Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information Open to Public Inspection

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Α	For the	e 2023 calen	dar year, or tax year beginning 01/01/2023 and ending	12/31/2	2023	-		
в	Check if	f applicable:	C Name of organization A SHARED VISION PARTNERS IN PEDIATRIC BLIN	NDNESS AND V	D Emplo	oyer identification number		
	Address	s change	Doing business as		81-4227664			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) F	E Teleph	none number			
	Initial re	eturn	10135 West 101st Drive		303-349-1961			
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Westminster, CO 80021		G Gross	receipts \$ 453,744		
	Applicat	tion pending	F Name and address of principal officer: Steven Lindauer	H(a) Is this a gro	oup return fo	r subordinates? 🗌 Yes 🔽 No		
			5030 Ballarat Lane, Castle Rock, CO 80108	H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No		
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach	n a list. Se	e instructions.		
J	Website	e: www.ash	naredvision.org	H(c) Group e	emption	number		
_		organization:	Corporation Trust Association Other L Year of formation	ation: 2016	M State	of legal domicile: CO		
Ρ	art I	Summa	ry					
	1	Briefly des	cribe the organization's mission or most significant activities: A Shar	red Vision e luca	ates, ins	pires, and empowers		
S		families to	nurture the development of their young children who are blind or visual	ly impairea.'' (e	provide	early intervention		
nan		vision serv	vices in families' homes and community settings throughout Colorado.	\sim				
/eri	2	Check this	box \Box if the organization discontinued its operations or disposed of	of mole than 25	% of it	s net assets.		
Ğ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	4		
õ	4	Number of	independent voting members of the governing body (Part VI, line 1b		4	1		
ties	5	Total num	per of individuals employed in calendar year 2023 (Part V, line 2a)		5	18		
Activities & Governance	6	Total num	per of volunteers (estimate if necessary)		6	5		
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 1.		7a	0		
	b	Net unrela	ted business taxable income from Form 990-T, Part (In e 11		7b	0		
			\Box	Prior Year		Current Year		
Ð	8	Contributio	ons and grants (Part VIII, line 1h)	1	34,680	226,326		
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)	1	60,840	226,881		
lev.	10		t income (Part VIII, column (A), lines 3, 4 and 7d)		0	537		
ш	11		nue (Part VIII, column (A), lines 5, 6d, 😋, c, 10c, and 11e)		0	0		
	12		ue-add lines 8 through 11 (must qua, Part VIII, column (A), line 12)	2	95,520	453,744		
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1–3)		0	0		
	14		aid to or for members (Part 🔭 column (A), line 4)		0	0		
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	2	80,618	317,807		
Expenses	16a		al fundraising fees (Part K, column (A), line 11e)		0	0		
ğ	b	Total fund	raising expenses (Part IX, column (D), line 25) 4,395					
Ш	17		enses (Part IX_column (A), lines 11a–11d, 11f–24e)		44,457	67,370		
	18	Total expe	nses. Add ine 13–17 (must equal Part IX, column (A), line 25) .	3	25,075	385,177		
	19	Revenue le	ess expenses. Subtract line 18 from line 12	-	29,555	68,567		
Net Assets or Fund Balances				Beginning of Curre	ent Year	End of Year		
sets alan	20	Total asse	ts (Part X, line 16)		76,754	147,210		
it As	21	Total liabili	ties (Part X, line 26)		6,110	7,999		
a P	22	Net assets	or fund balances. Subtract line 21 from line 20		70,644	139,211		
	art II	Signatu	re Block					

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 Here	Signature of officer Date Steven Lindauer, Executive Director Date									
	Type or print name and title									
Paid Preparer	Print/Type preparer's name	Date	Check if self-employed	PTIN						
Use Only	Firm's name	Firm's EIN								
Use Only	Firm's address	Phone no.								
May the IRS	discuss this return with the pre	parer shown above? See instructio	ns		🗌 Yes 🗌 No					

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990	Page 2												
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III												
1													
•	Briefly describe the organization's mission:												
	A Shared Vision educates, inspires, and empowers families to nurture the development of their young children who are blind or visually impaired. We provide early intervention vision services in families' homes and community settings throughout Colorado.												
	visually impaired, we provide early intervention vision services in ramilies nomes and community settings throughout colorado.												
	Did the organization undertake any significant program services during the year which were not listed on the												
	prior Form 990 or 990-EZ?												
	If "Yes," describe these new services on Schedule O.												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?												
	services?												
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by												
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.												
	(Code) $(Even encode f)$ and $z = z = z = z = z = z = z = z = z = z$												
4a	(Code:) (Expenses \$ 372,725 including grants of \$) (Revenue \$ 226,881)												
	A Shared Vision's team of licensed Early Intervention Teachers of the Visually Impaired (EI-T)//s) rks closely with families - in												
	their homes and community settings - to nurture the strengths of each child and build skills for) felong success. Our teachers provide educational services that are family focused, strengths based and development (II), propriate. We are the leading												
	provide educational services that are raining focused, strengths based and developmenting up, ophate, we are the reading provider of early intervention vision services in the state. Despite unique challeng is associated with the ongoing pandemic, A												
	Shared Vision supported 175 children and provided 1,861 education service visits, toth in-person and via telehealth, in 2023.												
	Through contracts with 16 of Colorado's 20 Community Centered Boards, we support 56 counties representing 85% of the state's												
	population, both urban and rural. In some of these areas, we are the only provider of vision services especially in rural												
	communities. Years of research have proven that the home and familiar community settings are optimal for the development of												
	children birth to age three. We recognize that caregivers are the critical "irst teachers" in these settings. Our programs address												
	the unique challenges and educational needs of caregivers whose children are blind or visually impaired. We educate and												
	empower caregivers with specific strategies so that they may nep their children reach developmental milestones. The intended												
	(Continued on Schedule O, Statement 1)												
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)												
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)												
ل ہ ۸	Other program convises (Deserving on Schodule O)												
4d	Other program services (Describe on Schedule O.)(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)												
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses 372,725												
	13/4/program control on policio 372,123												

Form 99	D (2023)		F	Page 3								
Part	V Checklist of Required Schedules											
			Yes	No								
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~									
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~									
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~								
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		~								
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? <i>If "Yes," complete Schedule C, Part III</i>	5		~								
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~								
7	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											
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7 8		~ ~								
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account in bity; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt manage neri, c edit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~								
10	Did the organization, directly or through a related organization, hold assets in donon-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~								
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.											
а	Did the organization report an amount for land, buildings, and e upment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~								
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		~								
с	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~								
d	Did the organization report an amount for other assists in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~								
е	Did the organization report an amount for other in builties in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~								
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax or sitions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~								
12a	Did the organization obtain separate incluendent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~								
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization inswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~								
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~								
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											
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~								
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~								
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		~								
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~								
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~								
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~								
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~								
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b										
		21		v								

Form **990** (2023)

	00 (2023)			Page 4
Part	Checklist of Required Schedules (continued)		Vee	Na
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	Yes	No V
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? <i>If "Yes," complete Schedule J</i> .	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or p. val les to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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 namily member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a. <i>If</i> Yes," <i>complete</i> Schedule L, Part IV A 35% controlled entity of one or more individual a d/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete</i> Schedule L, Part IV	28b 28c		~
29 30	Did the organization receive more than \$25,00c in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		<i>v</i> <i>v</i>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31 32		<i>v</i> <i>v</i>
33	Did the organization ow 10.% or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 3 1.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35a 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		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 0 0	-	Yes	No

Part V Statements Regarcing (Cher IRS Filings and Tax Compliance (continued) Yes No 28 Enter the number of employees reported on Form V-3, Transmitud of Vaga and Tax Ruture? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <td< th=""><th>Form 99</th><th></th><th></th><th>F</th><th>Page 5</th></td<>	Form 99			F	Page 5
Statements, filed for the caleridar year ending with or within the year covered by this return $\begin{bmatrix} 2a \\ 1 \end{bmatrix}$ by the list one is exported on line 2a, dift the organization fail a larguined feddral employment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year. All the organization have an interset in, or a signature or other authority over, a fanarolia account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAH) 5 We the organization is for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAH) 5 We as the organization that in twas or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization file form 866-77. 5 Does the organization induct with even to tax deductible as chartal controllutions or gifts were not tax deductible? 7 Organizations shut any receive deductible contributions and that such contributions or gifts were not tax deductible? 7 Dirganization shut any receive deductible contributions and that such controllutions or gifts were not tax deductible? 7 Did the organization notify the donor of the value of the goods or services no vife? 7 Did the organization notify the donor of the value of the good sor services no vife? 7 Did the organization set, exchange, or otherwise dispose of tangible persival involving? 7 Did the organization set, exchange, or otherwise dispose of tangible persival notation of the second of the value of the good sor services no vife? 7 Did the organization set, exchange, or otherwise dispose of tangible persival involving? 7 Did the organization set, exchange, or otherwise dispose of tangible persival notation? 7 Did the organization set, exchange, or otherwise dispose of tangible persival notation? 7 Did the organization set, exchange, or otherwise dispose or services novale persival no	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b If "Yes," has it field a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule O. 3b. 3b. a At any time during the calendary year, dift be capanization have an interest in, on a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial account)? 3b. 4a. - b If "Nes," ander the name of the forsign country. See instructions for filing requirements for FinGEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). 5a. - 5a. Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction? 5b. - 5b. Did show an unal gross receipts that are normally greater than \$100,000, and id the organization include with very solicitation an express statement that such contributions or grifts were not tax deductible? 6b. - 7 Organization stat may receive deductible contributions under section 170(c). a) Did the organization neceve any funds, directly or indirectly, to pay presiden by a personal benefit contract? 7c. 7 Types, "indicate the number of Form 8282?!!eld during the year? Td 7c. 7 Bypesnoring organization neceve any funds, directly or indirectly, to pay presiden by a personal benefit contract? 7f. 7 Did the organization neceve any funds, directly or indirectly, to pay presiden by a personal benefit	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
4a A any time during the calendar year, did the organization have an interest in, or a signature or other atthonol account? a financial account is a formed as a bank account, securities account, or other financial account? b If "Yes," enter the name of the foreign country used to she that manaction at any time during the tax year? b Did any taxable party no try to a prohibited tax shelter transaction at any time during the tax year? c d d d d c c d c c d d d d d d d d d <lid< li=""> d <li< td=""><td></td><td></td><td>3a</td><td></td><td>~</td></li<></lid<>			3a		~
a financial account in a foreign country (such as bank account, securities account, or other financial account; b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5 aor 5b, did the organization file form 8866-17 c Does the organization include with every solicitation an express statement that such contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or service provide? 7 If a 1 If "Yes," indicate the number of Forms 8282 filed during the year . 1 Did the organization notify the donor of the value of the goods or service provide? 7 If a 1 If "Yes," indicate the number of Forms 8282 filed during the year . 1 Did the organization notify the active to indirectly to pay premiums on a personal benefit contract? 7 If a 1 If the organization receive a quintage during the year . 1 Did the organization meaked a contribution of qualified intellectual properiod by a organization file form 109e-C? 3 Sponsoring organizations maintaining donor advised further section 4966? 3 Section 501(c)(72) organizations maintaining donor advised further section 4966? 3 Section 501(c)(72) comparizations maintaining donor advised further section 4966? 3 Section 501(c)(21) organizations maintain b			3b		
See instructions for Hing requirements for FinCEN Form 114, Report of Foreign Eank and Financial Accounts (FEAR). Image: Control Contro Control Control Contro Control Control Control Control Control C	4a		4a		~
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b ✓ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization contribution have annual dress that were not tax deductible as charitable contributions? 6a ✓ 6b Dright were not tax deductible? 6a ✓ 7 Organization scile, any receive adductible contributions of \$55 made party, as a contribution adv party for goods and services provided to the payor? 7a 7b 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7c 7 Did the organization receive a pymering shore by organization file form 8282? 7d 7d 7d 8 H "Yes," indicate the number of Forms 8282 filed during the year 7d					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a v 6a v 6a v 6a v 6a v 6a v 6b v 6a v 6b v 6c v 7c v <			5a		~
c 1 "Yes" to line 5 aor 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a ✓ 7 Organization solicit any contributions that were not tax deductible as charitable contributions? 6b 6a ✓ 7 Organization stat may receive adductible contributions under section 170(c). 7a 7a 7a 8 If "Yes," did the organization receive a payment in excess of 575 made party as a contribution ato varity for goods and services provided to the payor? 7a 7a 7 To file organization sell, exchange, or otherwise dispose of tanjible personal property for which it was required to file form 222? 7d 7d 7d 7 Did the organization receive a payment were yor indicet by no parsonal benefit contract? 7d 7g 7d 7d<					
Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid ary contributions that were not tax deductible contributions? Image: Control Contro Control Control Control Control Control Control Control Control C					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Image: Control Conter Contro Control Control Control Control Control Cont			60		
7 Organizations that may receive deductible contributions under section 170(c). a a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization notify the donor of the value of the goods or services provided? 7c c Did the organization notify the donor of the value of the goods or services provided? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d c Did the organization receive any thind, directly, to pay preatures on a personal benefit contract? 7f d If the organization receive a contribution of cars, bats, arplanes, or of lever sprices, did the organization file more and active a distribution and value of the organization file provided a contribution of cars, bats, arplanes, or of lever sprices, did the organization file of the sponsoring organization make any taxable during the year? 7d 9 Sponsoring organization makes a distuber low of a donor advised fund maintained by the sponsoring organization. The weak a distuber low for a donor advised fund maintained by the sponsoring organization. The exerce of the advised fund maintained by the sponsoring organization make any taxable during the year? 9a 10 Broten s016(p(2)(2) organization. The exerce the advised on Part VIII	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
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that would result in the imposition of an excise tax under section 4951, 4952, or 4953?					
			17		Í

Form 99	00 (2023)		F	Page 6							
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.							
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		~							
Secti	on A. Governing Body and Management										
			Yes	No							
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
ь 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~							
6	Did the organization have members or stockholders?	6		~							
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?	7a		~							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	~								
b	Each committee with authority to act on behalf of the governing body?	8b	~								
9	Is there any officer, director, trustee, or key employee listed in Part VI, S ction A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names a coursess on Schedule O	9		~							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co									
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliance?	10a		~							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations a consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~								
b	Describe on Schedule O the process, if any, us d by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	<u> </u>							
b	Were officers, directors, or trustees, and kay employees required to disclose annually interests that could give rise to conflicts?	12b	~	<u> </u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	~								
13	Did the organization have a written whistleblower policy?	13	~								
14	Did the organization have a written document retention and destruction policy?	14	~								
15	Did the process for detennining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	~	Ĺ							
b	Other officers or key employees of the organization	15b	~	L							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b		Ĺ							
	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed <u>CO</u>	T /	+!	-01(-)							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	I (Sec	uon t	30 I (C)							
19	✓ Own website ✓ Another's website ✓ Upon request	of inte	reet n	olicy							
	and financial statements available to the public during the tax year.	21 miles	55r p	unoy,							

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Steven Lindauer, (303)349-1961

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportatie	Reportable	Estimated amount
	hours	office		nd a director/trustee)				compensation	compensation	of other
	per week (list any	Individual trustee or director	Ins	Qf	Ke	Highest c employee	Forn	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	livid	titu	Officer	y er	ploy	rn er	1099-MISC/	1099-MISC/	organization and
	related organizations	ual	lion		nplo	/ee c	$\left[\right]$	1099-NEC)	1099-NEC)	related organizations
	below	trus	altr		Key employue	d m) •			
	dotted line)	tee	Institutional trustee		X	ss	·			
			ð			ated				
Steven Lindauer	40.00				P					
Executive Director		~						65,000	0	0
Paula Landry	30.00		D							
El Teacher of the Visually Impaired	0.00			~				43,990	0	0
Stefanie Hamilton	5.00									
El Teacher of the Visually Impaired	0.02	~		~				1,172	0	0
Susan Raymond	1.00									
Board member	J.00	~						0	0	0
<u>_</u>										
X										
	+									
				·						

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emp	olo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued
	(A) Name and title	(B) Average hours	box,	unles	Pos neck is pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Report compen	able sation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from re organizatic 1099-N 1099-I	ns (W-2/ IISC/	compensation from the organization and related organizations
			-									
			-							<u> </u>		
			-						6)		
									0			
			-				O					
			-	C		5						
			5	D.								
1b	Subtotal								110,162		0	(
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	m, Sectio	on A	·	•		•	•	110,162		0	(
2	Total number of individuals (including reportable compensation from the orgun		limite	ed t	o t	hos:	e list	ted		eceived		
3	Did the organization list any tormer of employee on line 1a? <i>If</i> "Yus," <i>complete</i> a							mpl	loyee, or highes	-	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or ind		
	on B. Independent Contractors											<u></u>
1	Complete this table for your five high compensation from the organization. Rep								ear ending with or			ization's tax year
	(A) Name and business add	lress							(B) Description of serv	vices		(C) Compensation
None												

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	y line in this Pa	rt VIII....	 [
				_

		•	1	-			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ស៊ូ ស	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	0				
บ็บ	С	Fundraising events	0				
ΡĽ,	d	Related organizations 1d	0				
Gift Iar	e	Government grants (contributions) 1e	-				
ni S,	f	All other contributions, gifts, grants,	110,927				
ü S	1						
hei			115,399				
đ	g	Noncash contributions included in					
t p		lines 1a-1f 1g \$	0				
δ	h	Total. Add lines 1a-1f		226,326			
			Business Code				
e	2a	Program services	900099	226,881	226,881	0	0
e Š	b						
jram Ser Revenue	с						
ĒŠ	d						
Be	e						
Program Service Revenue	_	All other program convice revenue				0	
<u>م</u>	f	All other program service revenue			- 0	0	0
		Total. Add lines 2a–2f		226,881			
	3	Investment income (including dividends, other similar amounts)		$\mathbf{\Lambda}$			
		,		537	0	0	537
	4	Income from investment of tax-exempt bone	d proceeds	• 0	0	0	0
	5	Royalties <u></u>		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	0				
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	6				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
Revenue	Ň	and sales expenses . 7b					
Nel Vel	-						
Be	C	Gain or (loss) 7c 0	0				
5	d	Net gain or (loss)					
Othe	8a	Gross income from jundraising					
0		events (not including \$0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising event	ts				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a						
		returns and allowances 10a					
	h	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory	4				
	U		y Business Code				
sno	44-		Dusiness Code				
Jec ue	11a						
llar 'en	b						
scellaneo Revenue	С						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		453,744	226,881	0	537
							Form 990 (2023)

Part IX Statement of Functional Expenses

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colur	nn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	
2	Grants and other assistance to domestic	0	0		
-	individuals. See Part IV, line 22	0	0		
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	0	0		
4 5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	110,162	110,162	0	
7		0	0	0	0
7 8	Other salaries and wages	179,668	179,668		C
	section 401(k) and 403(b) employer contributions)	0	0	0	C
9	Other employee benefits	0		0	C
10	Payroll taxes	27,977	27,977	0	(
11	Fees for services (nonemployees): Management				
a b		0		0	C C
c		3,0.19	0	3,019	
d		3,01	0	0	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	S o	0	0	
12	Advertising and promotion	3,213	0	0	0 3,213
13	Office expenses	5,649	5,251	398	3,213
14	Information technology	11,991	9,051	1,558	1,382
15	Royalties	0	0	0	 C
16	Occupancy	0	0	0	C
17		28,251	28,247	4	C
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	C
19	Conferences, conventions, and meetings .	2,825	2,747	278	-200
20		0	0	0	C
21	Payments to affiliates	0	0	0	C
22	Depreciation, depletion, and amortization .	0	0	0	C
23	Insurance	12,314	9,622	2,692	C
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a h					
b					
c d					
u e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	385,177	372,725	8,057	4,395
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	303,177	512,123	0,037	4,373
	following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2023)

	n 990 (20	•			Page 11	
P	art X				_	
		Check if Schedule O contains a response or note to any line in this Par	t X			
	1	Cash-non-interest-bearing	76,754	1	147,210	
	2	Savings and temporary cash investments	0	2	0	
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	0	4	0	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		_		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	5 6	0	
ś	7	Notes and loans receivable, net	0	7	0	
Assets	8		0	8	0	
Ass	9	Prepaid expenses and deferred charges	0	9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b	0	10c		
	11	Investments-publicly traded securities	0	11	0	
	12	Investments-other securities. See Part IV, line 11	0	12	0	
	13	Investments-program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	0	15	0	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	76,754	16	147,210	
	17	Accounts payable and accrued expenses	6,110	17	7,999	
	18	Grants payable	0	18	0	
	19		0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
Liabilities	21 22	Escrow or custodial account liability. Complete Part 44 o. Schedule D . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	21	0	
.iat	00		0	22	0	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0	23 24	0	
	24 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0		0	
			0	25		
	26	Total liabilities. Add lines 17 trough 25 <th .<="" <="" td=""><td>6,110</td><td>26</td><td>7,999</td></th>	<td>6,110</td> <td>26</td> <td>7,999</td>	6,110	26	7,999
ances		and complete lines 27, 28, 32, and 33.				
3ala	27	Net assets without donor restrictions		27		
р	28	Net assets with donor restrictions		28		
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.				
s o	29	Capital stock or trust principal, or current funds	0	29	0	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0	
As	31	Retained earnings, endowment, accumulated income, or other funds	70,644	31	139,211	
let	32	Total net assets or fund balances	70,644	32	139,211	
	33	Total liabilities and net assets/fund balances	76,754	33	147,210	

Form **990** (2023)

	90 (2023)				Pa	ge 1 2
Part	XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	 1		•		
2	Total expenses (must equal Part IX, column (A), line 25)	2				3,74 5,17
3	Revenue less expenses. Subtract line 2 from line 1	3				8,56
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0,64
5	Net unrealized gains (losses) on investments	5				0,04
6	Donated services and use of facilities	6				
7		7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			13	9,21 [.]
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗌 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent a countant?			a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	na			
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidat. d and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov					
	the audit, review, or compilation of its financial statements and selection of an independent account			c		
	If the organization changed either its oversight process or relection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization bequired to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F		-	a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		b		
			F	=orm	990	(2023
	PUDILO					
	-					

SCHE	DU	LE	Α
(Form	99	0)	

Public Charity Status and Public Support

ort

81-4227664

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service



OMB No. 1545-0047

A SHARED VISION PARTNERS IN PEDIATRIC BLINDNESS AND VISUAL IMP

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)**(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public salety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the beneficion, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section J09(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of separating organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regular v appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B.
 - **b** Type II. A supporting organization supervited or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see in structions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No												
(A)																
(B)																
(C)																
(D)																
(E)																
Total																

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

Secti	on A. Public Support			×1	•	/	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	306,665	316,575	349,984	295,520	453,207	1,721,951
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	306,665	316,575	349,984	295,520	453,207	1,721,951
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)				67		
6	Public support. Subtract line 5 from line 4						1,721,951
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	306,665	316,575	349,984	295,520	453,207	1,721,951
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		CU				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	Ċ	20				
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	\mathbf{D}					1,721,951
12	Gross receipts from related activities etc					12	
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Pullic support	re		, third, fourth,	-	ear as a section	n 501(c)(3)
14	Public support percentage for 2023 (line			11. column (f))		14	100 %
15	Public support percentage from 2022 Scl		•			15	100 %
16a	33 ¹ / ₃ % support test - 2023. If the organ box and stop here . The organization qua	ization did not	check the box	on line 13, ar	nd line 14 is 33		check this
b	33 ¹ / ₃ % support test - 2022. If the organitities box and stop here . The organization						
17a	10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	cts-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
							(Form 990) 2023

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.)

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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 .				O_{X}		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			$\mathbf{\Lambda}$			
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		+				
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support	() 00 (0		() 000 ((1) 0000	() 0000	(a +)
	dar year (or fiscal year beginning in)	(a) 2019	L) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	C					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less	C 1					
	section 511 taxes) from businesses acquired after June 30, 1975 .						
-		•					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 1 ub, whether						
40	or not the business is regulary carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tax ve	ar as a sect	100, 501(c)(3)
14	organization, check this box and stop he	-			· · · · · ·		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	·		13. column (fl)		15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In						,,,
17	Investment income percentage for 2023 (-	by line 13. colu	umn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 ¹ / ₃ % support tests – 2023. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests-2022. If the organiz	-	-	-		-	
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see inst	ructions .
						Schedul	e A (Form 990) 2023

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 as 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 door ment 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 be 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 filling organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedu	Jie A (Form 990) 2023		H	Page D
Part	V Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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?			
h		11a 11b		
b C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Sect	ion 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? <i>If "No," describe in Part VI how the supported organization(s)</i> 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.			
	supported organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1 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 we rated. supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year as a majority of the directors 1 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).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). С Yes No
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2

1

2

3

2a

2b

3a

3b

Yes No

Part 1 [Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru	st on Nov. 20, 1970 (<i>exp</i>	
Secti	on 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		
Secti	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):		La la	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	C		
d	Total (add lines 1a, 1b, and 1c)	14		
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)	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		
Secti	on 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 (rom 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		

Schedule A (Form 990) 2023

Schedu	e A (Form 990) 2023			Page 7			
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D—Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes	-				
2	Amounts paid to perform activity that directly furthers exe	rted					
	organizations, in excess of income from activity		2	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3			
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required-	•	VI) !!	5			
6	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.		7	7			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	3			
9	Distributable amount for 2023 from Section C, line 6		9)			
10	Line 8 amount divided by line 9 amount		1	0			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.	0	.02				
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
с	From 2020						
d	From 2021	X					
е	From 2022						
f	Total of lines 3a through 3e	0.					
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3h						
4	Distributions for 2023 from Section D, line 7: \$						
а	Applied to underdistributions of prior year						
b	Applied to 2023 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4 a from line 2. For result greater than zero, <i>explain</i> in Part VI . See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2019						
b	Excess from 2020						
С	Excess from 2021						
d	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023

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

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QJ)	
R JOIL	

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047			
(Form 990)	Orm 990)Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.					
Department of the Treasury	partment of the Treasury Attach to Form 990 or Form 990-EZ.		Open to Public Inspection			
Internal Revenue Service						
Name of the organization Employer identia						
	RTNERS IN PEDIATRIC BLINDNESS AND VISUAL IMP		1-4227664			
Form 990, Part VI, Sec	tion B, Line 11b - Form 990 is reviewed with the Board members for their review and	approval be	fore being filed.			
Form 000 Dart VI Soo	tion B, Line 12c - All employees, including leadership, must avoid conflicts of intere	ct to maintai	bigh standards of			
	versations and review, A Shared Vision ensures that private and economic interests					
	versations and review, A Shared Vision ensures that private and economic interests					
	ncluding termination of employment.					
Form 990, Part VI, Sec	tion B, Line 15 - Salary surveys and local compensation data from other nonprofits	/ia Charity N	avigator and			
GuideStar are present	ed and discussed by the Board.					
	tion C, Line 19 - Governing documents are published on A Shared Vision's website,	as well as th	rd-party websites			
Including GuideStar ar	nd Colorado GivesDay (via Community First Foundation.)					
		·				
	<u>SX</u>					
	<u> </u>					
			··			

Schedule O, Statement 1

Form: Form 990 (2023)

Page: 2

A SHARED VISION PARTNERS IN PEDIATRIC BLINDNESS AND VISUAL IMP

EIN: 81-4227664

Part III, Line 4a

First Program Service Accomplishments Description

Description

outcome is to ensure that children with blindness or visual impairments are prepared for kindergarten and on a trajectory towards their lifelong success. A Shared Vision's team of 17 licensed and caring Early Intervention Teachers of the Visually Impaired addresses the full spectrum of vision needs, including home-based and natural environment visits, specialty co-visits, hospital visits and consultation services for in-patient children, and support during ophthalmology appointments. They conduct and support Family Assessments, Functional Vision Assessments (FVAs), development of Individual Family Service Plans (IFSP) and transition support from IDEA Part C to Part B. To build a community of highly skilled, collaborative professionals, A Shared Vision also provides transdisciplinary team meetings, professional development trainings and presentations on pediatric blindness and visual impairment, and internship opportunities for students in pursuit of relevant degrees.



Sched	ule	В
(Form	990)

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

81-4227664

Internal Revenue Service Name of the organization

Department of the Treasury

|--|

Organization type (check one):

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

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

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

General Rule

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

Special Rules

- For an organization described in section s01(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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 deteril ed 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).

	(Form 990) (2023) organization	E	Page 1 of 1 of Part I mployer identification number
	ED VISION PARTNERS IN PEDIATRIC BLINDNESS AND VISUAL IMP		81-4227664
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Available upon request	-	Person
	Available upon request Available upon request, CO 80021	\$20,000_ -	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Available upon request	\$	Person Payroll Noncash □
	Available upon request Available upon request, CO 80021		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	() Total contributions	(d) Type of contribution
3	Available upon request Available upon request Available upon request, CO 80021	\$5,625	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Available upon request Available upon request Available upon request, C 8:021	\$5,300_	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Available upon request Available upon request Available upon request, CO 80021	\$\$	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Available upon request Available upon request Available upon request, CO 80021	\$\$	PersonImage: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

	(Form 990) (2023)	,	Page of of Part II
Name of or	-	E	mployer identification number
Part II	D VISION PARTNERS IN PEDIATRIC BLINDNESS AND VISUAL IMP Noncash Property (see instructions). Use duplicate copie	s of Part II if additional sp	81-4227664 bace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
			· · · · · · · · · · ·

Schedule B (Form 990) (2023)

Schedule B (I	Form 990) (2023)					Page	of	of Part III
Name of org	ganization					Employer ide	ntificat	tion number
A SHARED	D VISION PARTNERS IN PEDIATRIC BLINE	ONESS AND VISUAL IM	Р			81	-422766	64
Part III	Exclusively religious, charitable, of (10) that total more than \$1,000 for the following line entry. For organiz contributions of \$1,000 or less for Use duplicate copies of Part III if ac	etc., contributions t or the year from any ations completing Pa the year. (Enter this in	o organiza one cont art III, ente nformatior	r ibutor. (Complete I of <i>exclu</i> s	columns (a) <i>ively</i> religious	throug	h (e) and
(a) No. from	(b) Purpose of gift	(c) Use			(d) De	scription of h	now aif	ft is held
Part I	(v) : u: poco o: g.:.				(u) 20			
		(e) Trans	fer of gift					
	Transferee's name, address,	and ZIP + 4		Relation	ship of tra	nsferor to tra	nsferee	e
					0)		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift		(d) De	scription of h	low gif	ft is held
		(e) Trans	lier of gift					
_	Transferee's name, address,			Relation	ship of tra	nsferor to tra	nsferee	e
		SX						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift		(d) De	scription of h	low gif	ft is held
	Transferee's name, address, a		fer of gift	Relation	ship of tra	nsferor to tra	nsferee	e
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift		(d) De	scription of h	iow gif	ft is held
-	(e) Transfer of gift							
-	Transferee's name, address,	and ZIP + 4		Relation	ship of tra	nsferor to tra	nsferee	e
						Scheo	Jule B (F	orm 990) (2023)