is the su										.			
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a	-				-			-					
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .			<u></u>		5	X	
1 Complete this table for your five highest con	moonsated ind	ono	ndor		ontra	acto	re th	at received more than \$	100 000 of compa	neat	ion from		
the organization. Report compensation for t	-								· · · · · ·	iiisai			
(A)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3				(B)			(C)		
Name and business	address	NC	ONE	2				Description of s	ervices	С	ompens	ation	
							Τ						
							$ \downarrow$						
2 Total number of independent contractors (ir		at lin	aitad	l to t	thee		tod	abova) who received me	aro than				
 100,000 of compensation from the organiz 	•	JU 111	med				rea	abovej who received mo					
										_	~	0	

232008 12-13-22

			2022) VISION FORWAR	RD ASSOC	IATION,	INCO	DRPORATED	39-0808	506 Page 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a response	e or note to any		VIII		(-)	
					(A) Total reve	enue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns 1a	59,803	3.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
S, G		с	Fundraising events 1c	152,955	5.				
àifts ar ∕			Related organizations 1d						
is, C		е	Government grants (contributions) 1e	177,044	<u>.</u>				
tion sr S		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above 1f	1,266,488					
onti od C		-	Noncash contributions included in lines 1a-1f	99,741		- 000			
<u>o</u> e		h	Total. Add lines 1a-1f	Business Cod		5,290.			
	~	_	REHABILITATION SERVICES	624310		1,857.	554,857.		
vice	2	a b		024510		i,007.			
Ser		c							
am (d							
Program Service Revenue		е							
Pro		f	All other program service revenue						
		g	Total. Add lines 2a-2f		554	1,857.			
	3		Investment income (including dividends, inter	rest, and					
			other similar amounts)		119	9,517.			119,517.
	4		Income from investment of tax-exempt bond	-					
	5		Royalties	(ii) Personal					
	6	_		(II) Personal	-				
			Gross rents 6a Less: rental expenses 6b		-				
					-				
			Net rental income or (loss)						
			Gross amount from sales of (i) Securities						
			assets other than inventory 7a 3,138,407	•					
		b	Less: cost or other basis						
anı			and sales expenses 7b 3,219,441		_				
svenue		С	Gain or (loss) 7c -81,034	•	-				
r Re			Net gain or (loss)	·····	-81	.,034.			-81,034.
Other Re	8	а	Gross income from fundraising events (not including \$ 152,955. of						
			contributions reported on line 1c). See						
		_	Part IV, line 18		_				
			Less: direct expenses 8	•	-	7,492.			-7,492.
			Net income or (loss) from fundraising events Gross income from gaming activities. See			, = 5 4 .			1,492.
	3	a	Part IV, line 19	a					
		b	Less: direct expenses 9						
			Net income or (loss) from gaming activities_						
			Gross sales of inventory, less returns						
			and allowances 10)a 495,116	5.				
		b	Less: cost of goods sold 10)b 356,351					
		с	Net income or (loss) from sales of inventory			3,765.	138,765.		
S				Business Cod	e				
leor	11								
llan veni		b			-				
Miscellaneous Revenue		с С		900099		960.			960.
Μ			All other revenue			960.			
	12	-	Total revenue. See instructions			. 863.	693,622.	0.	31,951.
23200		13-							Form 990 (2022)

10

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Form 990 (2022) VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 10 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			ipiele column (A).	
Dov	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,600.	4,600.		
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	165,511.	128,790.	8,496.	28,225.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (21 100	1 0 0 0 0 0 0	00 804	
7	Other salaries and wages	1,631,128.	1,269,237.	83,734.	278,157.
8	Pension plan accruals and contributions (include	61 647	17 000	2 1 5 0	10 106
~	section 401(k) and 403(b) employer contributions)	61,547. 130,016.	47,892. 101,170.	3,159. 6,674.	10,496. 22,172. 23,277.
9	Other employee benefits	136,497.	106,213.	7,007.	$\frac{22,1/2}{23,277}$
10	Payroll taxes	130,49/.	100,213.	/,00/•	43,411.
11	Fees for services (nonemployees):				
	Management				
	Legal Accounting	81,370.		81,370.	
d		01,570.		01,570.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,715.		31,715.	
	Other. (If line 11g amount exceeds 10% of line 25,			,	
J	column (A), amount, list line 11g expenses on Sch 0.)	118,580.	101,044.	10,576.	6,960.
12	Advertising and promotion	77,379.	33,070.	2,594.	<u>6,960.</u> 41,715.
13	Office expenses	89,993.	78,752.	3,510.	7,731.
14	Information technology	156,408.	140,181.	1,600.	14,627.
15	Royalties				
16	Occupancy	204,074.	171,239.	6,253.	26,582.
17	Travel	26,311.	23,375.	1,618.	1,318.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.100			
19	Conferences, conventions, and meetings	18,468.	7,771.	857.	9,840.
20		262.	220.	7.	35.
21	Payments to affiliates	16 605	11 072	054	1 670
22	Depreciation, depletion, and amortization	16,605. 19,623.	<u>14,073.</u> 16,418.	<u> </u>	<u> 1,578.</u> 2,594.
23	Insurance	19,043.	10,410.	011.	2,094.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	0 == 0	0.075		
а	LICENSES/PERMITS	2,550.	2,265.	157.	128.
b					
С	-				
d		0 750	116	0 500	24
	All other expenses	8,752. 2,981,389.	<u>146.</u> 2,246,456.	<u>8,582</u> . 259,474.	<u>24.</u> 475,459.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,301,309.	4,440,430.	435,4/4.	4/3,439.
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)				
000010) 12-13-22				Form 990 (2022)

232010 12-13-22

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Form **990** (2022)

11

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Check if Schedule O contains a response or note to any line in this Part X
Cash - non-interest-bearing
Savings and temporary cash investments
Pledges and grants receivable, net

Form 990 (2022)

Part X Balance Sheet

	1	Cash - non-interest-bearing			294,676.	1	308,120.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			406,259.	3	320,758.
	4	Accounts receivable, net			64,594.	4	55,264.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			91,745.	8	75,782.
As	9				2,423.	9	75,782. 10,737.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	146,634.			
	b	Less: accumulated depreciation		119,912.	37,826.	10c	26,722.
	11	Investments - publicly traded securities			5,727,255.	11	4,856,430.
	12	Investments - other securities. See Part IV, line 1			124,241.	12	222,277.
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			21,075.	15	765,476.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	6,770,094.	16	6,641,566.
	17	Accounts payable and accrued expenses		82,039.	17	108,535.	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F			21		
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iab		controlled entity or family member of any of thes	-			22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-		0.	05	752,471.
	26	of Schedule D			82,039.	25 26	861,006.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chemical strain strai			02,039.	20	001,000
es		and complete lines 27, 28, 32, and 33.					
ances	27	Net assets without donor restrictions			5,325,206.	27	4,357,250.
Bala	28				1,362,849.	28	1,423,310.
lpu		Organizations that do not follow FASB ASC 9			· · ·		
Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Bala	32				6,688,055.	32	5,780,560.
-	33				6,770,094.	33	6,641,566.
							Form 990 (2022)

VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 11

294,676.

(B) End of year

308,120.

(A) Beginning of year

Form 99	0 (2022) VISION FORWARD ASSOCIATION, INCORPORATED	39-	-0808506	Pag	_{ge} 12
Part)	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 To	tal revenue (must equal Part VIII, column (A), line 12)	1	2,382		
2 To	tal expenses (must equal Part IX, column (A), line 25)	2	2,981		
3 Re	evenue less expenses. Subtract line 2 from line 1	3	-599		
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,688		
5 Ne	et unrealized gains (losses) on investments	5	-30	7,90	<u>69.</u>
	pnated services and use of facilities	6			
	vestment expenses	7			
	ior period adjustments	8			
9 Ot	her changes in net assets or fund balances (explain on Schedule O)	9			0.
10 Ne	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
cc	lumn (B))	10	5,780),50	60.
Part >	III Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Ac	counting method used to prepare the Form 990: 🗌 Cash 🛛 🗶 Accrual 📃 Other				
lf ⁺	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2 a W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
se	parate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b W	ere the organization's financial statements audited by an independent accountant?		2b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
cc	nsolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
re	view, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
lf ⁺	the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	niform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b lf	'Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit		
or	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

				Public Cha	rity Status an	d Pub	olic Su	upport		OMB No. 1545-0047
(Form 990) C					nization is a section 501 47(a)(1) nonexempt cha			or a section		2022
		Int of the Treasury Attach to Form 990 or Form 990-EZ. evenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
Nam	e of t	he organizatio		0010 0000.113.900/			atest in	ormation.	Employer	identification number
		J		ON FORWARD	ASSOCIATION	, INCO	DRPOR	ATED		9-0808506
Par	tl	Reason			(All organizations must o					
The c	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1 [A church, cor	vention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).		
2 [A school dese	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3 [A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
r		city, and state	-							
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
- [Complete Part II.)						
6 [_ [v		· •	-	nental unit described in					
7 [Х	-		•	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general	Dudiic described in
o [•		omplete Part II.)	(1)(A)(vi). (Complete Par	+ 11 \				
8 [9 [in section 170(b)(1)(A)		ed in coniu	unction with a	land-grant	college
9 [-	-	-	ulture (see instructions).		-		-	-
		university:	a normana g	grant conege of agric			name, eny	, and state of	the conege	
10		· _	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from
					t to certain exceptions; a					
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11 [An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) c	or section	509(a)(2).	See section	509(a)(3). (Check the box on
		7	-	• •	f supporting organizatior				-	
а				-	upervised, or controlled	• • • •	-		••••••	
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		7 [°]		complete Part IV, Se						.i.e.e.
b				-	l or controlled in connect anization vested in the sa			-		-
			0	it complete Part IV,		ame perso	ns that co	ntroi or mana	ge the supp	Joned
с		¬ ~	.,	•	g organization operated	in connect	tion with	and functiona	llv integrate	ed with
Ŭ		••	-	• • • •). You must complete I				ny mograte	i with,
d			•	.,.	porting organization oper			-	rted organi;	zation(s)
		••	-	• •	ation generally must sat				Ũ	. ,
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number o	of supported of	organizations						
g				about the supporte		(iv) is the ora:	anization listed			
	(i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			

Total

Schedule A (Form 990) 2022 VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1633924.	2241874.	654,796.	1693831.	1656290.	7880715.
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	1622024	0041074	654 706	1602021	1656200	7000715
	Total. Add lines 1 through 3	1633924.	2241874.	654,796.	1693831.	1656290.	7880715.
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)						545,537.
6	Public support. Subtract line 5 from line 4.						7335178.
	ction B. Total Support						/5551/0.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1633924.	2241874.	654,796.	1693831.	1656290.	7880715.
	Gross income from interest.			,			
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				193,556.	119,517.	313,073.
9	Net income from unrelated business				-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8193788.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,178,677.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	89.52 %
	Public support percentage from 2021					15	90.67 %
1 6a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-	7	
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation. If the organization		-		• •		
10	i mate roundation. In the organizatio			a, 100, 17a, 01 170	, ONCON UND DUX A		(Form 990) 2022
						Concure A	

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VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf				_				
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	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.)								
	ction B. Total Support					<u> </u>		(n	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6								
108	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses								
	and wind offer lune 20 107E								
	· · · · · · · · · · · · · · · · · · ·								
	Add lines 10a and 10b Net income from unrelated business								
••	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on Other income. Do not include gain								
	or loss from the sale of capital								
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for th	L	rst second third	l fourth or fifth tax	Vear as a section 5	1 01(c)(*	3) organizatio	n	
14	-	0						·	
Se	ction C. Computation of Publi	ic Support Per	centage				<u></u>	L	
	Public support percentage for 2022 (column (f))		15			%
	Public support percentage from 2021	, (),	, ,			16			%
	ction D. Computation of Inves								
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17			%
	Investment income percentage from					18			%
	a 33 1/3% support tests - 2022. If the					3 1/3%	%, and line 17	' is not	
	more than 33 1/3%, check this box a							Г	
k	33 1/3% support tests - 2021. If the						n 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che							r	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructio	ons	[
2320	23 12-09-22						Schedule A	(Form 990) 2	2022

16

7

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

232024 12-09-22

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

1

2

Schedule A (Form 990) 2022

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VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

1 4				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
с	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	ovide		
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

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

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

2

232025 12-09-22

Schedule A (Form 990) 2022

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18

	dule A (Form 990) 2022 VISION FORWARD ASSOCIAT			9-0808506 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see			

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 7

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions			-	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	7 Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	VISION	FORWARD	ASSOCIATION	, INCORPORATED	39-0808506 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explana 4c, 5a, 6, 9a, 9b Part IV, Section E	tions required by Part II , 9c, 11a, 11b, and 11c E, lines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a or ; Part IV, Section B, lines 1 nd 3b; Part V, line 1; Part V, ete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See Instructions.)					
232028 12-09-2	22			21		Schedule A (Form 990) 2022

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

Employer identification number

39-0808506

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

VISION FORWARD ASSOCIATION, INCORPORATED

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule B (Form 990) (2022)



VISION FORWARD ASSOCIATION, INCORPORATED

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 97,107. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 146,050. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 197,844. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 161,675. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

10401116 788028 14985.5AU01

Employer identification number

39-0808506

Page 2

Schedule B (Form 990) (2022)

223452 11-15-22

10401116 788028 14985.5AU01

VISION FORWARD ASSOCIATION, INCORPORATED

110101			0000000
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$33,665.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$99,741.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$142,082.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

39-0808506

VISIO	N FORWARD ASSOCIATION, INCORPORATED	39-0808506	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	. (b) FMV Description of noncash property given (See		
8	STOCK DONATION		
		\$99,74	.1. 05/04/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

Schedule B (Form 990) (2022)

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26 2022.05000 VISION FORWARD ASSOCIATIO 14985.51

Employer identification number

Schedule B (Form 990) (2022) Name of organization

Schedule B	(Form 990) (2022)			Page 4		
Name of org	ganization			Employer identification number		
VISTON	FORWARD ASSOCIATION,	INCORPORATED		39-0808506		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this in	fo. once.) \$		
(a) No.	Use duplicate copies of Part III if additional s	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	(d) Description of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
			•			
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
Part I						
		(e) Transfer of gif	t I			
F	Transferee's name, address, a		Relationship of	transferor to transferee		
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift		escription of how gift is held		
Part I						
_		e) Transfer of gif	l			
		(0)	-			
_	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
-						
	(e) Transfer of gift					
Ļ	Transferee's name, address, a	nd ZI P + 4	Relationship of	transferor to transferee		
				A / · · · A / · · · · · · · · · · · · · · · · · ·		
223454 11-15-2	22			Schedule B (Form 990) (2022)		

27

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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.

Open to Public Inspection

OMB No. 1545-0047

		organization
Name	OT THE	organization

Nam	e of the organization VISION FORWARD ASS	OCIATION,	INC	ORPORAT	ED	Employer identification number $39 - 0808506$
Par						
	organization answered "Yes" on Form 990, Part IV, lin					
	-	(a) Donor a	dvise	d funds	(b) Funds and other accounts
1	Total number at end of year				· ·	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the asse	ts he	d in donor adv	ised fund	8
Ū	are the organization's property, subject to the organization's	•				
6	Did the organization inform all grantees, donors, and donor a					
-	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?					·
Par						
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	· ·		Preservation	of a histo	rically important land area
	Protection of natural habitat	,		1		ied historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation co	ntribu	ition in the forr	n of a cor	servation 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						2b
с	Number of conservation easements on a certified historic stru					2c
	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register	-				2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished	l, or te	erminated by th	ne organiz	ation during the tax
	year					
4	Number of states where property subject to conservation eas	sement is located			_	
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	specti	on, handling o	f	
	violations, and enforcement of the conservation easements it	t holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, an	d enforcing co	nservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, ar	nd enf	orcing conserv	ation eas	ements during the year
•				.		A.
8	Does each conservation easement reported on line 2(d) abov	•				
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	lon's	financial state	nents tha	t describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical	Trea	asures, or ()ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form	-				
- 1a	If the organization elected, as permitted under FASB ASC 95			nue statement	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its finar		,			
b	If the organization elected, as permitted under FASB ASC 95					sheet works of
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	,				· · · ·
	(i) Revenue included on Form 990, Part VIII, line 1					\$
						•
2	If the organization received or held works of art, historical tre					rovide
_	the following amounts required to be reported under FASB A				J, P	
а	Revenue included on Form 990, Part VIII, line 1	-				\$
	Assets included in Form 990, Part X					•
	For Paperwork Reduction Act Notice, see the Instructions					Schedule D (Form 990) 2022

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232051 09-01-22

	dule D (Form 990) 2022 VISION E	FORWARD ASS			TED 3 er Similar	39–080 • Assets	08506	5 Pa nued)	age 2
3	Using the organization's acquisition, accessio						(,	
	collection items (check all that apply):		•	C	•				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpos	se in Part 3	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Parl		te if the organizatio	n answered "Yes" o	on Form 990	, Part IV, li	ine 9, or		
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contribution:	s or other assets no	t included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete if	I							
		(a) Current year	(b) Prior year	(c) Two years back			(e) Four		
	Beginning of year balance	5,851,496.	5,894,591.	, ,		11,503.	5,	,651,	
b	Contributions	104,907.	111,670.		-	54,390.		515,	
	Net investment earnings, gains, and losses	-269,481.	131,151.	1,293,220	1	43,190.	1,	,032,	392.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	576,500.	251,500.			50,000.		850,	
	Administrative expenses	31,715.	34,416.	,		36,157.			353.
g	End of year balance	5,078,707.	5,851,496.		• 5,2	36,546.	6,	,311,	503.
2	Provide the estimated percentage of the curre) held as:					
	Board designated or quasi-endowment	81.4919	_%						
	Permanent endowment <u>18.5080</u>	%							
с	Term endowment .0000 9								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administered for	the		г	Vee	
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		<u>x</u> x
	(ii) Related organizations	· · · · · · · · · · · · · · · · · · ·					3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat						3b		
4 Par	t VI Land, Buildings, and Equipme		ment tunas.						
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part)	(line 10				
	Description of property	(a) Cost or ot	,	,	Accumulate	d	(d) Bool	k volu	
	Description of property	basis (investm	• •		lepreciation	u	(u) 600	n value	5
19	Land	· ·	-, 54010		- selation				
	LandBuildings								
	Leasehold improvements								
	Equipment		1	3,358.	13,35	58.			0.
	Other			3,276.	106,55		2.0	5,72	-
-	Add lines 1a through 1e. (Column (d) must ec				-			5,72	
		juari onni 330, Fail A				Schedule			
								1	

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11b. See Form 000. Part X. line 12	
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	roryear market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) CEMETERY PLOTS			21,075.
(2) OPERATING LEASE RIGHT-OF-	USE ASSET		736,287.
(3) FINANCING LEASE RIGHT-OF-	USE ASSETS		8,114.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		765,476.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			744,252.
(3) FINANCING LEASE LIABILITY			8,219.
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total (Optimum (h) must a must form 000 Dart V, and (D) (m	- 05 \		752,471.
Total. (Column (b) must equal Form 990, Part X, col. (B) line		to the organization's financial statements th	

VISION FORWARD ASSOCIATION, INCORPORATED

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

Schedule D (Form 990) 2022

39-0808506 Page 3

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 VISION FORWARD ASSOCIATION,				0808506 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,456,763.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1
а	Net unrealized gains (losses) on investments	2a	<u>-307,969.</u> 58,233.		1
b	Donated services and use of facilities	2b	58,233.		1
с	Recoveries of prior year grants	2c			1
d		2d	-31,715.		1
е	Add lines 2a through 2d			2e	-281,451.
3	Subtract line 2e from line 1			3	2,738,214.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1
b	Other (Describe in Part XIII.)	4b	-356,351.		1
С	Add lines 4a and 4b			4c	-356,351.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,381,863.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Witl	n Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,364,258.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	58,233.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	356,351.		
е	Add lines 2a through 2d			2e	414,584.
3	Subtract line 2e from line 1			3	2,949,674.
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	31,715.		1
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	31,715.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,981,389.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal infor	mation.		
D - -					
PAF	RT V, LINE 4:				

THE ORGANIZATION'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPORT THE

ORGANIZATION'S MISSION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES INCLUDED ON PART IX LINE 11F	-31,715.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD INCLUDED ON PART VIII LINE 10B	-356,351.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD INCLUDED ON PART VIII LINE 10B	356 , 351 . Schedule D (Form 990) 2022

31

Schedule D (Form 990) 2022 Part XIII Supplemental Info	VISION FORWARD	ASSOCIATION,	INCORPORATED	39-0808506	Page 5
Part XIII Supplemental Info	mation (continued)				
				Schedule D (Form 9	90) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ties	OME	3 No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c				_			en to Public
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and ti	ne latest information	ו. ו	Employer		fication number
······		FORWARD ASSOCIATIO	N, 1	INCO	ORPORATED		39-080		
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990	EZ file	ers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		ו 🗌	(es be	No
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i		y) to	vi) Amount paid (or retained by) organization
			Yes	No	-				
Total									
		n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from	regist	tration

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

Schedule G (Form 990) 2022

232081 10-27-22

VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506 Page 2

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

		of fundraising event contributions and group	T	,	<u> </u>	s greater than \$5,000.
			(a) Event #1 DINING IN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			THE DARK (event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	172,589.			172,589.
	2	Less: Contributions	152,955.			152,955.
	3	Gross income (line 1 minus line 2)	19,634.			19,634.
	4	Cash prizes				
ŝ	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	27,126.			27,126.
ē	0	Entotoipment				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through		1		27,126.
	11	Net income summary. Subtract line 10 from I				-7,492.
Ð		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
ñ	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes %	Yes %	
	-					
	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)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				
		No," explain:				
				rminated during the tax y	lear?	Yes No
10a	We	re any of the organization's gaming licenses re	evoked suspended ofte	manulou during the tax y		
		ere any of the organization's gaming licenses re Yes," explain:				
b	lf "`					dule G (Form 990) 202

Sch	edule G (Form 990) 2022	VISION	FORWARD	ASSOCIATION,	INCORPORATED	39-080850)6 Page 3
	Does the organization conduct ga					Ye	s 🗌 No
12	Is the organization a grantor, bene						
	to administer charitable gaming?					Ye	s 🔄 No
	Indicate the percentage of gaming					40-	07
	The organization's facility An outside facility						<u> %</u>
	Enter the name and address of th					·····	/0
				J			
	Name						
	Address						
15a	Does the organization have a con	tract with a thir	d party from wh	nom the organization recei	ves gaming revenue?	Ye	s 🗌 No
b	If "Yes," enter the amount of gam	ing revenue rec	eived by the or	ganization \$	and the amo	ount	
	of gaming revenue retained by the		\$				
с	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Maria						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employe	e [Independent contract	or		
	Mandatory distributions:						
а	Is the organization required under			-	• ·	Ye	s 🗌 No
b	retain the state gaming license? Enter the amount of distributions				pt organizations or spent ir		
	organization's own exempt activit	ies during the t	ax year \$				
Pa					ne 2b, columns (iii) and (v);	and Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide any a	additional information. See	e instructions.		
						0.1.1.0/7	0001 000-
23208	3 10-27-22			35		Schedule G (Fo	nn 99 0) 2022

Schedule G	i (Form 990)	VISION FORWARD	ASSOCIATION,	INCORPORATED 39-0808506	Page 4
Part IV	Supplemental Info	rmation (continued)			
				Schedule G (F	orm 990)

232084 04-01-22

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		2022		
		Compensated Employees		ZU	22	
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	n	Employer i	dentificatio	on nur	nber
		VISION FORWARD ASSOCIATION, INCORPORATED	39-0	80850	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	Form 990 of a	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a		x
b						X
						X
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-					X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?	-		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2022

232111 10-18-22

VISION FORWARD ASSOCIATION, INCORPORATED 39-0808506

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TERRI DAVIS	(i)	147,179.	0.	0.	5,838.	12,198.	165,215.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

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

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Name of the organization

Employer identification numberVISION FORWARD ASSOCIATION, INCORPORATED39-0808506

Par	tI	Ту	pes of Property									
				(a)	(b)	(c)			(d)			
				Check if applicable	Number of contributions or	Noncash contrib amounts reporte			nod of deter contributio	•		
				applicable		Form 990, Part VIII,		noncasi	Contributio	n annot	units.	
1	Art -	Work	s of art									
2			rical treasures									
3			ional interests									
4			d publications									
5	Clot	hing a	nd household goods									
6	Cars	s and o	other vehicles									
7			planes									
8			Il property									
9	Sec	urities	- Publicly traded	Х	1	99,	741.	QUOTED	STOCK	PRI	CE	
10	Sec	urities	- Closely held stock									
11			- Partnership, LLC, or									
	trus	t intere	ests									
12	Sec	urities	- Miscellaneous									
13			conservation contribution -									
	Hist	oric st	ructures									
14	Qua	lified o	conservation contribution - Other									
15	Rea	l estat	e - Residential									
16	Rea	l estat	e - Commercial									
17			e - Other									
18			es									
19			ntory									
20			I medical supplies									
21			/									
22			artifacts									
23			specimens									
24			ical artifacts									
25	Oth		()									
26	Oth	er	()									
27	Oth	er	()									
28	Oth	er	()									
29	Nun	nber o	f Forms 8283 received by the organi	zation during	g the tax year for co	ontributions						
	for v	vhich t	the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29				0	
									_	Ye	es	No
30a	Duri	ng the	e year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it				
	mus	t hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to b	be used t	for				
	exer	npt pı	urposes for the entire holding period	?						0a		Х
b	lf "Y	′es," d	escribe the arrangement in Part II.									
31	Doe	s the o	organization have a gift acceptance	policy that re	equires the review o	of any nonstandard o	contribut	ions?		31		Х
32a	Doe	s the o	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell n	oncash					
	con	tributio	ons?							2a		Х
b	lf "Y	′es," d	escribe in Part II.									
33	lf th	e orga	nization didn't report an amount in c	column (c) fo	r a type of property	r for which column (a	a) is chec	cked,				
	des	cribe i	n Part II.									
	_		and the state of t	41		·		0.			~~\ <u>_</u>	

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022	VISION	FORWARD	ASSOCIATION,	INCORPORATED	39-0808506	Page 2
Part II Supplementa is reporting in Par this part for any a	t I, column (b),	the number of a	information required by F contributions, the number	art I, lines 30b, 32b, and 33 of items received, or a comb	and whether the organiza bination of both. Also comp	tion plete

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2022

-

232142 09-09-22

10401116 788028 14985.5AU01

SCHEDULE O (Form 990)

Name of the organization

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

INCORPORATED



Employer identification number 39-0808506

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VISION FORWARD ASSOCIATION,

LIFE'S TRANSITIONS.

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

IMPAIRED. DURING FISCAL YEAR 2023, WE SERVED 131 CHILDREN, AGES SIX

WEEKS TO SIX YEARS AND PROVIDED 3,115 HOURS OF THERAPY AND VISION

SERVICE WITH ANOTHER 1,216 HOURS OF SPECIAL EDUCATION CLASSROOM TIME;

132 SCHOOL-AGE YOUTH, AGES THREE TO 21 (MAY HAVE ATTENDED MULTIPLE

ACTIVITIES). 95% OF CHILDREN RECEIVING SERVICES DEMONSTRATED

IMPROVEMENT IN THEIR SOCIAL EMOTIONAL SKILLS. 99% OF PARENTS/CAREGIVERS

WILL USE THE SKILLS THEY LEARNED TO CARE AND ADVOCATE FOR THEIR CHILD.

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

RECEIVED OVER 2,989 HOURS OF DIRECT SERVICE, 90 INDIVIDUALS

PARTICIPATED IN WEEKLY ENRICHMENT PROGRAM AND 70 IN QUARTERLY

PROGRAMMING, AND 1,581 THROUGH OUR OUTREACH EFFORTS. MANY OF THE ADULTS

WERE SERVED THROUGH MULTIPLE ACTIVITIES AND TRAININGS PROVIDED BY EACH

PROGRAM. OUR TECHNOLOGY TEAM PROVIDED 966 HOURS OF ONE-ON-ONE

TECHNOLOGY SERVICES. WE ALSO PRODUCED 44 INSTRUCTIONAL VIDEOS, WHICH

HAD A TOTAL OF 127,600 VIEWS ON OUR YOUTUBE CHANNEL AND 9,500 TOTAL

HOURS OF WATCHED CONTENT. 97% OF ADULTS REPORTED A POSITIVE EXPERIENCE

WITH OUR ADULT VISION REHABILITATION SERVICES. 97% OF ADULTS

DEMONSTRATED PROGRESS AND/OR ACHIEVEMENT OF THEIR INDIVIDUAL GOALS

AFTER RECEIVING SERVICES.

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

42

Name of the organization						Employ	er identification number
	VISION	FORWARD	ASSOCIATION	INCORPORAT	ED	39	-0808506
ENRICHMENT: PI	ROVIDES	AN EXTEN	ISIVE SUPPORT	NETWORK OF	PERSO	NS TO	PROMOTE
THE ORGANIZAT	ION'S MI	SSION.					

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

THE MANAGEMENT OF VISION FORWARD ASSOCIATION, INCORPORATED REVIEWS ITS FORM 990. A COPY OF THE DRAFT 990 FORM IS E-MAILED TO THE BOARD OF DIRECTORS AND FINANCE COMMITTEE AND THEY THEN REVIEW IT AT THEIR DISCRETION. THE BOARD OF DIRECTORS AS WELL AS THE FINANCE COMMITTEE FORMALLY APPROVES THE DRAFT BEFORE FILING.

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

THE HR PARTNER EXPLAINS THE CONFLICT OF INTEREST POLICY TO ALL NEW HIRES. ALL SUPERVISORS REVIEW THE POLICY WITH THEIR EMPLOYEES AS VARIOUS ISSUES ARISE THROUGHOUT THE YEAR. THE BOARD PRESIDENT DISCUSSES THE CONFLICT OF INTEREST POLICY WITH ALL NEWLY APPOINTED DIRECTORS AND IT IS DISCUSSED AT VARIOUS BOARD MEETINGS THROUGHOUT THE YEAR. ALL BOARD MEMBERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY. A PDF COPY OF THE 990 IS SENT OUT TO ALL BOARD MEMBERS BEFORE FINALIZING THE RETURN, WITH A COPY OF THE VENDOR LIST TO VERIFY THAT THERE ARE NOT ANY RELATIONSHIPS OR CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE HR PARTNER REVIEWS AND PROVIDES A COMPENSATION REPORT FOR ALL POSITIONS AT VISION FORWARD ASSOCIATION, INCORPORATED. THE REPORT FOCUSES ON BASE SALARIES, BONUSES, PREREQUISITES AND BENEFITS. THE REPORT IS UTILIZED BY THE BOARD PRESIDENT AND/OR EXECUTIVE COMMITTEE TO DETERMINE THE CEO'S COMPENSATION AND THEN BY THE CEO TO SET THE COMPENSATION OF THE KEY 232212 10-28-22 43

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RELEASE OF THE GOVERNING DOCUM	ENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE DETER	MINED ON A CASE BY CASE BASIS BASED UPON
FORMAL REQUESTS RECEIVED BY TH	E ORGANIZATION FOR ANY OR ALL DOCUMENTS.
CERTAIN DOCUMENTS ARE POSTED O	N OUR WEBSITE AND MAILED TO MAJOR FUNDERS OR
REQUESTING PARTIES.	
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232212 10-28-22	44

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

Name of the organization

VISION FORWARD ASSOCIATION, INCORPORATED

EMPLOYEES OF THE ORGANIZATION. THIS PROCESS WAS COMPLETED IN 2022.

Employer identification number 39-0808506

Page **2**