			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (s) 2018
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2018 calend	ar year, or tax year beginning $OCT\ 1$, $\ 2018$ and ending	<u>SEP 30, 2019</u>	
В	Check if applicab	C Name of	organization	D Employer identific	ation number
Г	Addre	ess NEHE	MIAH VISION MINISTRIES, INC.		
	Name		usiness as	20-89	957812
	Initial returr	_	and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final returr	PO B	OX 1956	(765)	
	termi ated	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	978,822.
	Amer returr		ESVILLE, IN 46061	H(a) Is this a group re	turn
	Appli tion	^{ca-} F Name a	nd address of principal officer: ESPERANDIEU PIERRE	for subordinates?	? Yes X No
	pend	SAME	AS C ABOVE	H(b) Are all subordinates ind	cluded? Yes No
		empt status: [527 If "No," attach a	list. (see instructions)
		ite: 🕨 WWW 🛯		H(c) Group exemption	
		f organization:	X Corporation Trust Association Other ▶ L Y	ear of formation: 2007 M	State of legal domicile: IN
P	art I				
¢	1	Briefly describ	e the organization's mission or most significant activities:	DSE OF NVM IS	TO HELP
anc			N, FAMILIES AND THEIR COMMUNITIES MEET		
ern	2		x L if the organization discontinued its operations or disposed of m	1 1	ets.
No.	3		ing members of the governing body (Part VI, line 1a)		<u> </u>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Part VI, line 1b)		<u> </u>
ies	5		of individuals employed in calendar year 2018 (Part V, line 2a)		20
Activities & Governance	6		of volunteers (estimate if necessary)		0.
AC	/a		d business revenue from Part VIII, column (C), line 12		0.
		Net unrelated	business taxable income from Form 990-T, line 38	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,194,285.	937,739.
anu	9		ce revenue (Part VIII, line 2g)	9,939.	19,113.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	186.	-209.
Å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,582.	12,213.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,229,992.	968,856.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		o or for members (Part IX, column (A), line 4)	0.	0.
c,	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	578,932.	515,750.
use	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	. b	Total fundraisi	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>80,517.</u>		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	597,853.	572,760.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,176,785.	1,088,510.
	19	Revenue less	expenses. Subtract line 18 from line 12	53,207.	-119,654.
s or				Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F		1,083,637.	955,693.
3t As	21		(Part X, line 26)	20,767.	16,160.
Ĭ	22		fund balances. Subtract line 21 from line 20	1,062,870.	939,533.
	art II				Included as a set to the test
	-		declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true	, corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledge.	

Sign	Signature of officer		[	Date
Here	CRAIG WESTRICK, TREASU	RER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	SAMUEL A. CIGELNIK	SAMUEL A. CIGELNIK	08/04/	22 self-employed P00324762
Preparer	Firm's name 🕒 CLIFTONLARSONALL	EN LLP	F	Firm's EIN <b>41-0746749</b>
Use Only	Firm's address 🖕 301 S.W. ADAMS S	TREET, SUITE 1000		
	PEORIA, IL 61602		F	Phone no. (309) 671-4500
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form <b>990</b> (2018)
n	TE COMPDITE O FOD ODCANTE	AMTON MTGGTON GMAMEN		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) NEHEMIAH VISION MINISTRIES, INC.	20-8957812 Page <b>2</b>
Par	t III Statement of Program Service Accomplishments	<b></b>
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission: THE PURPOSE OF NVM IS TO HELP CHILDREN, FAMILIES AND THE	
	MEET THE BASIC NEEDS OF LIFE. NVM BELIEVES IN PROVIDING	
	OPPORTUNITY TO LIVE IN AN ENVIRONMENT WHERE THEY CAN BE	
	EQUIPPED TO CONTRIBUTE TO THEIR OWN PERSONAL DEVELOPMENT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
5	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	massured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •
	revenue, if any, for each program service reported.	
42	(Code: ) (Expenses \$ 914,306 · including grants of \$ ) (Reve	enue \$ 29,878.)
та	BETWEEN 2018-2019, THROUGH ITS NEHEMIAH CHRISTIAN ACADEM	
	WORSHIP CENTER, NEHEMIAH CHILDREN'S HOME, THE MOBILE MEI	-
	AND ITS MEDICAL CLINIC ON THE CHAMBRUN CAMPUS, NEHEMIAH	
	MINISTRIES SERVED THE PEOPLE OF HAITI WITH FOOD, MEDICIN	
	CARE, CLOTHING, EDUCATION, AND OTHER RESOURCES FOR LIVIN	
	VOLUNTEER LABOR FROM THE UNITED STATES WAS RECEIVED VIA	
	TEAMS FROM CHURCHES, COMPANIES, AND PARTNER MINISTRIES.	SHOKI-IEKM
	TEAMS FROM CHORCHES, COMPANIES, AND PARIMER MINISTRIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Rever	enue \$ )
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 914,306.	
		Form <b>990</b> (2018)
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	2	

Form	ggn	(2018)	

 Form 990 (2018)
 NEHEMIAH VISION MINISTRIES, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	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	5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
0	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	<u> </u>		
-	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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	<u>11a</u>	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 11e		X X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
1 <b>2</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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		<u>X</u>
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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 NEHEMIAH VISION MINISTRIES, INC.
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 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			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			37
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		- 23
D	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, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
	complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		X
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
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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			
<u>-</u>	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	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	27		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 in Schedule O for Part VI, lines 11b and 19?	37		
30	Nate All Forms 200 filese and new word to complete Calendula O	38	х	
Pa		00		I
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2018)				INC.	
Part V Statements	Regarding Other	[•] IRS Filing	gs and Tax Compl	iance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100	
	filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	ıt)?	4a		Х
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 Ac	coun	ts (FBAR).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			•		v
Ŀ	any contributions that were not tax deductible as charitable contributions?			6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	giπs	Ch		
7	were not tax deductible?			6b		
' a	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contri	vices n	rovided to the navor?	7a		х
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			15		
•	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a 9b		
b						
10	Section 501(c)(7) organizations. Enter:	40-	I			
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:					
'' 2		11a	I			
b	Gross income from members or snarenoiders Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х
16	If "Yes," complete Form 4720, Schedule O.		ne?	10		27

Form **990** (2018)

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Form 990 (2018)
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#### NEHEMIAH VISION MINISTRIES, INC.

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

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

the number of voting members of the governing body at the end of the tax year	<ul> <li>with any other</li> <li>with any other</li> <li>direct supervision</li> <li>90 was filed?</li> <li>ets?</li> <li>opoint one or</li> <li>ockholders, or</li> <li>r by the following:</li> <li>ched at the</li> <li>venue Code.)</li> </ul>	4 5 6 7a 7b 8a 8b	Yes	No X X X X X X X X X X
e are material differences in voting rights among members of the governing body, or if the governing lelegated broad authority to an executive committee or similar committee, explain in Schedule 0. the number of voting members included in line 1a, above, who are independent my officer, director, trustee, or key employee have a family relationship or a business relationship of director, trustee, or key employee? e organization delegate control over management duties customarily performed by or under the cers, directors, or trustees, or key employees to a management company or other person? e organization make any significant changes to its governing documents since the prior Form 9 e organization become aware during the year of a significant diversion of the organization's ass e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to elect or ap members of the governing body? ny governance decisions of the organization reserved to (or subject to approval by) members, st ns other than the governing body? e organization contemporaneously document the meetings held or written actions undertaken during the year overning body? committee with authority to act on behalf of the governing body? re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> <b>3. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such ch ranches to ensure their operations are consistent with the organization's exempt purposes? ne organization provided a complete copy of this Form 990 to all members of its governing body?	1b         0 with any other         e direct supervision         90 was filed?         ets?         opoint one or         ockholders, or         r by the following:         ched at the         venue Code.)	6 2 3 4 5 6 7a 7b 8a 8b		X X X X X
elegated broad authority to an executive committee or similar committee, explain in Schedule 0. the number of voting members included in line 1a, above, who are independent	<ul> <li>with any other</li> <li>with any other</li> <li>direct supervision</li> <li>90 was filed?</li> <li>ets?</li> <li>opoint one or</li> <li>ockholders, or</li> <li>r by the following:</li> <li>ched at the</li> <li>venue Code.)</li> </ul>	2 3 4 5 6 7a 7b 8a 8b		X X X X X
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ny governance decisions of the organization reserved to (or subject to approval by) members, st ns other than the governing body? e organization contemporaneously document the meetings held or written actions undertaken during the yea overning body? committee with authority to act on behalf of the governing body? re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read ization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O <b>B. Policies</b> (This Section B requests information about policies not required by the Internal Re e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such ch ranches to ensure their operations are consistent with the organization's exempt purposes? me organization provided a complete copy of this Form 990 to all members of its governing body	ockholders, or r by the following: ched at the <u>venue Code.)</u>	7b 8a 8b		x
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e organization contemporaneously document the meetings held or written actions undertaken during the yea overning body? committee with authority to act on behalf of the governing body? re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> <b>3. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such ch ranches to ensure their operations are consistent with the organization's exempt purposes?	r by the following: ched at the <u>venue Code.</u> )	. <b>8b</b>		
committee with authority to act on behalf of the governing body? re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> <b>3. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such ch ranches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing body	ched at the venue Code.)	. <b>8b</b>		
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re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> <b>3. Policies</b> <i>(This Section B requests information about policies not required by the Internal Re</i> e organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such ch ranches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing body	ched at the venue Code.)			
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s," did the organization have written policies and procedures governing the activities of such ch ranches to ensure their operations are consistent with the organization's exempt purposes? ne organization provided a complete copy of this Form 990 to all members of its governing body		10a		X
ranches to ensure their operations are consistent with the organization's exempt purposes?				
ne organization provided a complete copy of this Form 990 to all members of its governing body		10b		
	/ before filing the form?	11a	Х	
ibe in Schedule O the process, if any, used by the organization to review this Form 990.	, 201010 1111.g title 101111	1.14		
e organization have a written conflict of interest policy? If "No," go to line 13		12a		x
officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				<u> </u>
e organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				$\vdash$
	,	12c		
e organization have a written whistleblower policy?		10		x
e organization have a written whistleblower policy?				X
e process for determining compensation of the following persons include a review and approva		. 17		<u> </u>
ns, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by independent			
		150	х	
rganization's CEO, Executive Director, or top management official		4	X	┢
officers or key employees of the organization		15b		
s" to line 15a or 15b, describe the process in Schedule O (see instructions). e organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	agent with a			
		16-		x
e entity during the year? s," did the organization follow a written policy or procedure requiring the organization to evaluat		<u>16a</u>		
		404		
		100	L	<u> </u>
	-1 000 T (01' 501 (-)(	<b>0</b> )   - )		
	d 990-1 (Section 501(c)(	3)s oniy) a	avallar	SIE
blic inspection. Indicate how you made these available. Check all that apply.				
	,			
Own website X Another's website X Upon request Other (explain	ntuct at interest policy a	nd financi	al	
Own website       X       Upon request       Other (explain ibe in Schedule O whether (and if so, how) the organization made its governing documents, control or the organization made its governing documents.	met of interest policy, a			
Own website X Another's website X Upon request Other <i>(explain</i> ibe in Schedule O whether (and if so, how) the organization made its governing documents, connents available to the public during the tax year.				
Own website $X$ Another's website $X$ Upon request Other (explain ibe in Schedule O whether (and if so, how) the organization made its governing documents, connents available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's boo				
Own website X Another's website X Upon request Other <i>(explain</i> ibe in Schedule O whether (and if so, how) the organization made its governing documents, connents available to the public during the tax year.				
Die	status with respect to such arrangements?         Disclosure         states with which a copy of this Form 990 is required to be filed ▶ IN         6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and ic inspection. Indicate how you made these available. Check all that apply.         wm website       X         Another's website       X	Disclosure         states with which a copy of this Form 990 is required to be filed ▶IN         6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3 ic inspection. Indicate how you made these available. Check all that apply.         wn website       X         Another's website       X         Upon request       Other (explain in Schedule O)         e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are ents available to the public during the tax year.	status with respect to such arrangements?       16b         Disclosure       states with which a copy of this Form 990 is required to be filed ▶IN       104         6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) at ic inspection. Indicate how you made these available. Check all that apply.       Image: Check all that apply.         wm website       X       Another's website       X       Upon request       Other (explain in Schedule O)         e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financiants available to the public during the tax year.       Image: Check and the present who possesses the organization's books and records       Image: Check and the present who possesses the organization's books and records       Image: Check and the present who possesses the organization's books and records	status with respect to such arrangements?       16b         Disclosure       states with which a copy of this Form 990 is required to be filed ▶IN         6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available ic inspection. Indicate how you made these available. Check all that apply.         wm website       X         Upon request       Other (explain in Schedule O)         e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial ents available to the public during the tax year.         te name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		<b>(C)</b> Position					(D)	(E)	(F)	
Name and Title	Average hours per week	box	not c	heck ss pei	more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) CRAIG WESTRICK TREASURER	10.00	v		x				0.	0	0	
(2) ESPERANDIEU PIERRE	40.00	X		<u> </u>	-			0.	0.	0.	
PRESIDENT	40.00	x		x				28,000.	0.	0.	
(3) MARK WILLIAMS	5.00			1				20,000		<b>U</b> .	
BOARD MEMBER		x						0.	0.	0.	
(4) JAY SHULTZ	5.00	† <u> </u>									
SECRETARY		х		x				0.	0.	0.	
(5) REXANNE UDE	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(6) SHELLI ELLIOTT	5.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) RYON KAOPUIKI	5.00										
BOARD CHAIRMAN		Х		X				0.	0.	0.	
		4									
		-									
		-									
		-									
		1									
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92007 12 21 19										Form <b>990</b> (2018)	

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Form 990 (2018)

Form 990 (2018) NEHEMIAH	VISION	MI	NI	ST	'RI	ES	,	INC.	20-89	<u>578</u> :	12	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box offic	not cl , unles	Pos heck i ss per	more rson i	than o s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of er
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	compensation from the organization and related organization	
				0	×		4					
		-										
										_		
		-										
		-						28,000.		0.		0
1b       Sub-total         c       Total from continuation sheets to Part VI         d       Total (add lines 1b and 1c)	I, Section A							28,000.		0. 0.		0.0.0.
2 Total number of individuals (including but n compensation from the organization ►							o re					0
<b>3</b> Did the organization list any <b>former</b> officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on		Ye	
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su</li> </ul>	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		3	X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i></li> </ul>	accrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	lual for services		4 5	X
Section B. Independent Contractors		<u></u>	<u> </u>		0010					<u> </u>	-	
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	nsatio	n from	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Cor	(C) npensat	ion
							_					
2 Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized streng		ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than			
		_					_			Fc	orm <b>990</b>	<b>)</b> (2018)

832008 12-31-18

				ON MINIST	TRIES, INC.	•	20-8957	812 Page 9
Par	t VI	II Statement of Reven	ue					
		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	Revenue excluded
						exempt function revenue	business revenue	from tax under sections 512 - 514
s s	1 a	Federated campaigns	1a			Tevenue		512-514
ant		Membership dues						
ng G		Fundraising events		85,080.				
iifts ar A		Related organizations		-				
s, G mila		Government grants (contributio						
tion Si	f	All other contributions, gifts, grant	s, and					
ibu		similar amounts not included abov	e <b>1</b> f	852,659.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines 1			027 720			
ыÖ	h	Total. Add lines 1a-1f			937,739.			
	•	CLINIC RECEIPTS		Business Code 621400	10,926.	10,926.		
/ice		SCHOOL RECEIPTS		611110	8,187.	8,187.		
Serv	u c			011110	0,10/.	0,10,1		
sm:	d							
Program Service Revenue	e	·						
Pro	f	All other program service rever	านอ					
	g	Total. Add lines 2a-2f			19,113.			
	3	Investment income (including o	dividends, intere	est, and				
		other similar amounts)			30.			30.
	4	Income from investment of tax		-				
	5	Royalties						
	6 0	Gross rents	(i) Real	(ii) Personal				
		Gross rents						
		Rental income or (loss)						
		Net rental income or (loss)		•••••				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses	239. -239.					
		Gain or (loss)			-239.			-239.
Ð		Net gain or (loss)     Gross income from fundraising	events (not	······	-239.			-239.
Other Revenue		including \$ 85,0						
Rev		contributions reported on line		11 175				
her	h	Part IV, line 18		9,727.				
ð		Net income or (loss) from fund		<b>&gt;</b>	1,448.			1,448.
		Gross income from gaming act	-		_,			_,
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gami						
	10 a	Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold			2,885.	2,885.		
┝	c	Net income or (loss) from sales Miscellaneous Revenue		Business Code		4,005.		
ŀ	11 a	OTHER INCOME	,	900099	7,880.	7,880.		
	b					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		►	7,880.			-
	12	Total revenue. See instructions	<u></u>	▶	968,856.	29,878.	0.	1,239.
832009	12-31	1-18						Form <b>990</b> (2018

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Page **9** 

20-8957812

NEHEMIAH VISION MINISTRIES, INC. Part IX Statement of Functional Expenses

<b>-</b> -	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	28,000.	18,200.	6,160.	3,640
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400,123.	304,764.	33,375.	61,984
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,770.	24,510.	260.	
0	Payroll taxes	62,857.	54,812.	3,025.	5,020
1	Fees for services (non-employees):	Т			
а	Management				
b	Legal				
с	Accounting	27,948.	1,512.	26,436.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	705.	705.		
2	Advertising and promotion	3,129.	1,095.		2,034 1,283
3	Office expenses	18,789.	7,977.	9,529.	1,283
4	Information technology	6,889.	1,076.	5,813.	
5	Royalties				
6	Occupancy	128,189.	124,503.	3,686.	
7	Travel	54,742.	45,405.	3,381.	5,956
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	134.	50.	84.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	73,710.	73,710.		
3	Insurance				
4	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMM COSTS (FOOD, M	230,982.	228,553.	1,829.	600
h	VEHICLE COSTS	27,543.	27,434.	109.	
c			,		
d					
	All other expenses				
5 5	Total functional expenses. Add lines 1 through 24e	1,088,510.	914,306.	93,687.	80,517
5 6	Joint costs. Complete this line only if the organization	_,			00,017
5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fight following SOP 98-2 (ASC 958-720)				

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		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	107,695.	1	33,559.
	2	Savings and temporary cash investments	60,251.	2	61,883.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,436,822	•		
	b	basis. Complete Part VI of Schedule D10a1,436,822Less: accumulated depreciation10b576,571	. 816,095.	10c	860,251.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	99,596.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4	16	955,693.
	17	Accounts payable and accrued expenses		17	2,133.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.	14 007		14 007
Liabilities		Complete Part II of Schedule L	14,027.		14,027.
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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 of		05	
	00	Schedule D	20,767.	25 26	16,160.
	26	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	20,707.	20	10,100.
sec	07	complete lines 27 through 29, and lines 33 and 34.	833,667.	27	822,933.
ano	27 28	Unrestricted net assets Temporarily restricted net assets	229,203.	28	116,600.
Ba	20 29		225,205.	20 29	110,000
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		23	
ц Ц		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,062,870.	33	939,533.
	33	Total liabilities and net assets/fund balances	1,083,637.	34	955,693.
			_,,		Form <b>990</b> (2018)

Form **990** (2018)

Form 990 (2018 Part X Ba

8)	)		NEHE
al	ance	Sheet	

	1 990 (2018) NEHEMIAH VISION MINISTRIES, INC.	20-89	57812	Page 12			
Pa	rt 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		<u>,856.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,088	-			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,654.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,062	<u>,870.</u>			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	- 3	,683.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	939	<u>,533.</u>			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			<u>  </u>			
			Y	'es No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		. 3a	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form <b>9</b>	<b>90</b> (2018)			

SCH	EDU	LE A
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(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2018

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

Department of the Treasury Attach to Form 990 or Form										Open to Public	
			-	► Go to www.irs.go	//Form990 for instruction	ons and th	ne latest ir	nformation.		<u>.</u>	Inspection
Nar	ne of t	the organizati									entification number
		Desser			N MINISTRIES					0 -	8957812
	art I				All organizations must co			e instructions	3.		
The	organ				For lines 1 through 12, cl						
1					n of churches described			I)(A)(i).			
2					Attach Schedule E (Form						
3					anization described in se						
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the	hospital's name,
		city, and state									
5					llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed ir	า
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X				ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	bub	lic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		-			(1)(A)(vi). (Complete Par	-					
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	coll	ege
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:									
10					than 33 1/3% of its supp						
					ct to certain exceptions,						
					(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter	June 30, 1975.
				mplete Part III.)		_					
11		•	-	-	vely to test for public sat	•					
12		-	-	-	vely for the benefit of, to				-		-
					d in section 509(a)(1) o					Che	ck the box in
		-	•	• ·	f supporting organizatior		-		-		
a				-	upervised, or controlled	• • • •	-			-	-
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ippo	orting
		¬ -		complete Part IV, Se							
k				-	or controlled in connect			-		-	
			0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ort	ed
		¬ -		t complete Part IV,							
c			-		g organization operated				ly integrate	a w	/itn,
		¬ · ·	•		). You must complete I				4 I		
c			-		orting organization oper				-		
			-		ation generally must sat	•			an attentiv	ene	ess
		-			nplete Part IV, Sections						
e	,		•		written determination from nally integrated supporting			турет, туре	п, туре п		
	Ent	er the number	<b>0</b> ,	,,	, , , , , , , , , , , , , , , , , , , ,	0 0				Г	
1				about the supporte	d organization(a)						
<u> </u>		(i) Name of supp	0	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary		(vi) Amount of other
		organization	า		(described on lines 1-10	Yes	ing document? No	support (see in	nstructions)	sup	oport (see instructions)
					above (see instructions))						
Tot	al										
	-									-	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

 
 Schedule A (Form 990 or 990-EZ) 2018
 NEHEMIAH
 VISION
 MINISTRIES
 INC
 20-8957

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	956,094.	1126153.	1251282.	1194284.	937,739.	5465552.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	956,094.	1126153.	1251282.	1194284.	937,739.	5465552.
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)						
6	Public support. Subtract line 5 from line 4.						5465552.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	956,094.	1126153.	1251282.	1194284.	937,739.	5465552.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	183.	50.	36.	30.	30.	329.
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						5465881.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	250,616.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage			r	
	Public support percentage for 2018 (I		•			14	<u>99.99 %</u>
	Public support percentage from 2017					15	99.98 %
<b>16</b> a	<b>33 1/3% support test - 2018.</b> If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	<b>33 1/3% support test - 2017.</b> If the o				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						,
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018 NEHEMIAH VISION MINISTRIES, INC. 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.)

Sec	ction A. Public Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	L					
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
_	check this box and stop here	-					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
<b>1</b> 9a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	-	-				▶∟
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			▶∟
83202	23 10-11-18		15	5	Sch	edule A (Form 99	90 or 990-EZ) 2018

### 15310804 131839 033-024039

### Schedule A (Form 990 or 990-EZ) 2018 NEHEMIAH VISION MINISTRIES, INC.

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

1

2

3a

Yes No

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990-EZ) 2018 NEHEMIAH VISION MINISTRIES, INC. 20-8957812 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
0	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 <b>Part VI</b> how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	-		
Ŭ	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0 h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		[

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Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 NEHEMIAH VISION MINISTR			20-8957812 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	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		
Sect	on 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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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## Schedule A (Form 990 or 990-EZ) 2018 NEHEMIAH VISION MINISTRIES, INC.

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-E	Z) 2018 NEHE	MIAH VIS	ION MINI	ISTRIES,	INC.	20-8957812	Page <b>8</b>
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c tion D, lines 2 and	Provide the exp , 4b, 4c, 5a, 6, 9 d 3; Part IV, Sec	olanations requ 9a, 9b, 9c, 11a, tion E, lines 1c,	ired by Part II, li 11b, and 11c; F , 2a, 2b, 3a, and	ine 10; Part II, line Part IV, Section B d 3b; Part V, line ⁻	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Sectior I; Part V, Section B, line 1e; Pa	n C,
	Section D, lines 5, (See instructions.)	6, and 8; and Pa	t V, Section E, I	ines 2, 5, and 6	<ol> <li>Also complete</li> </ol>	e this part for any	additional information.	
832028 10-11-1	8					5	Schedule A (Form 990 or 990-	·EZ) 2018
				20			•	

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### ** PUBLIC DISCLOSURE COPY

# Schedule of Contributors

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

2018

identification number

Name of the organizatio	n	Employer identification
	NEHEMIAH VISION MINISTRIES, INC.	20-8957812
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Name of organization

Employer identification number

20-8957812

#### NEHEMIAH VISION MINISTRIES, INC.

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		\$ <u>29,310.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>25,920.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$124,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,110.	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
5		\$ <u>25,480.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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Name of organization

Page 3

Employer identification number

20-8957812

NEHEMIAH VISION MINISTRIES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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#### $15310804 \ 131839 \ 033-024039$

Name of or	ganization		Employer identification number
NEHEMI	AH VISION MINISTRIES, 1	INC.	20-8957812
Part III		ons to organizations described in through (e) and the following line charitable, etc., contributions of \$1,000	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	gm Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee

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

#### 15310804 131839 033-024039

SCHEDULE D	)
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Department of the Treasury

<del>9</del> 0)

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

Go to www.irs.



Interna	Revenue Service Go to www.irs.gov/Form	990 for instructions and the latest informa	tion.		Inspect	ion
Nam	e of the organization				identificatio	
Pa	NEHEMIAH VISION MI	LNISTRIES, INC. ed Funds or Other Similar Funds o			0-89578	
Iu	organization answered "Yes" on Form 990, Part IV, I			sounts.	Somplete II ti	le
		(a) Donor advised funds	(b	) Funds and	d other accou	Ints
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		d funds	S		
	are the organization's property, subject to the organization's	5			Yes	No
6	Did the organization inform all grantees, donors, and donor					
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferrir	ng		
_	impermissible private benefit?				Yes	No
Pa	t II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, Pa	art IV, I	ine 7.		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	·	-	-		
	Protection of natural habitat	Preservation of a certif	fied his	toric structu	ıre	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	facon			
-	day of the tax year.		-		at the End of th	ie lax year
a b				2a 2b		
b c	Total acreage restricted by conservation easements Number of conservation easements on a certified historic st	tructure included in (2)	F	20 2c		
d	Number of conservation easements included in (c) acquired			20		
ŭ	listed in the National Register	-		2d		
3	Number of conservation easements modified, transferred, re				the tax	
	year ►	, , , , ,	5			
4	Number of states where property subject to conservation ea	asement is located				
5	Does the organization have a written policy regarding the po	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvatior	easements	during the y	ear
	▶					
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	on ease	ements duri	ng the year	
	► \$					
8	Does each conservation easement reported on line 2(d) abo					
•	and section 170(h)(4)(B)(ii)?	the second state in the			Ves	
9	In Part XIII, describe how the organization reports conserva					
	include, if applicable, the text of the footnote to the organiz conservation easements.	ation's infancial statements that describes th	ie orga	nization s a	scounting for	
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Si	milar Ass	sets.	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and	l balance sh	eet works of	art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherand	ce of p	ublic service	e, provide, in	Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.				
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and bal	ance sheet	works of art,	historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of publi	ic serv	ice, 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 tr		gain, p	rovide		
	the following amounts required to be reported under SFAS					
a L	Revenue included on Form 990, Part VIII, line 1			► \$		
p	Assets included in Form 990. Part X			▶ \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

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Part IIII       Organization Statution, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):         a       Patie withitian         b       School withitian         c       Decket withitian         c       Decket withitian         c       Decket withitian         d       It may the year, did the organization solution as wered "Yet" on Form 990, Part XII.         Sector withitian appent, trustee, custodian or other intermediary for contributions or the assets not included on form 990, Part XII.         d       If the organization is agent, thrustee, custodian or other intermediary for contributions or custodial account liability?         d       Decket organization include an amount on Form 990, Part X.         d       Decket organization include an amount on Form 990, Part X.         d       Decket organin as anothy states oreaction as adecase or custodial	Sche		H VISION M						20-89			age <b>2</b>
check all that apply:       d       Loan or exchange programs         a       Debic exhibition       d       Loan or exchange programs         b       Schairly research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's description of the organization's description of the organization's description on the sentent and the organization's description answered 'Yes' on Form 990, Part X, line 2, represented an anount on Form 990, Part X, line 21, the organization's description of port Part XIII.         a Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here If the organization's descrewed 'Yes' on Porm 990, Part XIII.       Yes       No         b If Yes,' explain the arrangement in Part XIII. Check here If the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b If Yes,' explain the arrangement in Part XIII. Check here If the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b Other organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b Orthor or	Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	r Similaı	⁻ Assets	(contin	nued)	
a Public exhibition during the generations development is collection? and e both and the set of the organization is collection is collection and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization social or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yee No Part IV Encover and CutoSocial Arrangements. Complete the organization answered 'Yes' on Form 990, Part X, line 8, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent in Part XIII and complete the following table: C Beginning balance 1 to the second se	3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following that	are a sig	gnificant u	se of its c	ollection	items	
b       Scholarly research       e       Other		(check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII.         5       During the year, did the organization solid or receive donations of at, historical treasures, or other similar assets         to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or         7       reported an amount on Form 990, Part X, line 21.         1a       Is the organization angements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.         1a       Is the organization angement in Part XIII and complete the following table:         •       Ves.         •       Definition Balance         •       Additions during the year         •       Indi         •       Definition Balance         •       Additions during the year         •       Indi         •       Definition Balance         • <th>а</th> <th>Public exhibition</th> <th>d</th> <th>I 🛄 L</th> <th>oan or exc</th> <th>hange progra</th> <th>ams</th> <th></th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	d	I 🛄 L	oan or exc	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     5 During the year, did the organization solicit or receive donalitions of at, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or     reported an anount on Form 990, Part X, line 21.     1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     1 Is diditions during the year     1 Is     1 Is a last organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     2 Provide the amangement in Part XIII. Check here if the explanation has been provided on Part XIII     2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     2 Provide the estimated percentage of the current year if 0) Prior year     1	b	Scholarly research	e		Other							
During the year, did the organization solicit or receive donations of art. historical tressures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization is collection?     Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X     It uses, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X     It uses, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X     It uses, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X     It uses, used in the arrangement in Part XIII and complete the following table:         Additions during the year     It u     Other organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     No     If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     Definition of uning the year     Indowment Funds. Complete If the organization naswerd "Yes" on Form 900, Part X, line 10.     If a Beginning of year balance     Id Current year     Id Current year     Id Current year in Form 900, Part X, line 21, for escrow or custodial account liability?     It was asset in the organization answerd "Yes" on Form 900, Part X, line 21, for escrow or custodial account liability in the 10.     If Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII     Gormitoutions     In organization account it was contained asset in the organization in the prosenation	С	Preservation for future generations										
tops sold to raise funds: rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       The second as a sent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: the organization and the part of the organization answered 'Yes' on Form 990, Part IV, line 10.         Image: the organization include an amount on Form 990, Part X, line 21, lor escrow or custodial account liability?       Image: the organization include an amount on Form 990, Part IV, line 10.       Image: the organization include an amount on Form 990, Part IV, line 10.         Image: the organization include an amount on Form 990, Part IV, line 10.       Image: the organization answered 'Yes' on Form 990, Part IV, line 10.         Image: the organization include an amount on Form 990, Part IV, line 10.       Image: the organization answered 'Yes' on Form 990, Part IV, line 10.         Image: the organization of parts balance       Image: the organization answered 'Yes' on Form 990, Part IV, line 10.         Image: the organization include an amount on Form 990, Part IV, line 10.       Image: the organization answered 'Yes' on Form 990, Part IV, line 10.         Image: the organization is the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: the organizati	4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 4).       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>1</li> <li>2</li> <li>Additions during the year</li> <li>1</li> <li>1</li> <li>1</li> <li>1</li> <li>2</li> <li>2</li> <li>3</li> <li>4</li> <li>2</li> <li>4</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>6</li> <li>7</li> <li>7</li> <li>7</li> <li>8</li> <li>6</li> <li>7</li> <li>7</li> <li>8</li> <li>8</li> <li>6</li> <li>7</li> <li>7</li> <li>7</li> <li>8</li> <li>7</li> <li>8</li> <li>8</li> <li>6</li> <li>7</li> <li>8</li> <li>8</li> <li>9</li> <li>9</li> <li>9</li></ul>	5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical treas	sures, or othe	er similar	assets		_		-
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       If the years back (e) Four years back if QI Three years bac	D									_		No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Ite       Amount         c       Beginning balance       Ite       Amount       Ite       Amount         d       Additions during the year       Ite	Par			ete if the	organizatio	on answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Intree years back (e) Four years back (f) Three years back (e) Four years back if a Beginning of year balance       (e) Current year       (b) Prior year       (c) Two years back (e) Four years back if a drining table.         a       Bedigning of year balance       (f) Ourrent year end balance (line 1g, column (a) held as:       a Board designated or quasi-endowment >		· · ·										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	<b>1</b> a									٦		1
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         a       Distributions during the year       If         a       Distributions       If       Im         a       Distributions       Im       Part V       Enclower         Part V       Enclower       Enclower       Im       Im       Im         Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       Im       Im       Im       Im       Im       Im         b       Contributions       Im       Im <th></th> <th>on Form 990, Part X?</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th> L</th> <th>Yes</th> <th></th> <th>] No</th>		on Form 990, Part X?							L	Yes		] No
c       Beginning balance       1c       1d         d       Additions during the year       1e       1d         e       Distributions during the year       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accountilability?       Yes       No         b       If "yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State of the explanation has been provided on Part XIII         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         c       Ret investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (c) Four years back         f       Grants or scholarships       (c)       (c) Two years back       (d) Three years back         f       Administrative expensitures or scholarships       (c)       (c) Two years back       (e) Four years back	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes'       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         7 Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       (a) constrative expleneations       (a) Current year         7 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       a board designated or quasi-endowment }{%}       for the organizations       (a)										Amount	t	
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: the organization Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the organization Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Three years back (e) Four years back (e) Four years back if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back if (d) Three years back if (e) Four years back if (e) Fou												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part K, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years         e       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years back       (e) Four years       (e) Four years         g       End of year balance       (f) Administrative expenditures for facilities       (f) Four year       <	-											
b       If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years back       (f) Three years back												
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Chart sor scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Chart sor scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back         7       Administrative expenses       (a) Control year       (a) Column (a) held as:       (a) Control year       (b) Prior year       (c) Prior year       (c) Prior year       (c) Prior year       (c) Two years back       (c) Accurditable       (c) Two years back       (c) Prior year		-							∟			]
(a) Current year       (b) Prior year       (c) Two years back       (c) Two years	_											<u></u>
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs intervention   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶  %   t Temporarily restricted endowment ▶  %   t Temporarily restricted endowment ▶  %   time percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) unrelated organizations   (ii) related organizations   (iii) related organizations   (iii) related organizations   Sector bin Part XII the intended uses of the organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   (b) Cost or other   (b) Cost or other   (b) Cost or other   (c) Accumulated   d Equipment   336, 460.   667.   335, 793.   e Other <td></td> <td>Complete</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ears hack</td> <td>(e) Four</td> <td>vears</td> <td>hack</td>		Complete							ears hack	(e) Four	vears	hack
b       Contributions	1a	Beginning of year balance	(u) ourront your	(5)11	ior your		5 Buok				youro	JUON
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs i   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c   Temporarily restricted endowment ▶  %   b   Permanent endowment ▶  %   the percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) unrelated organizations   (ii) related organizations   y:   (i) unrelated organizations   ii) related organizations   d   b   f "Yes" on line 3a(ii), are the related organization's endowment funds.     Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   basis (investment)   Description of property   (a) Cost or other   basis (investment)   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property	b											
d Grants or scholarships	c											
e       Other expenditures for facilities and programs	d											
and programs												
f       Administrative expenses	-											
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.       3a         a Are there endowment Imuds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations isted as required on Schedule R?</li> <li>2a(ii) 3b</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (d) Book value           Description of property         (a) Cost or other         (b) Cost or other           basis (investment)         basis (other)         depreciation           1         0.021, 335.         575, 904.         445, 431.           c         Leasehold improvements         1, 021, 335.         575, 904.         445, 431.           c         Leashold imp												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent year end balance	e (line 1g,	column (a	)) held as:						
b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) unrelated organizations	а				•							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization's endowment funds.</li> </ul> <ul> <li><b>4</b> Describe in Part XIII the intended uses of the organization's endowment funds.</li> <li><b>Part VI</b></li> <li><b>Land, Buildings, and Equipment.</b></li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li><b>1a</b> Land</li> <li><b>79</b>, 027.</li> <l< th=""><th>b</th><th>Permanent endowment</th><th>%</th><th>_</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></l<></ul>	b	Permanent endowment	%	_								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       adiatis is in thigh is in this	с	Temporarily restricted endowment	%									
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings 1 a Land 79,027. Buildings c Leasehold improvements d Equipment e Other (b) Cost 1 a Land (c) Accumulated (c) Accum		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i)       unrelated organizations       3a(i)       3a(i)         (ii)       related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         1a       Land       79,027.       79,027.         b       Buildings       1,021,335.       575,904.       445,431.         c       Leasehold improvements       336,460.       667.       335,793.         e       Other       0       0       0       0       0	3a	Are there endowment funds not in the posse	ession of the organiza	tion that	are held ar	nd administer	ed for th	e organiza	ation	-		
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         Description of property       (a) Cost or other       basis (other)       79,027.       79,027.         1a       Land       79,027.       79,027.       79,027.         b       Buildings       1,021,335.       575,904.       445,431.         c       Leasehold improvements       336,460.       667.       335,793.         e       Other       0ther       0ther       0ther       0ther		by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       79,027.       79,027.         b       Buildings       1,021,335.       575,904.       445,431.         c       Leasehold improvements       336,460.       667.       335,793.         e       Other       0ther       0ther       0ther       0ther		(i) unrelated organizations								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         Description of property       (a) Cost or other basis (other)         Ia Land       79,027.         Buildings       1,021,335.         c Leasehold improvements       336,460.         d Equipment       335,793.         e Other       0										3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       79,027.       79,027.       79,027.         b       Buildings       1,021,335.       575,904.       445,431.         c       Leasehold improvements       336,460.       667.       335,793.         e       Other       0ther       0ther       0ther       0ther	b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sc	hedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       79,027.       79,027.       79,027.         b Buildings       1,021,335.       575,904.       445,431.         c Leasehold improvements       336,460.       667.       335,793.         e Other       0       0       0       0	4			wment fu	nds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land79,027.79,027.b Buildings1,021,335.575,904.445,431.c Leasehold improvements336,460.667.335,793.e Other0000	Par											
Image: basis (investment)         basis (other)         depreciation           1a Land         79,027.         79,027.           b Buildings         1,021,335.         575,904.         445,431.           c Leasehold improvements         336,460.         667.         335,793.           e Other			d "Yes" on Form 990	, Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
b Buildings       1,021,335.575,904.445,431.         c Leasehold improvements       336,460.667.335,793.         e Other		Description of property			basis	(other)	• •		ed	(d) Bool	k value	÷
b Buildings       1,021,335.       575,904.       445,431.         c Leasehold improvements       336,460.       667.       335,793.         e Other       0       0       0	1a	Land										
c Leasehold improvements					1,02	1,335.	ļ	575,90	)4.	44	5,43	31.
e Other	с					-						
	d	Equipment			33	6,460.		60	57.	33!	5,79	<del>)</del> 3.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	<u>X, columi</u>	<u>n (B). line 1</u>	0c.)				860	),25	.1د

Schedule D (Form 990) 2018

	0 (Form 990) 2018	NEHEMIAH VI	SION MINIST	<u> </u>	, INC.	2	20-8957812	Page <b>3</b>
Part VII	Investments - 0							
() D		anization answered "Yes"						
		Ory (including name of security)	(b) Book value	•	(c) Method of v	aluation: Cost or e	end-of-year market v	alue
.,								
	held equity interests							
(3) Other								
(A)								
(B) (C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	(b) must equal Form 990	, Part X, col. (B) line 12.) 🕨						
Part VII	Investments - I	Program Related.						
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV	/, line 11c	. See Form 990,	Part X, line 13.		
	(a) Description of	investment	(b) Book value		(c) Method of v	aluation: Cost or e	end-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	// · · · · · · · · · · · · · · · · · ·			_				
Part IX	<b>Other Assets.</b>	, Part X, col. (B) line 13.) 🕨						
TUTT	J	anization answered "Yes"	on Form 990 Part IV	/ lino 11d	Soo Form 000	Part V lina 15		
			Description	, inte i tu	. See Form 330,		(b) Book va	alue
(1)		(-7					(-,	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	umn (b) must equal Fo	<u>rm 990, Part X, col. (B) line</u>	e 15.)					
Part X	Other Liabilitie							
		anization answered "Yes" escription of liability	on Form 990, Part IV		or 11f. See Forn Book value	1 990, Part X, line I	25.	
<u>1.</u>	. ,	scription of liability		(0)		-		
	deral income taxes					-		
(2)								
(4)						-		
(5)								
(6)								
(7)								
(8)								
(9)								
	umn (b) must eaual Fo	rm 990, Part X, col. (B) line	≥ 25.)►					
		itions. In Part XIII, provide		ote to the	organization's fi	nancial statement	s that reports the	
		ertain tax positions under						an 🗌

Schedule D (Form 990) 2018

20-8957812 Page 3

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_	dule D (Form 990) 2018 NEHEMIAH VISION MINISTRI		20-8957812 Page
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa			soo nor Doturn
	rt XII Reconciliation of Expenses per Audited Financial Sta	•	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	•	
	· ·	- 12a.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line	- 12a.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	9 12a.	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 12a.	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	1
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	1
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d 4a	1
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1       2e  3  4c

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

832054 10-29-18

Department of the Treasury Internal Revenue Service		► Go to v	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the lates	t information.		Open to Public Inspection
Name of the organizati	on	,	j			Employer id	entification number
NEHEMIAH VIS	STON	MINICTO				20-8957	1912
Part I Genera	I Infor	mation on A	ctivities Out	• side the United States. Compl	ete if the orgar	ization answer	ed "Yes" on
		/, line 14b.					
•		•		ds to substantiate the amount of its gra the selection criteria used to award the		-	X Yes No
2 For grantmaker United States.	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	outside the
	gion. (Tł			an be duplicated if additional space is r			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the regior	(f) Total expenditures for and investments in the region
CENTRAL AMERICA A THE CARIBBEAN	ND	1	103	SEE 990 PART III	EDUCATION, RELIGIOUS	MEDICAL,	840 595
		1	103	SEE 990 PARI III	RELIGIOUS		840,595.
<b>3 a</b> Subtotal		1	103				840,595.
<b>b</b> Total from contin sheets to Part I	nuation	0	0				0.
c Totals (add lines and 3b)	s 3a	1	103				840,595.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

832071 10-31-18

SCHEDULE F (Form 990)

Schedule F (Form 990) 2018

OMB No. 1545-0047

2018

#### Schedule F (Form 990) 2018

20-8957812

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			Lecognized as charities by the t					1
by the IRS, or for whic	ch the grantee or cou	nsel has provided a sect	ion 501(c)(3) equivalency letter	r				
3 Enter total number of	other organizations of	or entities				🕨		

20-8957812

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

		VISION	MINISTRIES,	INC.
Part IV Foreign Form	S			

	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Schedule F (Form 990) 2018

832074 10-31-18

Schedule F (Form 990) 2018 NEHEMIAH VISION MINISTRIES, INC.
Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE NVM EXECUTIVE DIRECTOR AND OUTSIDE ACCOUNTANT HAVE ACCESS TO

FINANCIAL RECORDS FOR THE MINISTRY ACTIVITIES IN HAITI AND MONITOR ACTUAL

VS BUDGETED ACTIVITY, AS WELL AS PROGRAM SERVICE ACCOMPLISHMENTS.

ORGANIZATION'S PRESIDENT IS REGULARLY PROVIDING REPORTING TO NVM BOARD OF

DIRECTORS ON FINANCIAL AND MINISTRY RELATED ACTIVITIES.

Schedule F (Form 990) 2018

832075 10-31-18

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
	Attach to Form 990 or Form 990-EZ.							Open to Public	
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organizationEmployer identificationNEHEMIAH VISION MINISTRIES, INC.20-8957812									
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
		ed funds through any of the followin	g activ	rities.	Check all that apply.				
a Mail solicitat	tions email solicitations			•	overnment grants				
<b>b</b> Internet and <b>c</b> Phone solici		g Special			nment grants events				
d 🗌 In-person so	licitations	<b>0</b> 1		5					
•		or oral agreement with any individual		Ū		tees,			
		art VII) or entity in connection with p /iduals or entities (fundraisers) pursu			•	ne fur	Ves		
compensated at le	•	· /·						-	
			(iii)	Did		(v)	Amount paid		
(i) Name and addres or entity (func		(ii) Activity	fùndr have c or cor	aiser ustody	(iv) Gross receipts from activity	to (o	or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from re	gistration	
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. S	Sche	dule G (Form 9	990 or 990-EZ) 2018	

Schedule G (Form 990 or 990-EZ) 2018 NEHEMIAH VISION MINISTRIES, INC.	
-----------------------------------------------------------------------	--

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-FZ lines 1 and 6b List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	bas income on romini 550	EZ, III C3 I AIIG OD. EISCO		3 greater than \$5,000.
			(a) Event #1 GALA	<b>(b)</b> Event #2	(c) Other events NONE	<b>(d)</b> Total events (add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
anr				(	(	
Revenue	1	Gross receipts	96,255.			96,255.
æ	2	Less: Contributions	85,080.			85,080.
	3	Gross income (line 1 minus line 2)	11,175.			11,175.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E)	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses				9,727.
	10	Direct expense summary. Add lines 4 through	<b>e</b> · · · · · · · · · · · · · · · · · · ·			9,727.
_	11	Net income summary. Subtract line 10 from li				1,448.
Ра	ırt I	<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 0H F0HH 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
ш	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
		····· j······ j······· ···············				·
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	) I† "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	) If "	Yes," explain:				
00000	22 10	)-03-18			Schedule G (For	m 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 NEHEMIAH VISION MINISTRIES, INC. 20-8	3957812	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party $ ightarrow$ \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0000	83 10-03-18 Schedule G (Forn	n 990 or 900	-EZ 2010
0020	83 10-03-18 Schedule G (Forn 36	1000 01 000	, 2010

Schedule G (Form 990 or 990-EZ)	NEHEMIAH	VISION	MINISTRIES,	INC.
Dort IV Supplemental Infor	motion			

Part IV	Supplemental Information (continued)
	Schedule G (Form 990 or 990-EZ)

SCHEDULE L (Form 990 or 990-EZ)								0	OMB No. 1545-0047								
Department of the Treasury Internal Revenue Service		► G	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. to to www.irs.gov/Form990 for instructions and the latest information.								Open To Public Inspection						
Name of the organization	n															on nu	umber
Devi II - France F	N	EHEMIZ	AH .	VISION	N M	INI	STR:	IES,	, INC.					578	12		
											29) organization						
Complete it	t the or	rganization							ine 25a or 25t	o, or	Form 990-EZ, P	art V, I	ine 40	b.	(4)	Corre	ected?
(a) Name of disquali	ified pe	erson	(b) Relationship between disqualified person and organization (c) De						Description of transaction					es	No		
						-									<u> </u>		
															_		
															_		
															_	_	
2 Enter the amount o	f tax in	licurred by	the o	rganization	mana	aders	or disc	ualifie	l d persons dur	ina t	he vear under						
		-		-		-			-	-			▶ \$				
3 Enter the amount o													▶ \$				
Part II Loans to	and		. I.a.t.	ave at a d	Dava												
										_							
Complete it reported ar		-						, Part V	V, line 38a or H	-orm	990, Part IV, lir	ie 26; (	or if th	e orga	nizatio	n	
(a) Name of		(b) Relation		(c) Purp		1	≤. oan to or	(6	e) Original	(f	Balance due	(a	) In	<b>(h)</b> Ap	proved	(i) V	Vritten
interested person		with organi			of loan		from the organization?		principal amount						board or agreement?		
							From					Yes	No	Yes	No	Yes	No
ESPERANDIEU	PIE	PRESI	DEN	LAND Z	ACQ	x			96,027.		14,027.		X	X		Х	
																	+
<del>_</del>									<b>•</b>		14,027.						
Total Part III Grants o	r Ass	sistance	Ben	efitina l	ntere	ested	d Per	sons	<b>&gt;</b> \$		14,027.			1			
Complete if				-													
(a) Name of interes				(b) Relation					c) Amount of		<b>(d)</b> Type	e of		(e	) Purp	ose o	of
			interested person and the organization					assistance		assistance			assistance				
			_	the org	yaniza												
			_														
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			_														
LHA For Paperwork R	educti	on Act No	tice.	see the Ins	struct	ions f	for For	- m 990	) or 990-F7.		Sch	edule	L (Fo	rm 990	) or 99	0-F7	2) 2018

SEE PART V FOR CONTINUATIONS

832131 10-25-18

	(Form 990 or 990-EZ) 2018				INC.
Part IV	Business Transaction	ons Involving I	Interested	Persons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	(e) Sharing of organization's revenues?	
				Yes	No	

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

- (A) NAME OF PERSON: ESPERANDIEU PIERRE
- (B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT
- (C) PURPOSE OF LOAN: LAND ACQUISITION
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 96,027. (F) BALANCE DUE \$ 14,027.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

PART II, LINE 1

OVER THE COURSE OF SEVERAL YEARS, NEHEMIAH VISION MINISTRIES FOUNDER,

ESPERANDIEU PIERRE, PURCHASED PARCELS OF LAND IN CHAMBRUN HAITI FOR THE

DEVELOPMENT OF A CAMPUS FOR THE MINISTRY. IN 2011, DOCUMENTATION WAS

PROVIDED TO THE NVM BOARD OF THE PURCHASES TO DATE. THE BOARD EXECUTED

A PROMISSORY NOTE TO ESPERANDIEU PIERRE FOR THE COST BASIS OF THE

PROPERTY. THERE IS NO INTEREST ASSOCIATED WITH THE NOTE. REPAYMENTS

39

WILL BE MADE AS MINISTRY CASH FLOWS ALLOW.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NEHEMIAH VISION MINISTRIES INC. Employer identification number 20-8957812

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

NVM BELIEVES IN PROVIDING PEOPLE AN OPPORTUNITY TO LIVE IN AN LIFE.

ENVIRONMENT WHERE THEY CAN BE TRAINED AND EQUIPPED TO CONTRIBUTE TO

THEIR OWN PERSONAL DEVELOPMENT AND EVENTUALLY TO THE REBUILDING OF

HAITI.

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

EVENTUALLY TO THE REBUILDING OF HAITI.

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

THE DRAFT FORM 990 IS PROVIDED TO THE FULL BOARD OF THE MINISTRY PRIOR TO

BEING SIGNED BY THE BOARD CHAIR AND FILED WITH THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 15:

AS PART OF THE BUDGET APPROVAL PROCESS EACH YEAR, THE BOARD CONSIDERS THE

STIPEND TO BE PROVIDED TO THE ORGANIZATION'S PRESIDENT WHO IS BASED IN

THE BOARD CONSIDERS THE JOB HAITI. WHEN CONSIDERING COMPENSATION,

PERFORMANCE, DUTIES AND SCOPE OF SERVICES PROVIDED BY THE MINISTRY.

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

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

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