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GOVERNMENT COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. VISIONSPRING, INC.	Taxpayer identification number (TIN) 31-1811558
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 30 EAST 60TH STREET, SUITE 201	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **VIVEK RATHI, GLOBAL VP OF FINANCE**
30 EAST 60TH STREET, SUITE 201 - NEW YORK, NY 10022

Telephone No. **646-214-7659** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2023
 Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VISIONSPRING, INC.		D Employer identification number 31-1811558
	Doing business as		E Telephone number 212-355-5145
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	30 EAST 60TH STREET, SUITE 201		G Gross receipts \$ 30,033,102.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		
F Name and address of principal officer: ELLA GUDWIN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.VISIONSPRING.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2001** **M** State of legal domicile: **NY**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EYEGLASSES AND VISION SCREENING TO UNDERSERVED POPULATIONS THROUGH GLOBAL PROGRAMS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	23,508,382.	9,888,771.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,619.	930,312.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-559,579.	-347,877.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,044,422.	10,471,206.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,640,472.	3,351,860.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,304,058.	2,412,435.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,251,379.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,046,813.	5,107,635.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,991,343.	10,871,930.
19 Revenue less expenses. Subtract line 18 from line 12	14,053,079.	-400,724.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 29,273,477.	End of Year 29,389,184.
	21 Total liabilities (Part X, line 26)	1,189,608.	750,396.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,083,869.	28,638,788.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ELLA GUDWIN, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/12/24		P00543209
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	PKF O'CONNOR DAVIES ADVISORY, LLC 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167	87-3231666		212-286-2600	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE EYEGLASSES AND VISION SCREENING TO UNDERSERVED POPULATIONS THROUGH GLOBAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,828,374. including grants of \$ 3,351,860.) (Revenue \$ 0.) VISIONSPRING WORKS TO INCREASE LIFELONG EARNING, LEARNING, SAFETY, AND WELL-BEING THROUGH EYEGLASSES FOR PEOPLE VULNERABLE TO POVERTY. IN 2023, WE SCREENED MORE THAN 2.6 MILLION PEOPLE AND CORRECTED THE VISION OF NEARLY 1.9 MILLION, PROVIDING EYEGLASSES TO LOW-INCOME EARNERS AND LEARNERS SO THEY CAN SEE WELL AND DO WELL. MORE THAN HALF OF THESE INDIVIDUALS RECEIVED THEIR FIRST-EVER PAIR OF EYEGLASSES. THIS YEAR ALSO MARKED OUR TOTAL DISTRIBUTION OF EYEGLASSES TO 12 MILLION PEOPLE AND UNLOCKED AN ESTIMATED \$2.6 BILLION IN INCOME-EARNING POTENTIAL FOR HOUSEHOLDS LIVING ON LESS THAN \$4 PER DAY SINCE THE ORGANIZATION'S FOUNDING IN 2001.

IN 2023, VISIONSPRING CONTINUED ITS FOCUS ON OPTICAL SERVICES AND

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,828,374.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
VIVEK RATHI, GLOBAL VP OF FINANCE - 646-214-7659
30 EAST 60TH STREET, SUITE 201, NEW YORK, NY 10022

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLA GUDWIN CHIEF EXECUTIVE OFFICER	40.00 15.00			X				259,672.	0.	36,301.
(2) VIVEK RATHI GLOBAL VP, FINANCE	40.00 18.00			X				165,918.	0.	42,199.
(3) JAMES NAYLOR DIRECTOR OF TECHNOLOGY	40.00 12.00					X		164,743.	0.	37,685.
(4) SCOTT SCHROEDER GLOBAL VP, GLOBAL MOBILIZAITON	40.00 6.00					X		165,601.	0.	21,567.
(5) HEATHER ANN KOEHN GLOBAL DIRECTOR, MARKETING & COMM.	40.00 26.00					X		151,226.	0.	20,355.
(6) DR. JORDAN KASSALOW FOUNDER/SECRETARY/VICE CHAIR	20.00 2.00	X		X				169,222.	0.	0.
(7) TEOBALDO R. CAMEJO GLOBAL VP, PEOPLE & CULTURE	40.00 6.00					X		135,832.	0.	29,590.
(8) PERRY J SELLA GLOBAL DIRECTOR, SUPPLY CHAIN	40.00 16.00					X		129,790.	0.	658.
(9) VIPUL BHAGAT CHAIR	1.00 0.20	X		X				0.	0.	0.
(10) JUDITH AIDOO DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) ROBERT BO HOPKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) JIM BRADY DIRECTOR	1.00 0.20	X						0.	0.	0.
(13) ANDREA CORAVOS DIRECTOR	0.50 0.00	X						0.	0.	0.
(14) RAJESH DESAI DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) KAREN GUTIERREZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) CHERYL GREENE DIRECTOR	0.50 0.00	X						0.	0.	0.
(17) KEVIN HASSEY DIRECTOR	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE HUNDERT DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) CINDY LEVINE (LEFT IN 2023) DIRECTOR	0.50 0.00	X						0.	0.	0.
(20) JAMIE A. LEVITT DIRECTOR	0.50 0.00	X						0.	0.	0.
(21) PENNY OUTLAW DIRECTOR	0.10 0.00	X						0.	0.	0.
(22) NANCY ROSENZWEIG DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) RAHUL SAXENA DIRECTOR	1.00 0.25	X						0.	0.	0.
(24) BRIAN TRELSTAD DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) READE FAHS (LEFT IN 2023) DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,342,004.	0.	188,355.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,342,004.	0.	188,355.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VELOCITY GLOBAL 3858 WALNUT STREET, DENVER, CO 80205	HR SERVICES	195,645.
SEVEN HILLS COMMUNICATIONS LIMITED, 1ST FLOOR, RIVER HOUSE, LONDON, 33-35 POINT	MARKETING SERVICES	151,985.
RAMONA BAJEMA 101 COOPER STREET #1D, NEW YORK, NY 10034	ADVISORY SERVICES	145,304.
NOHA HATATA, GREEN VALLEY ROAD STATEN ISLAND, NEWYORK, NY 10312	RECRUITMENT SERVICES	125,936.
MG TRUST, 717 17TH ST STE 1300 DENVER, COLORADO, CO 80202	FINANCIAL SOLUTION SERVICES	113,086.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	595,297.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,293,474.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			9,888,771.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		926,142.			926,142.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	18,349,846.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	18,345,676.				
	c Gain or (loss)	7c	4,170.				
	d Net gain or (loss)			4,170.		4,170.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		868,343.				
b Less: cost of goods sold	10b	1,216,220.					
c Net income or (loss) from sales of inventory			-347,877.	-347,877.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			10,471,206.	-347,877.	0.	930,312.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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	3,351,860.	3,351,860.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	673,312.	273,539.	127,642.	272,131.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,431,061.	500,576.	580,731.	349,754.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,003.	6,347.	12,690.	7,966.
9 Other employee benefits	137,551.	39,004.	56,960.	41,587.
10 Payroll taxes	143,508.	46,272.	55,094.	42,142.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	184,843.	135,498.	29,798.	19,547.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,059,196.	1,463,938.	379,768.	215,490.
12 Advertising and promotion	63,777.		63,760.	17.
13 Office expenses	254,665.	225,912.	16,971.	11,782.
14 Information technology	432,919.	300,793.	93,224.	38,902.
15 Royalties				
16 Occupancy	23,727.	7,522.	10,824.	5,381.
17 Travel	519,332.	351,722.	79,499.	88,111.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	16,507.	13,348.	1,908.	1,251.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,651.	10,395.	29,256.	
23 Insurance	59,900.	35,410.	20,130.	4,360.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	1,445,883.	1,059,893.	233,087.	152,903.
b MISCELLANEOUS	4,492.	3,602.	835.	55.
c FOREIGN EXCHANGE	2,706.	2,706.		
d REPAIRS AND MAINTENANCE	37.	37.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,871,930.	7,828,374.	1,792,177.	1,251,379.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,154,989.	1	199,576.
	2 Savings and temporary cash investments	15,786,219.	2	4,930,789.
	3 Pledges and grants receivable, net	3,722,953.	3	3,367,000.
	4 Accounts receivable, net	647,467.	4	691,672.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	666,067.	8	676,935.
	9 Prepaid expenses and deferred charges	11,880.	9	81,366.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 124,962.		
	b Less: accumulated depreciation	10b 60,752.	75,771.	10c 64,210.
	11 Investments - publicly traded securities	0.	11	16,846,951.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	118,284.	13	2,439,534.
	14 Intangible assets	51,860.	14	34,283.
	15 Other assets. See Part IV, line 11	37,987.	15	56,868.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,273,477.	16	29,389,184.	
Liabilities	17 Accounts payable and accrued expenses	851,583.	17	740,029.
	18 Grants payable		18	
	19 Deferred revenue	338,025.	19	10,367.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	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 Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,189,608.	26	750,396.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,253,953.	27	27,204,343.
	28 Net assets with donor restrictions	1,829,916.	28	1,434,445.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,083,869.	32	28,638,788.
	33 Total liabilities and net assets/fund balances	29,273,477.	33	29,389,184.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,471,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,871,930.
3	Revenue less expenses. Subtract line 2 from line 1	3	-400,724.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,083,869.
5	Net unrealized gains (losses) on investments	5	955,643.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,638,788.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **VISIONSPRING, INC.** Employer identification number **31-1811558**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6432771.	8486314.	12674719.	23508382.	9888771.	60990957.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6432771.	8486314.	12674719.	23508382.	9888771.	60990957.
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)						18645404.
6 Public support. Subtract line 5 from line 4.						42345553.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6432771.	8486314.	12674719.	23508382.	9888771.	60990957.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,903.	34,362.	31,667.	95,619.	926,142.	1106693.
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.)		6,701.				6,701.
11 Total support. Add lines 7 through 10						62104351.
12 Gross receipts from related activities, etc. (see instructions)					12	4,334,758.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	68.18	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	65.60	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section 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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 6,701.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

VISIONSPRING, INC.

Employer identification number

31-1811558

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization VISIONSPRING, INC.	Employer identification number 31-1811558
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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	 <hr/> <hr/> <hr/>	\$ <u>2,497,271.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,191,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>595,297.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>500,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VISIONSPRING, INC.	Employer identification number 31-1811558
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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
7	<hr/> <hr/> <hr/>	\$ <u>459,985.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VISIONSPRING, INC.	Employer identification number 31-1811558
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization VISIONSPRING, INC.	Employer identification number 31-1811558
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization VISIONSPRING, INC. Employer identification number 31-1811558

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report works of art, elected to report works of art, and received or held works of art for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 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? 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.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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					
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 Term 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| 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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		124,858.	60,747.	64,111.
e Other		104.	5.	99.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				64,210.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization 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 valuation: Cost or end-of-year market value
(1) INVESTMENT IN		
(2) SUBSIDIARIES	2,439,534.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	2,439,534.	

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,365,713.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	955,643.
b	Donated services and use of facilities	2b	12,653.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,926,211.
e	Add lines 2a through 2d	2e	2,894,507.
3	Subtract line 2e from line 1	3	10,471,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,471,206.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,954,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,653.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,070,025.
e	Add lines 2a through 2d	2e	3,082,678.
3	Subtract line 2e from line 1	3	10,871,930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,871,930.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	1,236,642.
REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITIES	689,569.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,926,211.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	1,236,642.
EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITIES	1,833,383.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,070,025.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization VISIONSPRING, INC.	Employer identification number 31-1811558
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	0	250	PROGRAM SERVICES	FOR DESCRIPTION OF PROGRAM SERVICE IN REGION, SEE PART V	2,501,564.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,936,669.
SUB-SAHARAN AFRICA	0	20	PROGRAM SERVICES	FOR DESCRIPTION OF PROGRAM SERVICE IN REGION, SEE PART V	2,159,743.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,415,191.
EAST ASIA AND THE PACIFIC	0	3	PROGRAM SERVICES	FOR DESCRIPTION OF PROGRAM SERVICE IN REGION, SEE PART V	225,574.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	FOR DESCRIPTION OF PROGRAM SERVICE IN REGION, SEE PART V	165,196.
3 a Subtotal	0	274			8,403,937.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	274			8,403,937.

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

Schedule F (Form 990) 2023

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROVIDE ACCESS TO AFFORDABLE EYEGLASSES	6,669.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROVIDE ACCESS TO AFFORDABLE EYEGLASSES	42,317.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROVIDE ACCESS TO AFFORDABLE EYEGLASSES	1887683.	WIRE TRANSFER	0.		
		SUB SAHARAN	PROVIDE ACCESS TO AFFORDABLE EYEGLASSES	918,537.	WIRE TRANSFER	0.		
		SUB SAHARAN	PROVIDE ACCESS TO AFFORDABLE EYEGLASSES	496,654.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 4

3 Enter total number of other organizations or entities 1

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) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 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 the Instructions for Form 926)* Yes 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 the Instructions for Form 5471)* Yes 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 the Instructions for Form 8621)* Yes 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 the Instructions for Form 8865)* Yes 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2023

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:

AT THE BEGINNING OF EACH YEAR, THE PROGRAMS OUTLINE THEIR FINANCIAL NEEDS FOR THAT CALENDAR YEAR AND SUBMIT GRANT AND FUNDING REQUESTS TO THE US OFFICE. EACH PROGRAM OFFICE IS REQUIRED TO JUSTIFY ITS FUNDING AND INVOICES WITH PROJECTIONS AND PURPOSE. THE REQUESTS GO THROUGH THE CEO FOR REVIEW AND APPROVAL. THE ORGANIZATION CONDUCTS MONTHLY CLOSING CALLS WITH THE ENTITIES IN INDIA AND BANGLADESH TO REVIEW CASH FLOW AND ENSURE FUNDING IS UTILIZED APPROPRIATELY. ALL INCOME AND EXPENSE TRANSACTIONS ARE RECORDED IN THE BOOKS AND RECORDS OF THE ORGANIZATION IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

VISIONSPRING, INC. IS NOT A FOREIGN GRANTMAKING ORGANIZATION PER SE. THE ORGANIZATION, THROUGH ITS FOREIGN RELATED ENTITIES AND PARTNER ORGANIZATIONS IN FOREIGN COUNTRIES, CO-CONDUCTS AND SUPPORTS PROGRAMS IN FOREIGN COUNTRIES IN FURTHERANCE OF ITS EXEMPT PURPOSE - TO PROVIDE AFFORDABLE, QUALITY EYEGLASSES TO PEOPLE IN NEED WORLDWIDE. ON THE ORGANIZATION'S WEBSITE, THERE IS A "PARTNER WITH US" SECTION WHERE EACH OF THE ORGANIZATION'S PARTNER PROGRAMS ARE DESCRIBED TO THE PUBLIC AND TO POTENTIAL PARTNERS, INCLUDING "GET STARTED" AND "BECOME A PARTNER" BUTTONS WHERE POTENTIAL PARTNERS MAY CONNECT WITH VISIONSPRING, INC., AND THEN FURTHER CONTACT IS MADE REGARDING A POTENTIAL PARTNERSHIP. ADDITIONALLY, THE LEADERSHIP OF VISIONSPRING, INC., THROUGH DEEP FAMILIARITY WITH THE ORGANIZATIONS IN THE FOREIGN COUNTRIES WHERE THEIR PROGRAMS ARE DELIVERED, ARE ABLE TO IDENTIFY APPROPRIATE ORGANIZATIONS WITH WHICH TO PARTNER IN ACHIEVEMENT OF VISIONSPRING, INC. PROGRAM GOALS AND EXEMPT PURPOSES.

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.

GRANTS MADE TO FOREIGN RELATED ENTITIES OF VISIONSPRING, INC. ARE TO DIRECTLY CARRY OUT THE PURPOSES AND PROGRAMS OF VISIONSPRING, INC. THEY WERE REPORTED AS SECTION 512(B)(13) CONTROLLED ENTITIES OF VISIONSPRING, INC. ON THE FORM 990. THE MANAGEMENT OF THE FOREIGN RELATED ENTITIES IS VESTED IN THE SAME PERSONS THAT MANAGE VISIONSPRING, INC. AND THESE PERSONS EXERCISE A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF EACH OF THE RELATED ENTITIES. THE ACTIVITIES ARE SUCH THAT VISIONSPRING, INC. WOULD HAVE OTHERWISE ENGAGED IN THEM. THE ESTABLISHMENT OF THE RELATED FOREIGN ENTITIES ALLOWED FOR THE COMPLIANCE WITH LOCAL LEGAL REQUIREMENTS AND REGULATIONS IN INDIA AND BANGLADESH.

PART I, LINE 3:

COLUMN (E):

THE ORGANIZATION HAS PROGRAMS IN SOUTH ASIA, SUB-SAHARAN AFRICA, EAST ASIA AND EUROPE. THROUGH THEIR GLOBAL PARTNERS, EYEGLASSES AND EYEWEAR PRODUCTS ARE PROVIDED, AND VISION CAMPAIGNS ARE CONDUCTED IN RURAL AREAS OF EACH COUNTRY TO ENSURE THAT INDIVIDUALS EARNING LESS THAN \$4 PER DAY HAVE ACCESS TO FREE VISION SCREENINGS AND AFFORDABLE EYEGLASSES.

COLUMN (F):

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO RECORD THE EXPENDITURES IN THE REGIONS.

SCHEDULE F, PART IV, LINE 1:

THE ORGANIZATION IS FILING FORMS 926 BECAUSE IT MEETS THE APPLICABLE THRESHOLDS FOR FILING.

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.

SCHEDULE F, PART IV, LINE 3:

THE ORGANIZATION IS FILING FORMS 5471 BECAUSE IT MEETS THE APPLICABLE THRESHOLDS FOR FILING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

VISIONSPRING, INC.

Employer identification number

31-1811558

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELLA GUDWIN CHIEF EXECUTIVE OFFICER	(i)	259,672.	0.	0.	10,387.	25,914.	295,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VIVEK RATHI GLOBAL VP, FINANCE	(i)	165,918.	0.	0.	6,637.	35,562.	208,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES NAYLOR DIRECTOR OF TECHNOLOGY	(i)	164,743.	0.	0.	5,100.	32,585.	202,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SCOTT SCHROEDER GLOBAL VP, GLOBAL MOBILIZAITON	(i)	165,601.	0.	0.	6,624.	14,943.	187,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HEATHER ANN KOEHN GLOBAL DIRECTOR, MARKETING & COMM.	(i)	151,226.	0.	0.	5,412.	14,943.	171,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DR. JORDAN KASSALOW FOUNDER/SECRETARY/VICE CHAIR	(i)	169,222.	0.	0.	0.	0.	169,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TEOBALDO R. CAMEJO GLOBAL VP, PEOPLE & CULTURE	(i)	135,832.	0.	0.	2,523.	27,067.	165,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

VISIONSPRING, INC.

Employer identification number

31-1811558

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

EYEGLASSES SALES, GROWING AT A RATE OF 16% YEAR-ON-YEAR. OUR TARGET

CUSTOMERS WERE REACHED IN OVER 20 COUNTRIES, INCLUDING OUR LARGEST

MARKETS IN INDIA, BANGLADESH, AND SUB-SAHARAN AFRICA. VISIONSPRING'S

PROGRAM ACTIVITIES ARE IMPLEMENTED THROUGH TWO MODELS: VISION ACCESS

PROGRAMS AND INSTITUTIONAL PARTNERSHIPS.

IN 2023, OUR VISION ACCESS PROGRAMS (VAP) CORRECTED THE VISION OF

846,000 PEOPLE IN WORKPLACES, FACTORIES, SCHOOLS, TRANSPORTATION HUBS,

AND RURAL AND INFORMAL SETTLEMENTS. VISIONSPRING SPECIALIZES IN

IMPROVING THE LIVELIHOODS OF WORKING-AGE ADULTS, SUCH THAT 81% OF THOSE

SERVED WERE REACHED THROUGH OUR SEE TO EARN PROGRAM, WHICH IS PART OF

VAP'S IMPACT. OUR VISION ACCESS PROGRAMS ADVANCE OUR IMPACT ALONG THREE

THEMES: SEE TO EARN, SEE TO LEARN, AND SEE TO BE SAFE.

SEE TO EARN: WE PARTNER WITH PRIVATE FOUNDATIONS, GOVERNMENTS, AND

CORPORATE SOCIAL RESPONSIBILITY OFFICES OF MAJOR BUSINESSES TO BRING

FREE VISION SCREENINGS AND LOW-COST GLASSES TO ADULTS ENGAGED IN THE

INFORMAL AND AGRICULTURAL ECONOMIES. WE DEEPENED THE MARKET PENETRATION

OF OUR LONGEST-RUNNING PROGRAM, WHICH SHIFTS THE TASK OF CORRECTING

BLURRY NEAR VISION TO COMMUNITY PROVIDERS. READING GLASSES FOR IMPROVED

LIVELIHOODS (RGIL) EXPANDED WITH HEALTH ENTREPRENEURS IN ZAMBIA, SERVED

NEW DISTRICTS WITH COMMUNITY HEALTH WORKERS IN UGANDA, AND EXTENDED

INTO A NATIONWIDE NETWORK OF MICROFINANCE CLIENTS IN BANGLADESH.

ADDITIONALLY, OUR CLEAR VISION WORKPLACES (CVW) PROGRAM, POWERED BY AN

ALLIANCE OF LEADING BRANDS, DRAMATICALLY INCREASES EYEGLASSES COVERAGE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization VISIONSPRING, INC.	Employer identification number 31-1811558
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RATES AMONG WORKERS WHO PRODUCE TEXTILES, GARMENTS, AND HOME GOODS.

LIVELIHOODS IN FOCUS (LIF) IS OUR STRATEGIC INITIATIVE TO DRAMATICALLY INCREASE EYEGLASSES COVERAGE RATES AND ASSOCIATED PRODUCTIVITY AND INCOME IN COMMUNITIES ENGAGED IN VISION-INTENSIVE AGRICULTURE AND ARTISAN CRAFTS. IN 2023, WE EXPANDED LIF IN ASSAM, INDIA, FOR TEA WORKERS AND IN ASHANTI, GHANA, FOR COCOA FARMERS. WE ALSO INITIATED NEW LIF PROGRAMS IN KARNATAKA, INDIA, FOR COFFEE WORKERS AND ARTISANS, AS WELL AS IN UGANDA'S TEA AND VANILLA GROWING DISTRICTS. IN TOTAL, WE BROUGHT LIVELIHOODS INTO FOCUS FOR 127,000 PEOPLE THROUGH LIF AND SET THE STAGE FOR SIGNIFICANT GROWTH IN 2024.

SEE TO LEARN: EYEGLASSES INCREASE A STUDENT'S ABILITY TO SUCCEED IN SCHOOL, BOOSTING LEARNING OUTCOMES EQUIVALENT TO AN ADDITIONAL HALF YEAR OF SCHOOLING ON AVERAGE. IN 2023, WE CONTINUED OUR FOCUS ON THE SEE TO LEARN PROGRAM IN INDIA, SCREENING THE VISION OF 505,000 SCHOOL CHILDREN AND DISPENSING 95,000 PAIRS OF EYEGLASSES.

SEE TO BE SAFE: EQUIPPING DRIVERS WITH EYEGLASSES ENABLES THEM TO SEE MORE CLEARLY, THEREBY MINIMIZING ROAD HAZARDS. TO LOWER THE INCIDENCE OF VEHICLE ACCIDENTS AND THE ASSOCIATED RISKS OF INJURY AND MORTALITY, WE SCREEN THE VISION OF TRUCKERS, BUS DRIVERS, AND ALLIED TRANSPORT WORKERS IN MAJOR TRANSIT HUBS WITH CORPORATE SPONSORS AND MINISTRY OF TRANSPORTATION PARTNERS. WE REPLICATED OUR SEE TO BE SAFE PROGRAM FROM INDIA TO AFRICA, LAUNCHING IN NIGERIA AND ZAMBIA IN 2023. THERE, GOVERNMENTS HAVE INCREASINGLY PRIORITIZED ROAD SAFETY TO ACHIEVE SUSTAINABLE DEVELOPMENT GOAL 3.6. WE KICKED OFF WITH PARTNER TRAINING AND WORKSHOPS TO SURFACE INNOVATIVE STRATEGIES FOR INCORPORATING VISION

Name of the organization VISIONSPRING, INC.	Employer identification number 31-1811558
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CORRECTION INTO NATIONAL ROAD SAFETY INITIATIVES. IN 2023, VISIONSPRING SCREENED 163,000 DRIVERS AND TRANSPORT WORKERS, BRINGING OUR SEE TO BE SAFE TOTAL TO 692,000 SINCE 2018.

THROUGH OUR INSTITUTIONAL PARTNERSHIPS, VISIONSPRING SELLS BULK QUANTITIES OF EYEGLASSES, COUPLED WITH TRAINING AND MARKETING SUPPORT, TO OUR NETWORK OF HOSPITALS, PHARMACIES, EYE CARE CENTERS, NGOS, AND GOVERNMENT PARTNERS. OUR PARTNERS RELY ON VISIONSPRING'S QUALITY PRODUCTS, TIMELY DELIVERY, FAVORABLE PAYMENT TERMS, AND SELL-THROUGH SUPPORT TO EXPAND THEIR VISION SERVICES TO LOW-INCOME CUSTOMERS. IN 2023, WE SOLD 1 MILLION PAIRS OF EYEGLASSES TO OUR PARTNERS, WITH 61% DELIVERED TO INDIA, 28% DELIVERED TO OUR KEY MARKETS IN AFRICA, AND 11% DELIVERED TO PARTNERS IN OTHER COUNTRIES.

TO SUPPORT VISIONSPRING'S GLOBAL REACH AND IMPACT, WE HAVE TEAM MEMBERS BASED IN MULTIPLE COUNTRIES, INCLUDING BANGLADESH, GHANA, INDIA, KENYA, NIGERIA, UGANDA, VIETNAM, AND ZAMBIA. THESE TEAMS ADVANCE OUR ORGANIZATIONAL MISSION THROUGH LOCALIZED STRATEGIES AND PARTNERSHIPS, ENSURING THAT OUR PROGRAMS ARE CULTURALLY SENSITIVE AND EFFECTIVE. ADDITIONALLY, OUR SUPPORT OFFICE IN THE UNITED STATES PROVIDES ESSENTIAL BACKING, ENABLING US TO EXCEED OUR TARGETS AND CONTINUE EXPANDING OUR SCOPE. THIS INTERNATIONAL ORGANIZATIONAL STRUCTURE HAS BEEN INSTRUMENTAL IN OUR ABILITY TO DELIVER HIGH-QUALITY VISION SERVICES TO LOW-INCOME COMMUNITIES AROUND THE WORLD.

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

BOARD DIRECTORS KEVIN HASSEY AND READE FAHS HAVE A BUSINESS RELATIONSHIP.

Name of the organization VISIONSPRING, INC.	Employer identification number 31-1811558
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FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION USES AN OUTSIDE ACCOUNTING FIRM FOR THE PREPARATION OF ITS FORM 990. ONCE THE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY MEMBERS OF THE ORGANIZATION'S MANAGEMENT TEAM. A COPY IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, OFFICER OR COMMITTEE MEMBER WITH POWERS DELEGATED BY THE ORGANIZATION'S BOARD OF DIRECTORS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST WITH RESPECT TO A GIVEN TRANSACTION OR ARRANGEMENT. AN INTERESTED PERSON HAS A FINANCIAL INTEREST WITH RESPECT TO A GIVEN TRANSACTION OR ARRANGEMENT IF THE PERSON DIRECTLY ENGAGES IN A TRANSACTION OR ARRANGEMENT WITH THE ORGANIZATION, OR HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY, ANY OF THE FOLLOWING:

I. AN OWNERSHIP OR INVESTMENT INTEREST IN WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT,

II. A COMPENSATION ARRANGEMENT WITH THE ORGANIZATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT, OR

III. A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION IS NEGOTIATING A TRANSACTION OR ARRANGEMENT. COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS THAT ARE SUBSTANTIAL IN NATURE.

Name of the organization VISIONSPRING, INC.	Employer identification number 31-1811558
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AN INTERESTED PERSON IS REQUIRED TO DISCLOSE THE EXISTENCE OF A POTENTIAL CONFLICT OF INTEREST TO THE BOARD AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. THE INTERESTED PARTY LEAVES THE ROOM WHILE THE BOARD OR BOARD COMMITTEE REVIEWS AND DISCUSSES ALL MATERIAL FACTS, AND VOTES UPON THE EXISTENCE OF A CONFLICT OF INTEREST. A MAJORITY VOTE DETERMINES IF THERE IS A CONFLICT OF INTEREST. IN ADDITION, THE PRESIDENT OR COMMITTEE CHAIRPERSON MAY APPOINT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. FOLLOWING DUE DILIGENCE, THE BOARD OR BOARD COMMITTEE WILL DECIDE IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT DOES NOT GIVE RISE TO A CONFLICT OF INTEREST IS ATTAINABLE.

FOR ALL ACTUAL OR POTENTIAL CONFLICT OF INTEREST ISSUES, THE MINUTES OF THE BOARD AND ALL BOARD COMMITTEES CONTAIN THE NAMES OF THE INTERESTED PERSONS, NAMES OF PERSONS PRESENT FOR DISCUSSION AND VOTING, THE CONTENT OF THE DISCUSSION, THE RECORDING OF THE VOTES, AND THE ACTION TAKEN. EACH DIRECTOR, OFFICER AND MEMBER OF A BOARD COMMITTEE ANNUALLY SIGNS A STATEMENT THAT ATTESTS THAT THE INDIVIDUAL HAS RECEIVED, READ, UNDERSTOOD AND AGREES TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. A COPY OF THE DISCLOSURE FORM IS RETAINED WITHIN THE ORGANIZATION'S BOOKS AND RECORDS.

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

COMPENSATION DATA IS COLLECTED BY AN INDEPENDENT CONTRACTOR WHO PROVIDES THE ORGANIZATION WITH COMPARABLE DATA FOR THE CEO AND OTHER OFFICERS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL COMPENSATION ARRANGEMENTS FOR TOP LEADERSHIP, INCLUDING THE CEO AND FOUNDER. THE CEO APPROVES THE COMPENSATION FOR ALL OTHER PERSONNEL. ALL BOARD DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE BOARD MINUTES, WHICH ARE KEPT ON FILE WITH THE

Name of the organization VISIONSPRING, INC.	Employer identification number 31-1811558
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ORGANIZATION'S BOOKS AND RECORDS. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

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

THE FORM 990 AND FORM 1023 ARE AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE SERVICE CODE AS IT IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. THE ORGANIZATION ALSO POSTS THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE. IN ADDITION, THE FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES	260,845.
MANAGEMENT AND GENERAL EXPENSES	111,414.
FUNDRAISING EXPENSES	41,482.
TOTAL EXPENSES	413,741.

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	1,001,501.
MANAGEMENT AND GENERAL EXPENSES	220,246.
FUNDRAISING EXPENSES	144,480.
TOTAL EXPENSES	1,366,227.

PROGRAM SERVICE FEES:

PROGRAM SERVICE EXPENSES	85,290.
MANAGEMENT AND GENERAL EXPENSES	22,531.
FUNDRAISING EXPENSES	12,750.
TOTAL EXPENSES	120,571.

Name of the organization VISIONSPRING, INC.	Employer identification number 31-1811558
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PAYROLL SERVICE FEES:

PROGRAM SERVICE EXPENSES	31,616.
MANAGEMENT AND GENERAL EXPENSES	6,953.
FUNDRAISING EXPENSES	4,561.
TOTAL EXPENSES	43,130.

RECRUITING AND INTERN FEES:

PROGRAM SERVICE EXPENSES	84,686.
MANAGEMENT AND GENERAL EXPENSES	18,624.
FUNDRAISING EXPENSES	12,217.
TOTAL EXPENSES	115,527.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,059,196.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR
YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **VISIONSPRING, INC.** Employer identification number **31-1811558**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VISIONSPRING INDIA, C/O VISIONSPRING 4TH FLOOR, GUMIDELLI COMMERCIAL COMPLEX, 1-1 HYDERABAD, BEGUMPET-500016, INDIA	PROVIDES TECHNICAL ASSISTANCE & ADVICE REGARDING OPTICAL	INDIA			VISIONSPRING, INC.	X	
VISIONSPRING SOCIETY PLOT 8/SURVEY 22 SAI NAGAR COLONY SECUNDERABAD, INDIA 500 009	PROVIDES EYE-SCREENING, PRIMARY EYE-CARE SERVICES, AND EYE-HEALTH ADVICE	INDIA			VISIONSPRING, INC.	X	
VISIONSPRING FOUNDATION C/O VISIONSPRING REGUS ELEGANCE, 2F, ELEGANCE, JASOLA DISTRICT NEW DELHI, INDIA 110025	PROVIDES ACCESS TO AFFORDABLE EYE CARE TO POOR & MARGINALIZED PEOPLE	INDIA			VISIONSPRING, INC.	X	
VISIONSPRING GHANA LIMITED BY GUARANTEE HOUSE NUMBER L58, NEAR HATA HOSTE ACCRA, GHANA GA-555-238	PROVIDES ACCESS TO AFFORDABLE EYE CARE TO POOR & MARGINALIZED PEOPLE	GHANA			VISIONSPRING, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2023

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
VISIONSPRING NIGERIA EYE HEALTH INITIATIVE COMPANY LIMITED/GTE, 182A, CORPORATION DRIVE DOLPHINE ESTATE IKOY, LAGOS, NIGERIA	PROVIDES ACCESS TO AFFORDABLE EYE CARE TO POOR & MARGINALIZED PEOPLE	NIGERIA			VISIONSPRING, INC.	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VISIONSPRING PRIVATE LIMITED D-448 1ST FL, SECTOR-7, DWARKA NEW DELHI, INDIA 110075	IMPORT, EXPORT, SALES OF OPTICAL LENSES, GLASSES & FRAMES	INDIA	VISIONSPRING, INC.	C CORP	1,936,676.	1,445,119.	99.99%	X	
VISIONSPRING BANGLADESH LTD. HOTEL PURBANI ANNEX-2 (4TH FLOOR), 1 DILKUSHA DHAKA, BANGLADESH 1000	SELL READING GLASSES	BANGLADESH	VISIONSPRING, INC.	C CORP	1,041,840.	583,157.	99.88%	X	
VISIONSPRING GHANA LIMITED BY GUARANTEE NO.5A NORTH LEGON ROAD DIGITAL ADDRESS -059-7 NORTH LEGON, GHANA 059-7582	PROVIDING AFFORDABLE EYE GLASSES, SALE OF EYE GLASSES	GHANA	VISIONSPRING, INC.	C CORP	997,561.	434,189.	100%	X	
VISIONSPRING NIGERIA EYE HEALTH INITIATIVE COMPANY LIMITED/GTE, NO. 36AA REMI FANI-KAYODE CLOSE, GRA IKEJA, NIGERIA	PROVISION OF EYE GLASSES AND LENSES	NIGERIA	VISIONSPRING, INC.	C CORP	679,879.	216,718.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VISIONSPRING PRIVATE LIMITED	B	1,481,250.	COST
(2) VISIONSPRING BANGLADESH LTD.	B	840,000.	COST
(3) VISION SPRING GHANA LIMITED BY GUARANTEE VISION SPRING NIGERIA EYE HEALTH	P	918,537.	COST
(4) INITIATIVE COMPANY LIMITED/GTE	P	496,654.	COST
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

VISIONSPRING INDIA, C/O VISIONSPRING

PRIMARY ACTIVITY: PROVIDES TECHNICAL ASSISTANCE & ADVICE REGARDING OPTICAL INTERVENTIONS