

# Application Form

---

## *Organization Information*

---

### **Brief Project Descriptor**

Please briefly describe this organization's request.

**If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.**

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request can be downloaded [here](#).

Please pay attention to character limits while working on your draft. These limits include spaces.

### **Organization Name\***

Preserve Vision Florida

### **Proposal Name\***

Please choose a short name to identify this project within the grant portal:

Vision Health For All

### **EIN\***

59-6181662

### **Incorporation Year\***

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1957

## Organizational Mission Statement\*

What is your organization's mission statement? This should be no longer than one or two sentences.

The mission of Preserve Vision Florida is to promote healthy vision through:

- vision health awareness and education for all ages
- vision screenings for children and adults
- assistance to obtain medical eye care
- advocacy for vision and medical eye care health services

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

## Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$965,510.00

## Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Amount Requested (Annual Operating Budget > \$500,000)*

### **Amount Requested (Annual Operating Budget > \$500,000)\***

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$55,549.00

## *Request Specifics*

---

### **Priority Areas\***

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - o Mental Health
  - o Dental Care
  - o Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

**Does your organization and its proposed capital purchase fit into one of these areas?**

No

### **Organization Programmatic Background\***

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

Marking its 65th anniversary in 2022, Preserve Vision Florida (PVF) is a 501(c)(3) corporation, established in 1957 by Mildred Baynard of St. Petersburg. Our mission is to promote healthy vision through public health vision education, screenings, direct vision medical care, and vision health advocacy. PVF provides over 300 comprehensive vision screenings for children and adults, and case manages each child referral to ensure that the parent obtains the needed eye exam and glasses. PVF also promotes vision health and safety, and links chronic eye disease cases with on-going medications. PVF does this work through a certified staff of screeners who provide services in Hillsborough, Pinellas, DeSoto, and Orange Counties at a myriad of sites including public health and free clinics, preschools, homeless programs, and community centers. Local physicians and optical retailers in the geographic area of those in need provide medical exams and glasses. Agency management is provided by the President & CEO; mission fulfillment, by the VP of Program & COO. PVF has 14 staff members, seven full-time. In five years, PVF has screened well over 40,000 children and adults, referring over 50% for an eye exam and glasses. We actively screened children and adults throughout the Covid shutdown, working with doctors for eye exams and glasses when their offices were closed, and providing online vision resources for parents. The agency is supported by contributions from individuals, corporations, foundation, the Person of Vision Dinner, State of Florida check off, two social enterprises as well as significant funding through grants and contracts from United Way Suncoast, Children's Board, Early Childhood Coalition Hillsborough, Juvenile Welfare Board, Pinellas Department of Health. Preserve Vision

Florida has a strong vision and solid community partnerships – giving each recipient a vision of their own bright future.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Vision loss is the single most prevalent disability experienced by children and adults. Adults: 75% of adults require some level of vision correction by age 40. Vision loss or blindness profoundly changes a person's life outlook, affecting the ability to read, drive, function socially, and to remain independent. In medically disenfranchised populations, the need for vision care is heightened because people of color have genetically higher risks of low vision and blindness due to hypertension, high cholesterol, and diabetes; smoking incrementally heightens that risk. Among these communities, eye exams and glasses are too often sacrificed in favor of more pressing medical needs.

Children: 1 in 4 children enter first grade with a vision deficit. More than one in five preschool-age children enrolled in Head Start have a vision disorder.

- Nearly 3 percent of children younger than 18 years are blind or visually impaired.
- Amblyopia (sometimes called “lazy eye”), found in about 2 percent of 6- to 72-month-old children, is the most common cause of vision loss in children.
- Between 2 and 4 percent of children under the age of 6 years have strabismus.
- The most common vision disorders in children are refractive errors— myopia (nearsightedness), hyperopia (farsightedness), and astigmatism (irregular shape of the cornea).
- Nearly one in four (24%) adolescents with correctable refractive error has inadequate correction. The odds of having inadequately corrected refractive error are significantly higher for Mexican American and non-Hispanic black youth, regardless of family income level; more than a third of Mexican American and non-Hispanic black adolescents have inadequately corrected refractive error.
- An estimated 6 percent of children with special health care needs (CSHCN) have unmet vision care needs.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

Preserve Vision Florida was negatively impacted during 2021-22 by the COVID-19 pandemic in the following ways. This totals \$135,000 loss of revenue.

Loss of contributed income: Due to the pandemic, Preserve Vision Florida could not hold its annual fundraising event, the Person of Vision Award Dinner, that nets an average of \$60,000 in unrestricted operating support. Also, PVF received \$25,000 less in voluntary check off contributions through Tax Collectors offices around the state that were closed during the pandemic; donors contribute through auto tag and drivers license renewal, as well as through the Bikers Care specialty motorcycle tag. Programmatic funding was reduced by almost \$50,000 due to cancellation of screenings funded on a per service or per individual screened basis.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

Purchase five (5) SPOT autorefractors to vision screen children age 6 months - age 9.

Purchase five (5) Optec 5000 vision screening machines to screen children age 9 -18 and adults

Estimated lifespan of the purchase is five years

This additional equipment will allow PVF's certified vision screeners greater flexibility in scheduling and screening throughout Pinellas County, since our current equipment inventory limits our reach. The impact will come through a greater availability of publicly accessible screenings in neighborhood settings. For children, this equipment would provide the latest digital equipment to provide the highest level of vision deficiency detection, catching potentially blinding eye disease among young children, preparing students to enter the first grade with glasses so they can learn and read. For children 8-18, the Optecs identify vision deficiencies such as color blindness (experienced by 10% of all males) and vision tracking issues that are correctible with glasses. For adults, the Optecs will expand our ability to screen more often. Currently we offer only three or four adult screenings a month through the Department of Health; additional machines will help us provide screenings in publicly accessible community settings. The purchase of the equipment will address the negative economic harm experienced by PVF by providing needed equipment that we could not afford due to the loss of unrestricted funds during the pandemic.

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. According to federal guidance, the term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and

Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

These services will benefit the community members defined above who have experienced disproportionate negative impacts from the COVID-19 pandemic. COVID required that families prioritize critical expenses. Since vision loss is not life-threatening, it is often the last medical remedy sought by individuals of economic constraint. Adults will also prioritize the vision needs of children over their own. The impact is an inability to renew a driver's license or to participate in job training or routine work. Among seniors, vision loss is also one of the highest risk factors for loss of balance and falling, which can lead to loss of independence. The ability to access vision services through PVF begins with vision screenings, and assistance to receive eye exams and glasses. The expanded equipment will allow PVF to reach into the communities of greatest need with adequate resources to provide screenings in multiple community settings.

### Number Served\*

How many people will directly benefit from this capital purchase annually?

5500

### Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

### Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

## *Geographic Impact & Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be

considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
  - o Defined by U.S. Department of Housing and Urban Development (HUD)
  - o U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
  - o To assess if your organization serves or is headquartered in a QCT, use the following link: [https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)  
In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

### Benefits and Geography of Purchase\*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

PVF serves communities throughout Pinellas County. Children and adults in high poverty areas were impacted the most due to the need to prioritize food, housing, transportation, and daycare above any optional needs. These include the Qualified Census Tract areas:

201.09,,201.10, 205.00,,206.00, 207.00, 208.00, 212.00, 216.00, 245.10 246.03 246.04 247.01  
 248.04 250.17 251.15 253.05 255.05 256.02 258.00 259.01 259.02 261.01 262.00  
 263.00  
 264.02 269.09 271.07 271.08 287.00

Low- and moderate-income household and communities

Households that qualify for federal assistance programs - PVF provides assistance to obtain eye exams and glasses for individuals given financial circumstances

Historically marginalized communities of all descriptions. PVF partners with community programs, daycares, preschools and after school programs, free and public health clinics, ARCs, schools for children with special needs, treatment centers, domestic violence shelters, churches, synagogues, mosques.

Over the three-year period of 2018-19 to 2020-21, PVF served 17,558 individuals

Non-white served: 11,598 = 66% annual average

Healthcare needs such as routine checkups were deeply compromised by both economic restraints and the scarcity of resources with most optometrists and ophthalmologists only seeing patients on an extremely limited basis, if at all. PVF was able to link children to physicians through our historic relationships, and adults qualified in the Pinellas Department of Health Blue Card program received screenings in limited locations. St. Petersburg residents in need were particularly impacted as the Health Department on Dr. Martin Luther King Boulevard was closed, causing people to seek our help at clinics in Mid-County and Clearwater. With additional equipment, PVF will be able to provide adult screenings throughout the county partnering with community agencies beyond the Department of Health.

## Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

9200 Seminole Boulevard - Second Floor, Seminole, FL 33772

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required

## Community Connection

---

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities you serve.

PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Community representation is seen on the PVF Board of Governors and our staff.

PVF Board: Bridgette Heller is Co-Founder and Volunteer CEO of The Shirley Proctor Puller Foundation STEM program in South St. Petersburg and advises on the needs of families and students in the area. Dr. Jasmine Mohadjer is an ophthalmologist, linking PVF with medical resources; Lorna Taylor is CEO of Premier Eye Care, advising PVF on insurance impacts for vision services through Medicaid, Medicare, and private policies; Kevin Bakewell is linked to numerous Pinellas efforts through his years as Executive VP of AAA with school safety and driver safety programs - vision playing a major role in highway safety matters; Gary Davis and Jeff Mortensen are both vision industry professionals that have advised on the latest technology and vision industry linkages; Jeff Baker has assisted PVF with pivotal financial support from Duke Energy to provide services for medically challenged families in Pinellas; Michael Minor has vision in only one eye and advises on vision impairment among adults; Patrick McNamara advises on financial matters.

PVF has 17 employees Nine are Hispanic and fully bilingual. This has helped tremendously to penetrate Spanish speaking communities.



**Community Connection:** The President & CEO (and Ex-Oficio Board member) was the Founding President of Allegany Franciscan Ministries, which awarded hundreds of grants throughout Pinellas County between 1999-2025. This gives her deep relationships with many agencies, neighborhood groups. Her working knowledge of healthcare providers, from hospitals to free clinics to health awareness agencies, has helped PVF establish strong working relationships throughout the county..

**Partnerships:** PVF partners with Pinellas nonprofits and government entities: 100+ daycares and preschools, and dozens of community agencies such as Academy Prep, R Club, YMCA, Operation PAR, Pinellas Department of Health (all locations), St. Vincent de Paul, Salvation Army, CASA, The Haven. PVF is funded by the Juvenile Welfare Board of Pinellas County, United Way Suncoast, Pinellas County Department of Health.

**Community input:** PVF routinely surveys screening site partners and client participants and immediately incorporates feedback into our daily work. Client satisfaction is excellent, particularly among the parents that we assist for children needing eye exams and glasses - parents rate this as an essential service.

## Leadership Demographics - Board Membership\*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC  
LGBTQ+

## Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

None of the above

## Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

## Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

**Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.**

*If you need assistance compressing files, please email Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).*

### Bid/Estimate #1\*

PDF files are accepted.

School Health - SPOT Autorefractors.pdf

### Bid/Estimate #2\*

PDF files are accepted.

ARPA MacGill School Nurse Supplies.pdf

### Bid/Estimate #3

PDF files are accepted.

ARPA Stereo Optical Quote page 2 of 2.jpeg.pdf

### Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at rcervantes@pinellascf.org.

Otherwise, write "N/A" below.

Welch Allyn Hillrom has an exclusive retail arrangement with School Health for SPOT autorefractor - Bid attachment #1

### Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

#### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No

### Budget Summary\*

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.**

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Template-Small-Capital-Purchases - PVF.xlsx

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

No other funding applications filed

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

Does not effect operating costs. Will greatly increases our program reach and effectiveness.

## Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

## *Insurance Requirements*

---

### **Evidence of Insurance Coverage\***

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

Philadelphia Full Policy - 2022-23\_Preserve Vision Florida Package Decs.pdf

### **Insurance Requirement\***

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Organization Documentation*

---

**Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.**

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

FY2022-23\_Adopted\_Budget .pdf

## Board of Directors List\*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

PVF\_Board\_of\_Governors\_FY22-23.pdf

## IRS Form 990\*

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

Preserve Vision\_990\_3.31.22.pdf

## Most Recent Financial Statements\*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Preserve Vision - March 31 2022 audit report.pdf

## *Post-Grant Requirements*

---

### Reporting Requirements Acknowledgment\*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

---

### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

Preserve Vision Florida Overview with Testimonial.pdf

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

Thank you for giving us the opportunity to apply for these funds. The impact on each individual who receives the gift of sight is incalculable, giving them the opportunity to learn and develop, relate socially, work and drive, and remain independent. The attached overview and testimonial give a sense of the breadth of Preserve Vision Florida's work and the impact on one child's life.

## *Agreements*

---

### **Affirmation of Application Materials\***

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

### **Public Application and Grant Process\***

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

### **Final Approval for Grant Award\***

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.





## File Attachment Summary

---

### *Applicant File Uploads*

- School Health - SPOT Autorefractors.pdf
- ARPA MacGill School Nurse Supplies.pdf
- ARPA Stereo Optical Quote page 2 of 2.jpeg.pdf
- Budget-Template-Small-Capital-Purchases - PVF.xlsx
- Philadelphia Full Policy - 2022-23\_Preserve Vision Florida Package Decs.pdf
- FY2022-23\_Adopted\_Budget .pdf
- PVF\_Board\_of\_Governors\_FY22-23.pdf
- Preserve Vision\_990\_3.31.22.pdf
- Preserve Vision - March 31 2022 audit report.pdf
- Preserve Vision Florida Overview with Testimonial.pdf



School Health Corporation  
 5600 Apollo Drive  
 Rolling Meadows, Illinois 60008  
 P(866)323-5465 | F(800)235-1305  
 schoolhealth.com

# QUOTE

EXPIRATION DATE		QUOTE NO.
05/30/23		4188492-00
DATE	P.O. #	PAGE #
03/31/23	SPOT 3/31/23	1

**Attn:** JOANNE LIGHTER  
**Ship To:**  
 PRESERVE VISION FLORIDA  
 9200 SEMINOLE BLVD FL 2  
 SEMINOLE, FL 33772-3103

**Bill To:**  
 PRESERVE VISION FLORIDA  
 9200 SEMINOLE BLVD FL 2  
 SEMINOLE, FL 33772-3103

QUOTE PREPARED BY	PHONE	EMAIL
Andrew Wlezen	866-323-5465	awlezen@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
----	-------------------------	------------------	---------	------------	----------	---------------------	--------------

<p><b>CUSTOMER NOTE:</b>          FREE SHIPPING ON ORDERS OVER \$125</p>							
1	1003001	5	EACH	8364.82	EACH	0.00	41824.10
<p>SPOT VISION SCREENER W/CASE &amp; 5 YR SCS          EXCLUSIVE SH \$500 REBATE PER UNIT PURCHASED          Offer valid from January 1, 2023 – March 31, 2023.          This is not an automatic redemption. Customers must complete the online redemption form at <a href="http://hillrom.com/SchoolHealth2023">hillrom.com/SchoolHealth2023</a> and upload a copy of their invoice by June 15, 2023. For additional information on eligibility for this offer, visit <a href="http://schoolhealth.com/welch-allyn-spot-vision-screener">schoolhealth.com/welch-allyn-spot-vision-screener</a>.          2023 SPOT \$1000 TRADE-IN PROMOTION (Active 1/1/2023-6/30/2023)          Vision screeners eligible for trade in include: WA SureSight Vision Screener, WA Spot Vision Screener (2.0 model), PediaVision, GoCheck Kids, Plusoptix, MTI, Topcon, Retinomax, Titmus V Series, Stereo Optical Vision Screeners, Canon, Reichert, Marco and/or iScreen brands. This is not an automatic redemption. Customers must complete the online redemption form at <a href="http://hillrom.com/svsupgrade">hillrom.com/svsupgrade</a> and upload a copy of their invoice, W-9, and photo of trade-in device with serial number by August 15, 2023. For additional information on eligibility for this offer, visit <a href="http://schoolhealth.com/welch-allyn-spot-vision-screener">schoolhealth.com/welch-allyn-spot-vision-screener</a>. Customers do not need to send in their old devices.  <b>PRODUCT INCLUDES:</b>          Spot Vision Screener, Carry Case w/foam insert, wrist strap* and 5 Year Warranty.          *Please note the Spot wrist strap DOES NOT HAVE LATEX.          *Do not throw away protective foam insert.</p>							
2	1003000SP1	5	EACH	0.00	EACH	0.00	0.00
<p>5-YR SMARTCARE SRV WTY SPOTVISIONSCRN          *****ATTENTION: PLEASE READ *****          ACTIVATE YOUR 5 YEAR SMARTCARE SERVICES WARRANTY IMMEDIATELY! A \$1,736 Value.          To activate:</p>							

Continued



School Health Corporation  
 5600 Apollo Drive  
 Rolling Meadows, Illinois 60008  
 P(866)323-5465 | F(800)235-1305  
 schoolhealth.com

# QUOTE

EXPIRATION DATE		QUOTE NO.
05/30/23		4188492-00
DATE	P.O. #	PAGE #
03/31/23	SPOT 3/31/23	2

Attn: JOANNE LIGHTER  
**Ship To:**  
 PRESERVE VISION FLORIDA  
 9200 SEMINOLE BLVD FL 2  
 SEMINOLE, FL 33772-3103

**Bill To:**  
 PRESERVE VISION FLORIDA  
 9200 SEMINOLE BLVD FL 2  
 SEMINOLE, FL 33772-3103

QUOTE PREPARED BY	PHONE	EMAIL
Andrew Wlezen	866-323-5465	awlezen@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
----	-------------------------	------------------	---------	------------	----------	---------------------	--------------

1. Locate the device serial number and priority numbers from the yellow envelope that was enclosed with your product shipment.
2. Please call Hillrom at 800-535-6663, Option 1 (US/Canada) or go to [welchallyn.com/service/activate](http://welchallyn.com/service/activate) and follow the instructions.
3. Once your SmartCare Services has been activated, Hillrom will send you a welcome letter within 10-15 days including your service agreement number, the serial number of the devices covered, and the effective dates of the agreement. Please keep these numbers in a secure place for future use.

Items stocked in our warehouse usually ship within 24 hours. Items above may be indicated as **\*\*Shipping Direct From Manufacturer\*\***. Delivery times for items **\*\*Shipping Direct From Manufacturer\*\*** vary. For specific delivery time, call customer care at 866-323-5465.

2 Lines Total

Sub Total 41824.10  
 Invoice Total 41824.10

Tax ID Number: 36-2425385

Continued



School Health Corporation  
 5600 Apollo Drive  
 Rolling Meadows, Illinois 60008  
 P(866)323-5465 | F(800)235-1305  
 schoolhealth.com

# QUOTE

EXPIRATION DATE		QUOTE NO.
05/30/23		4188492-00
DATE	P.O. #	PAGE #
03/31/23	SPOT 3/31/23	3

**Attn:** JOANNE LIGHTER  
**Ship To:**  
 PRESERVE VISION FLORIDA  
 9200 SEMINOLE BLVD FL 2  
 SEMINOLE, FL 33772-3103

**Bill To:**  
 PRESERVE VISION FLORIDA  
 9200 SEMINOLE BLVD FL 2  
 SEMINOLE, FL 33772-3103

QUOTE PREPARED BY	PHONE	EMAIL
Andrew Wlezen	866-323-5465	awlezen@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
----	-------------------------	------------------	---------	------------	----------	---------------------	--------------


To receive an email with tracking information when your order has shipped, please provide your email address when placing your order. Help us also reduce paper usage and become more eco-friendly by providing your email address to send your invoices and order confirmations electronically. Thank you, for the opportunity to work with you and if you have any questions, please contact our Customer Care Department @ 866 323 - 5465.

Mac Gill School Nurse Supplies

QUICK ORDER

# Shopping Cart

Optec® 5000 with Peripheral Test & School Slides was added to your shopping cart.

Product Name	Item #	Unit Price	Qty	Subtotal
 Optec® 5000 with Peripheral Test & School Slides	83710	\$2,745.00	<input type="text" value="5"/>	\$13,725.00

**Existing customer? Please ensure you are logged in to proceed.**

Select over-the-counter medications and COVID-related items are available for school accounts only. Personal and non-school orders will be reviewed prior to fulfillment.

Shipping fees, promotional discounts, and taxes will be calculated at check out.

Subtotal \$13,725.00



ABOUT SSL CERTIFICATES

3/30/2023

Send us a message

Stereo Optical pg 2

Subtotal

\$18,285.00





A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax 610.617.7940  
PHLY.com

**Philadelphia Indemnity Insurance Company**  
**COMMON POLICY DECLARATIONS**

**Policy Number:** PHPK2414390

**Named Insured and Mailing Address:**

Preserve Vision Florida  
9200 Seminole Blvd Fl 2  
Seminole, FL 33772-3103

**Producer:** 102196

RSC Insurance Brokerage, Inc. dba Risk S  
333 W Wacker Dr Ste 1200  
Chicago, IL 60606

**Policy Period From:** 05/16/2022 **To:** 05/16/2023

(312)506-8823

at 12:01 A.M. Standard Time at your mailing  
address shown above.

**Business Description:** Non Profit Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	<b>PREMIUM</b>
Commercial Property Coverage Part	229.79
Commercial General Liability Coverage Part	954.64
Commercial Crime Coverage Part	3,189.37
Commercial Inland Marine Coverage Part	528.68
Commercial Auto Coverage Part	737.00
Businessowners	
Workers Compensation	
Employee Benefits	302.10
Professional Liability	6,203.12
Sexual/Physical Abuse	1,278.89
<b>Total</b>	<b>\$ 13,423.59</b>
Total Includes Fees and Surcharges (See Schedule Attached)	<b>92.39</b>
Total Includes Federal Terrorism Risk Insurance Act Coverage	<b>4.00</b>

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE**  
**Refer To Forms Schedule**

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)

Secretary

John W. Glomb, Jr.  
President & CEO



<b>Preserve Vision Florida</b>	
<b>FY 2022-23</b>	
<b>REVENUE</b>	
<b>CONTRIBUTIONS (NET)</b>	
<b>Contributions &amp; Grants (PPP)</b>	
Corporations/Organizations	15,000
Individuals	10,000
Employee Giving Programs	50
Check Off - Auto Tag/Drivers	160,000
Motorcycle Tag	
Foundations & Grants	50,000
United Way	100,000
Early Childhood Council	15,000
Children's Board	275,000
Juvenile Welfare Board	190,000
Dept. of Health Pinellas	50,000
<b>TOTAL - CONTRIBUTIONS</b>	<b>865,050</b>
Legacy & Trust Income	10,000
Special Events Income	190,000
Special Events Direct Cost	(90,000)
<b>SPECIAL EVENTS (NET)</b>	<b>100,000</b>
<b>FEE FOR SERVICES</b>	
Client Fees	1,000
Eyeglass Sales	200
Lenz Frenz Sales	1,000
Program Service Income - Other	500
<b>TOTAL - PROGRAM SVC INCOME</b>	<b>2,700</b>
<b>TOTAL REVENUE</b>	<b>977,750</b>
<b>EXPENSES</b>	
<b>PERSONNEL EXPENSES</b>	
Wages	650,000
Fringe Benefits-SSA, Wkrs Comp	2,210
Payroll Taxes	50,050
Payroll Processing Fee	6,500
Travel	30,000
Personnel Expenses - Other	
<b>PERSONNEL EXPENSES</b>	<b>738,760</b>
<b>PROFESSIONAL SERVICES</b>	
Accounting	20,000
Other Non-employee Services	500

Audit Fees	7,000
Communications/Website	1,500
Professional services - Other	500
<b>PROFESSIONAL SERVICES</b>	<b>29,500</b>
<b>MARKETING/PROMOTION EXP.</b>	
Advertising	300
Promotional Materials	10,000
Website	2,500
Recognitions/Awards	500
Other/Miscellaneous	100
<b>MARKETING/PROMOTION EXP.</b>	<b>13,400</b>
<b>OTHER EXPENSES</b>	
Dues & Subscriptions	150
Required Fees	300
Meetings/Conferences	500
Professional Development	3,000
Telecommunications/Internet	12,000
Postage	6,000
Printing/Publications	30,000
Equipment Leases/Maintenance	2,500
Board & Committee Meetings	150
Technology IT Services	20,000
Rent	10,000
Office Supplies	11,000
Membership Fees	450
Software & Licenses	3,000
Insurance	23,000
Interest & Fees	4,500
Bank Service Charge	-
Uncollectible	-
Moving Expense	1,000
All Other Expenses	100
Repair & Maintenance	200
<b>OTHER EXPENSES</b>	<b>127,850</b>
<b>PROGRAM EXPENSES</b>	
Capital Equipment	-
Operating Supplies (safety)	3,000
Program Supplies (sunglasses etc)	20,000
Eye Exams	15,000
Outreach	-
Lenz Frenz	-
Eyeglass Purchase	18,000
<b>PROGRAM EXPENSES</b>	<b>56,000</b>
Uncategorized Expense	-
<b>TOTAL EXPENSES</b>	<b>965,510</b>

<b>OTHER INCOME</b>	
In-kind Income	
In-Kind Expenses	
In-kind Rent	50,000
In-kind Professional Services	
Other In-kind Goods/Supplies	
In-kind /Expenses - Other	
<b>TOTAL IN-KIND EXPENSES</b>	<b>50,000</b>
Net Other Income	
<b>Net Income</b>	<b>12,240</b>



**PRESERVE VISION  
FLORIDA**

**Board of Governors  
FY 2022-2023**

**Kevin Bakewell**

**Lorna Taylor**

**Patrick J. McNamara, Esq.**

**Gary Davis**

**Chair**

**Vice Chair**

**Secretary/Treasurer**

**Immediate Past Chair**

**Kevin Bakewell, APR**

Bakewell Public Relations

**Jeff Baker**

Duke Energy

**Gary Davis**

Optical Industry Consultant

**Bridgette Heller**

The Shirley Proctor Puller Foundation

**Joanne Olvera Lighter (Ex-Officio)**

Preserve Vision Florida

**Patrick J. McNamara, Esq.**

de la Parte & Gilbert, McNamara & Caldevilla, P.A.

**Michael Minor**

Bell Bank Mortgage

**Jasmine Mohadjer, MD**

Eyelid Surgeons of Tampa Bay

**Jeff Mortensen**

REBIScan, Inc.

**Lorna Taylor**

Premier Eye Care – Health Network One

**Return of Organization Exempt From Income Tax**

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **Apr 1**, 2021, and ending **Mar 31**, 2022

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization Preserve Vision Florida, Inc.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
9200 Seminole Blvd Floor #2  
 City or town, state or province, country, and ZIP or foreign postal code  
Seminole, FL 33772

**D** Employer identification number  
59-6181662

**E** Telephone number  
(813) 874-2020

**F** Name and address of principal officer:  
Joanne Lighter, 9200 Seminole Blvd #2, Seminole, FL 33772

**G** Gross receipts \$ 758,558.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ www.pvfla.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 1957 **M** State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The mission of Preserve Vision Florida is to promote healthy vision through vision health awareness and education for all ages, vision screenings for children and adults, assistance to obtain medical eye care, and advocacy for vision and medical eye care health services.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>9</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>9</u>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<u>18</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>110</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0.</u>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>597,713.</u>	<u>749,198.</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>72.</u>	<u>300.</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>37,530.</u>	<u>8,067.</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,217.</u>	<u>783.</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>636,532.</u>	<u>758,348.</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>484,080.</u>	<u>532,669.</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>17,548.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>180,273.</u>	<u>224,913.</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>664,353.</u>	<u>757,582.</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>-27,821.</u>	<u>766.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>407,993.</u>	<u>318,806.</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>311,709.</u>	<u>221,756.</u>
			<u>96,284.</u>	<u>97,050.</u>

**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: 01/30/2023

Joanne Lighter, President and CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Ellen Fontana Preparer's signature: Fontana Date: 02/05/2023 Check  if self-employed PTIN: P01327163

Firm's name ▶ Ellen Fontana CPA LLC Firm's EIN ▶ 45-3841539

Firm's address ▶ 2451 McMullen Booth Road #309, Clearwater, FL 33759 Phone no. (727) 431-0354

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

The mission of Preserve Vision Florida is to promote healthy vision through vision health awareness and education for all ages, vision screenings for children and adults, assistance to obtain medical eye care, and advocacy for vision and medical eye care health services.

**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  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 616,843. including grants of \$ 0.) (Revenue \$ 300.)

Preserve Vision Florida's mission is to promote a lifetime of healthy vision care through vision screenings, eye health education, and referral services. These services include personal consultations regarding eye health concerns as well as assistance in navigating our network of community partners. We provide financial assistance for eye exams and prescription glasses, as well as for eye surgeries. Our vision programs help preschoolers at risk of vision loss from childhood eye diseases, school children who depend on good vision for learning, and adults threatened by glaucoma and other serious vision problems. Preserve Vision Florida screened 8,300 individuals, assisted over 1,300 individuals See Part III, Ln 4a statement

**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 ▶ 616,843.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	18		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 9		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 9		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b>	Other officers or key employees of the organization . . . . .		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 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.  
 Own website     Another's website     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 ►  
 Joanne Lighter, 9200 Seminole Blvd, Ste 2, Seminole, FL 33772 (813) 874-2020

**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, 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 dotted 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) Michael Minor Board Member	1.00	X						0.	0.	0.
(2) Jasmine Mohadjer, MD Board Member	1.00	X						0.	0.	0.
(3) Jeff Mortensen Board Member	1.00	X						0.	0.	0.
(4) Jeff Baker Board Member	1.00	X						0.	0.	0.
(5) Gary Davis Board Member	1.00	X						0.	0.	0.
(6) Bridgette Heller Board Member	1.00	X						0.	0.	0.
(7) Kevin Bakewell Chair	2.00	X		X				0.	0.	0.
(8) Lorna Taylor Vice Chair	2.00	X		X				0.	0.	0.
(9) Pat McNamara Treasurer/Secretary	2.00	X		X				0.	0.	0.
(10) Joanne Lighter President & CEO	40.00			X				90,000.	0.	0.
(11)										
(12)										
(13)										
(14)										

**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 dotted 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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							90,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							90,000.	0.	0.	

**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 **▶** 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

**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 **▶** 0

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 59,250.						
	<b>b</b>	Membership dues . . . . .	<b>1b</b>						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>						
	<b>d</b>	Related organizations . . . . .	<b>1d</b>						
	<b>e</b>	Government grants (contributions)	<b>1e</b> 537,640.						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 152,308.						
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶						749,198.	
<b>Program Service Revenue</b>	<b>2a</b>	Eye exam/screening fees	Business Code 900099	300.	300.	0.	0.		
	<b>b</b>	-----							
	<b>c</b>	-----							
	<b>d</b>	-----							
	<b>e</b>	-----							
	<b>f</b>	All other program service revenue . .							
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		300.					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,067.	0.	0.	8,067.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶							
	<b>5</b>	Royalties . . . . . ▶							
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal					
			<b>6a</b>						
			<b>6b</b>						
	<b>c</b>	Rental income or (loss)	<b>6c</b>						
	<b>d</b>	Net rental income or (loss) . . . . . ▶							
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			<b>7a</b>						
			<b>7b</b>						
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>						
	<b>d</b>	Net gain or (loss) . . . . . ▶							
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . ▶								
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>							
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . ▶								
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	993.						
		<b>b</b>	Less: cost of goods sold . . . . .					<b>10b</b>	210.
		<b>c</b>	Net income or (loss) from sales of inventory . . . ▶						783.
<b>Miscellaneous Revenue</b>	<b>11a</b>	-----	Business Code						
	<b>b</b>	-----							
	<b>c</b>	-----							
	<b>d</b>	All other revenue . . . . .							
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			758,348.	1,083.	0.	8,067.		

**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

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	90,000.	35,082.	51,115.	3,803.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	402,843.	382,843.	20,000.	0.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	1,699.	1,432.	260.	7.
<b>10</b> Payroll taxes	38,127.	32,706.	5,128.	293.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	23,573.	0.	23,573.	0.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	13,011.	12,834.	50.	127.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	34,325.	33,277.	729.	319.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	8,663.	0.	8,663.	0.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	17,982.	17,432.	550.	0.
<b>23</b> Insurance	21,046.	19,486.	1,560.	0.
<b>24</b> 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.)				
<b>a</b> Communications	23,235.	22,474.	746.	15.
<b>b</b> Outside services	38,280.	37,845.	0.	435.
<b>c</b> Postage & shipping	3,229.	661.	50.	2,518.
<b>d</b> Printing & publications	26,623.	20,172.	0.	6,451.
<b>e</b> All other expenses	14,946.	599.	10,767.	3,580.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	757,582.	616,843.	123,191.	17,548.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.	0.	0.	0.

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	139,656.	<b>1</b>	123,678.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	95,677.	<b>3</b>	48,788.
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	4,083.	<b>8</b>	3,873.
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 98,400.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 76,053.	40,329.	<b>10c</b> 22,347.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	128,248.	<b>15</b>	120,120.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	407,993.	<b>16</b>	318,806.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	48,209.	<b>17</b>	43,123.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	3,250.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	226,279.	<b>24</b>	149,900.
	<b>25</b> 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 . . . . .	37,221.	<b>25</b>	25,483.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	311,709.	<b>26</b>	221,756.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	-47,524.	<b>27</b>	-46,085.
	<b>28</b> Net assets with donor restrictions . . . . .	143,808.	<b>28</b>	143,135.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	96,284.	<b>32</b>	97,050.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	407,993.	<b>33</b>	318,806.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	758,348.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	757,582.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	766.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	96,284.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	97,050.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</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.		



### Additional information from your Form 990: Return of Organization Exempt from Income Tax

**Form 990: Return of Organization Exempt from Income Tax**  
**Form 990, Page 2, Part III, Line 4a (continued)**

**Continuation Statement**

Description
to receive medical exams and glasses, and educated 1,500 children and adults about eye health and safety.
The Organization also provides education on vision screening which
leads to certification, Preserve Vision is a reputable source for health
care professionals such as teachers, nurses, doctors, social workers, health
education students and others seeking to implement vision screenings. The
training provided by Preserve Vision is supported by the work of
optometrists and ophthalmologists. Educating these future vision screeners
helps build a network of trained individuals able to conduct vision screenings.
Preserve Vision fulfills its mission through several key programs
that provide vision screenings, healthy eye seminars, and other
educational initiatives. Preserve Vision conducts screenings in central
Florida as well as providing services through the statewide domestic violence network.
These screenings are available to both adults and children. For those
who qualify, Preserve Vision provides vouchers for medical
examinations and eyewear, if needed. Preserve Vision works
with partners like the Vision Service Plan of America (VSP) to
provide vouchers for free eye exams and glasses. Eyewear is
provided through partnerships with retail optical businesses.
Additionally, Preserve Vision makes vision education materials
available to community members at these locations.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization Preserve Vision Florida, Inc.	Employer identification number 59-6181662
---	--

**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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	527,294.	557,629.	665,699.	597,713.	749,198.	3,097,533.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	527,294.	557,629.	665,699.	597,713.	749,198.	3,097,533.
<b>5</b> 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) . . . . .						39,823.
<b>6 Public support.</b> Subtract line 5 from line 4						3,057,710.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	527,294.	557,629.	665,699.	597,713.	749,198.	3,097,533.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	11,609.	928.	-8,383.	37,530.	8,067.	49,751.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	405.	0.	0.	0.	783.	1,188.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	3,640.	101,805.		500.		105,945.
<b>11 Total support.</b> Add lines 7 through 10						3,254,417.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	15,566.
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	93.96%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.29%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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>		
9b	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>		
9c	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>		
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		







Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (Preserve Vision Florida, Inc.) and Employer identification number (59-6181662)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

Name of organization Preserve Vision Florida, Inc.	Employer identification number 59-6181662
---	--

**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	Children's Board of Hillsborough County - Tampa 1002 E Palm Ave Tampa FL 33605	\$ 207,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Department of Health 205 Dr M.L.K. Jr St N Saint Petersburg FL 33701	\$ 48,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Juvenile Welfare Board 14155 58th St N Clearwater FL 33760	\$ 130,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	United Way Suncoast 5201 W. Kennedy Boulevard, Suite 600 Tampa FL 33609	\$ 59,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Florida Highway Safety and Motor Vehicles 2900 Apalachee Pkwy Ste B133 Tallahassee FL 32399	\$ 127,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <i>Preserve Vision Florida, Inc.</i>	Employer identification number 59-6181662
--	--

**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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization <i>Preserve Vision Florida, Inc.</i>	Employer identification number <i>59-6181662</i>
--	---

**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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
 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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: Preserve Vision Florida, Inc. Employer identification number: 59-6181662

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**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
<b>1a</b> Beginning of year balance	124,817.	96,652.	113,314.	119,659.	116,077.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	7,088.	36,679.	-9,398.	919.	10,627.
<b>d</b> Grants or scholarships	13,656.	8,514.	7,264.	7,264.	7,045.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	118,249.	124,817.	96,652.	113,314.	119,659.

**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 ▶ .....100. %
- 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0.			0.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		98,400.	76,053.	22,347.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,347.

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Beneficial interest in perpetual trust	118,249.
(2) Other assets	1,871.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	120,120.

**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) Capital lease obligation	25,483.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	25,483.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	798,914.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	40,566.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	40,566.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	758,348.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	758,348.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	798,148.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	40,566.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	40,566.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	757,582.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	757,582.

**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.

Pt V, Line 4: Endowment held in perpetual trust. Income from the trust is expendable in an unrestricted manner and used for operations of the Organization.

Pt X, Line 2: The Organization is exempt from federal and state income taxes under Section 501(c)(3) and, accordingly, no provision for income taxes has been made in the financial statements. Management has evaluated the Organization's tax position and concluded that no uncertain tax positions have been taken that would require adjustment to the financial statements to comply with the provisions of the Income Tax Topic of the FASB ASC. With few exceptions, the Organization is subject to income tax examinations for up to three years after tax returns are filed.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Preserve Vision Florida, Inc.

Employer identification number

59-6181662

Pt VI, Line 11b: The completed 990 is presented to the Board of Governors prior  
to being filed.

Pt VI, Line 12c: All eligible parties must sign a conflict of interest policy  
at the Board orientation and again at every annual Board meeting.

Pt VI, Line 15a: At the end of each fiscal year, the Chairman of the Board,  
in conjunction with members of the Board of Governors and Executive Committee,  
evaluates the CEO's overall job performance and responsibility. The Organization's  
utilizes the Association of Fundraising Compensation Survey results as a benchmark.

Pt VI, Line 15b: No other key employees or compensation officers.

Pt VI, Line 18: Form 1023 and Form 990 available upon request. 990 also available  
on Guidestar.

Pt VI, Line 19: Governing documents, conflict of interest policy, and financial  
statements are available to the public upon request.

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning Apr 1, 2021, and ending Mar 31, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer Preserve Vision Florida, Inc. EIN or SSN 59-6181662

Name and title of officer or person subject to tax

Joanne Lighter, President and CEO

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>758,348.</u>
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . .	3b	
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . .	5b	
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . .	6b	
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . .	7b	
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . .	8b	
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . .	9b	
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize Ellen Fontana CPA LLC to enter my PIN 

8	1	6	6	2
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Joanne Lighter Date ▶ 1/30/2023

### Part III Certification and Authentication

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

5	0	9	1	7	4	0	9	1	7	4
---	---	---	---	---	---	---	---	---	---	---

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Fontana Date ▶ 2/5/23

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

**PRESERVE VISION FLORIDA, INC.**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**FOR THE YEAR ENDED MARCH 31, 2022  
WITH SUMMARIZED COMPARATIVE TOTALS  
FOR THE YEAR ENDED MARCH 31, 2021**

# PRESERVE VISION FLORIDA, INC.

## TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT

*FINANCIAL STATEMENTS*

STATEMENT OF FINANCIAL POSITION.....	3
STATEMENT OF ACTIVITIES .....	4
STATEMENT OF FUNCTIONAL EXPENSES .....	5
STATEMENT OF CASH FLOWS.....	6
NOTES TO THE FINANCIAL STATEMENTS.....	7-16



## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Preserve Vision Florida, Inc.  
Seminole, Florida

### ***Opinion***

We have audited the accompanying financial statements of Preserve Vision Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of March 31, 2022, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Preserve Vision Florida, Inc. as of March 31, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Preserve Vision Florida, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Preserve Vision Florida, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

## ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Preserve Vision Florida, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Preserve Vision Florida, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## ***Report on Summarized Comparative Information***

We have previously audited Preserve Vision Florida, Inc.'s financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 5, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended March 31, 2021, is consistent, in all material respects, with the audited financial statements from which it was derived.



Tampa, Florida  
July 22, 2022



**PRESERVE VISION FLORIDA, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**AS OF MARCH 31, 2022**  
**(WITH COMPARATIVE TOTALS AS OF MARCH 31, 2021)**

	<u>March 31,</u>	
	<u>2022</u>	<u>2021</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 123,678	\$ 139,656
Grant and other receivables	48,788	95,677
Inventory	3,873	4,083
Property and equipment, net	22,347	40,329
Beneficial interest in perpetual trust	118,249	124,817
Other	1,871	3,431
	<u>318,806</u>	<u>407,993</u>
Total assets	<u>\$ 318,806</u>	<u>\$ 407,993</u>
<b>LIABILITIES AND NET ASSETS</b>		
Liabilities		
Accounts payable and accrued expenses	\$ 9,265	\$ 13,078
Accrued payroll and paid time off	33,858	35,131
Paycheck Protection Program loan	-	75,700
Deferred revenue	3,250	-
Note payable	-	679
Capital lease obligation	25,483	37,221
SBA loan	149,900	149,900
	<u>221,756</u>	<u>311,709</u>
Total liabilities	<u>221,756</u>	<u>311,709</u>
Net assets		
Without donor restrictions	(46,085)	(47,524)
With donor restrictions	143,135	143,808
	<u>97,050</u>	<u>96,284</u>
Total net assets	<u>97,050</u>	<u>96,284</u>
Total liabilities and net assets	<u>\$ 318,806</u>	<u>\$ 407,993</u>

*See independent auditor's report and accompanying notes to the financial statements.*

**PRESERVE VISION FLORIDA, INC.**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED MARCH 31, 2022**  
**(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED MARCH 31, 2021)**

	<u>Without Donor</u> <u>Restrictions</u>	<u>With Donor</u> <u>Restrictions</u>	<u>Total March 31,</u>	
			<u>2022</u>	<u>2021</u>
<b>PUBLIC SUPPORT AND OTHER REVENUES &amp; GAINS</b>				
Public support				
Grants	\$ 394,398	\$ -	\$ 394,398	\$ 379,023
Contributions	344,022	10,778	354,800	218,690
In-kind donations	40,566	-	40,566	30,643
	<u>778,986</u>	<u>10,778</u>	<u>789,764</u>	<u>628,356</u>
Other revenues and gains				
Change in value of beneficial interest in perpetual trusts	-	(6,568)	(6,568)	28,165
Investment	14,635	-	14,635	9,365
Miscellaneous	1,083	-	1,083	1,289
	<u>15,718</u>	<u>(6,568)</u>	<u>9,150</u>	<u>38,819</u>
Net assets released from restrictions	4,883	(4,883)	-	-
Total public support and other revenues & gains	<u>799,587</u>	<u>(673)</u>	<u>798,914</u>	<u>667,175</u>
<b>EXPENSES</b>				
Program services	641,693	-	641,693	498,005
Supporting services				
General and administrative	138,907	-	138,907	147,146
Fundraising	17,548	-	17,548	49,845
	<u>156,455</u>	<u>-</u>	<u>156,455</u>	<u>196,991</u>
Total expenses	<u>798,148</u>	<u>-</u>	<u>798,148</u>	<u>694,996</u>
<b>Change in net assets</b>	<u>1,439</u>	<u>(673)</u>	<u>766</u>	<u>(27,821)</u>
Net assets, beginning of year	<u>(47,524)</u>	<u>143,808</u>	<u>96,284</u>	<u>124,105</u>
<b>Net assets, end of year</b>	<u>\$ (46,085)</u>	<u>\$ 143,135</u>	<u>\$ 97,050</u>	<u>\$ 96,284</u>

*See independent auditor's report and accompanying notes to the financial statements.*

**PRESERVE VISION FLORIDA, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED MARCH 31, 2022**  
**(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED MARCH 31, 2021)**

	Supporting Services			Total Supporting Services	Total Expenses	
	Program Services	General and Administrative	Fundraising		March 31,	
					2022	2021
Personnel expenses	\$ 452,063	\$ 76,503	\$ 4,103	\$ 80,606	\$ 532,669	\$ 484,080
Other expenses						
Outside services	37,845	-	435	435	38,280	12,725
Travel and meetings	33,277	729	319	1,048	34,325	19,960
Printing and publication	20,172	-	6,451	6,451	26,623	18,545
Professional	-	23,573	-	23,573	23,573	22,630
Communications	22,474	746	15	761	23,235	14,934
Insurance	19,486	1,560	-	1,560	21,046	20,818
Office supplies	12,834	50	127	177	13,011	32,924
Interest	-	8,663	-	8,663	8,663	6,443
Postage and shipping	661	50	2,518	2,568	3,229	1,887
Office equipment maintenance	-	2,134	-	2,134	2,134	34
Dues and subscriptions	-	525	-	525	525	560
Other	598	8,108	3,580	11,688	12,286	13,644
Total expenses before non-cash items	599,410	122,641	17,548	140,189	739,599	649,184
Building occupancy-in-kind rent	14,551	14,551	-	14,551	29,102	29,102
Depreciation	17,432	550	-	550	17,982	15,169
In-kind professional services	10,300	1,165	-	1,165	11,465	1,541
Total expenses	<u>\$ 641,693</u>	<u>\$ 138,907</u>	<u>\$ 17,548</u>	<u>\$ 156,455</u>	<u>\$ 798,148</u>	<u>\$ 694,996</u>

*See independent auditor's report and accompanying notes to the financial statements.*

**PRESERVE VISION FLORIDA, INC.**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED MARCH 31, 2022**  
**(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED MARCH 31, 2021)**

	<b>March 31,</b>	
	<b>2022</b>	<b>2021</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 766	\$ (27,821)
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation	17,982	15,169
Change in value of beneficial interest in perpetual trust	6,568	(28,165)
Gain on forgiveness of Paycheck Protection Program loans and conversion into grants	(151,440)	-
(Increase) Decrease in assets:		
Grant and other receivables	46,889	(43,674)
Inventory	210	2,931
Other assets	1,560	(1,228)
Increase (Decrease) in liabilities:		
Accounts payable and accrued expenses	(3,813)	3,102
Accrued payroll	(1,273)	10,434
Deferred revenue	3,250	-
Due to National	-	(6,517)
Net cash used in operating activities	(79,301)	(75,769)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property and equipment	-	(10,348)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Proceeds from Paycheck Protection Program loan	75,740	75,700
Proceeds from SBA loan	-	149,900
Principal payments on note	(679)	(13,849)
Principal payments on capital lease obligation	(11,738)	(10,361)
Net cash provided by financing activities	63,323	201,390
Net change in cash and cash equivalents	(15,978)	115,273
Cash and cash equivalents, beginning of year	139,656	24,383
Cash and cash equivalents, end of year	\$ 123,678	\$ 139,656
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:</b>		
Cash paid for interest	\$ 4,463	\$ 4,043
<b>NONCASH INVESTING AND FINANCING TRANSACTIONS:</b>		
Conversion of Paycheck Protection Program loans into grants	\$ 151,440	\$ -
Equipment financed by entering into capital lease agreements	\$ -	\$ 18,900

*See independent auditor's report and accompanying notes to the financial statements.*

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

**NOTE 1 NATURE OF ORGANIZATION**

Preserve Vision Florida, Inc. (the "Organization") is a tax-exempt Not-for-Profit entity that was organized as a corporation and is located in Pinellas County, Florida. The Organization is dedicated to preventing blindness and preserving sight through public and professional education, vision screening training and certification, patient service programs, public policy advocacy, and research.

The Organization was an affiliate of the National Society to Prevent Blindness ("National") and as such it shared a portion of its public support revenue with National in accordance with its affiliation agreement. The Organization disaffiliated from National effective May 12, 2016. The Organization changed its name from National Society to Prevent Blindness, Florida Affiliate, Inc. (d/b/a Prevent Blindness Florida) to Preserve Vision Florida, Inc. effective May 12, 2016. The Organization received confirmation that its tax-exempt status is intact, and also that the various rights and privileges granted by the Florida Administrative Code remain after the disaffiliation.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The Organization's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") and, accordingly, reflect all significant receivables, payables and other liabilities.

**Basis of Presentation**

The Organization has adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification Topic 958, *Not-for-Profit Entities* ("ASC 958"). Under ASC 958, the Organization is required to provide financial statements which are prepared to focus on the Organization as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. As such, the Organization reports information regarding its financial position and activities according to the following net asset classifications:

*Net assets without donor restrictions:* Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors (the "Board").

*Net assets with donor restrictions:* Net assets subject to stipulations imposed by donors or grantors. Some donor or grantor restrictions are temporary in nature. Those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the Statement of Activities.

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

**Support and Revenue Recognition**

The Organization's activities are supported primarily from the public, in the form of grants, cash contributions, and gifts in-kind.

Grant awards are received from various government agencies. Such award instruments are to be used for specific programs in accordance with compliance requirements. These grants are considered conditional contributions and the recognition of grant revenue occurs only when the barriers imposed under the grant document are met by the Organization. As such, revenue is recognized as the related qualifying expenses are incurred as allowable by the grants.

Contributions represent a nonreciprocal transfer and do not represent the sale of goods or services. Contributions are recorded at their fair market value on the date of receipt and are considered to be available for unrestricted use unless specifically restricted by the donor.

Support arising from donated, or in-kind, goods, property, and services is recognized in the financial statements at its fair value. GAAP requires recognition of in-kind services, if such services (1) create or enhance nonfinancial assets or (2) require specialized skills and are provided by individuals possessing those skills, who would typically charge a fee.

**Cash and Cash Equivalents**

The Organization considers all highly liquid instruments with maturities of three months or less when purchased to be cash equivalents.

**Inventory**

Inventory consists of "Lenz Frenz" brand stuffed animals that included a protective case for eyeglasses and contacts utilized to provide children a safe place to store their glasses or contacts. Inventory is stated at the lower of cost or net realizable value, with cost being determined by the first-in, first-out method.

**Property and Equipment**

Property and equipment are recorded at cost or, if donated, the estimated fair value at the date of donation. The Organization has a policy of capitalizing expenditures for property and equipment with costs greater than \$1,000. Depreciation is provided using the straight-line method over the estimated useful lives of assets which range from three to five years.

**Fair Value Measurements**

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization measures fair value using a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances.

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The Organization may use valuation techniques consistent with the market income and cost approaches to measure fair value.

The inputs used to measure fair value are categorized into the following three categories:

- Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.
  
- Level 2            Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets. Inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data are also included. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
  
- Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Concentration of Credit Risk**

Financial instruments that potentially subject the Organization to concentrations of credit risk consist primarily of bank deposits.

The Organization maintains bank accounts with balances which may, from time to time, exceed federally insured limits. As of March 31, 2022 and 2021, all deposit balances were insured. The Organization has not experienced any losses on such accounts, and believes it is not exposed to any significant risk on bank deposit accounts.

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

**Functional Allocation of Expenses**

The costs of providing the Organization's various programs and other activities have been summarized on a functional basis on the Statement of Functional Expenses. Expenses directly attributable to a specific functional area of the Organization are reported as direct expenses of those functional areas while indirect costs that benefit multiple functional areas have been allocated among the functional areas based on time spent by employees on each functional area or based on the Organization's square footage analysis for all indirect occupancy-related expenses.

**Advertising and Promotion Expenses**

Advertising and promotion costs are expensed as incurred and totaled approximately \$7,000 for each of the years ended March 31, 2022 and 2021.

**Summarization and Reclassification of Certain 2021 Information**

The financial statements for the year ended March 31, 2021, presented for comparative purposes, is not intended to be a complete presentation. Certain 2021 amounts were reclassified to conform to the presentation in the current year. These reclassifications had no change on prior year reported changes in net assets or end of year net assets.

**Income Tax**

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and, accordingly, no provision for income taxes has been made in the financial statements. Management has evaluated the Organization's tax position and concluded that no uncertain tax positions have been taken that would require adjustment to the financial statements to comply with the provisions of the Income Tax Topic of the FASB ASC. With few exceptions, the Organization is subject to income tax examinations for up to three years after tax returns are filed.

**Recent Accounting Pronouncements Not Yet Adopted**

1. In 2016, Accounting Standards Update No. 2016-02, *Leases* ("ASU 2016-02") was issued. The amendments in ASU 2016-02 affect any entity that enters into leasing contracts. This ASU supersedes the revenue recognition requirements in ASC 840, *Leases*, and most industry-specific guidance.

The core principle of the guidance is to increase transparency and comparability among organizations by recognizing rights and obligations of leasing activities as assets and lease liabilities on the balance sheet. Under this ASU, lease assets and lease liabilities should be recognized for those leases previously classified as operating leases.

The Organization will adopt this new standard effective for the fiscal year ending March 31, 2023 and shall disclose qualitative and quantitative information. Management does not believe this pronouncement will have a significant impact on the Organization's financial statements.



**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

2. In 2020, ASU 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, was issued. This ASU is intended to increase transparency on how contributed nonfinancial assets (also referred to as gifts-in-kind) received by nonprofits are to be used and how they are valued. The standard will be effective for the Organization for fiscal year ending March 31, 2023.

**Going Concern Evaluation**

On an annual basis, as required by FASB ASC 205, the Organization performs an evaluation to determine whether there are conditions or events (known or reasonably knowable), considered in the aggregate, that raise substantial doubt about its ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

**Subsequent Events**

In accordance with FASB ASC 855, the Organization evaluated subsequent events through July 22, 2022, the date the financial statements were available for issue.

**NOTE 3 LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Organization's financial assets available within one year of the balance sheet date to meet cash needs for general expenditure as of March 31, 2022 and 2021 were as follows:

	March 31,	
	2022	2021
Current financial assets at year-end:		
Cash and cash equivalents	\$ 123,678	\$ 139,656
Grant and other receivables	48,788	95,677
Total financial assets at year-end	172,466	235,333
Less those unavailable for general expenditures within one year:		
Net assets with donor restrictions	(24,886)	(18,991)
Current financial assets available to meet general expenditures within one year	<u>\$ 147,580</u>	<u>\$ 216,342</u>

**PRESERVE VISION FLORIDA, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2022**

**NOTE 4 PROPERTY AND EQUIPMENT**

Property and equipment consist of the following as of March 31, 2022 and 2021:

	March 31,	
	2022	2021
Property and equipment	\$ 98,400	\$ 98,400
Accumulated depreciation	(76,053)	(58,071)
Total property and equipment, net	\$ 22,347	\$ 40,329

Depreciation expense for each of the years ended March 31, 2022 and 2021 was approximately \$18,000 and \$9,000, respectively.

**NOTE 5 BENEFICIAL INTEREST IN A PERPETUAL TRUST**

The Organization has a beneficial interest in assets held by the Community Foundation of Tampa Bay, Inc. (the "CFTB"), which is included in net assets with donor restrictions. Earnings on the endowment funds are distributed to the Organization semi-annually at a distribution rate of 5% to 7% of the fund's balance as of December 31 of the year preceding the distribution. Distributions from CFTB are made as set forth in the agreement and recognized as investment income upon receipt by the Organization. The fair value of the beneficial interest, as reported in the Statement of Financial Position, was approximately \$118,000 and \$125,000 as of March 31, 2022 and 2021, respectively.

**NOTE 6 BENEFICIAL INTEREST IN A DESIGNATED FUND**

The Organization has a beneficial interest in a designated fund, the Challenger Grant Fund, held by the CFTB in the amount of approximately \$19,000 and \$20,000 as of March 31, 2022 and 2021, respectively, that came from sources other than the Organization. Because the donor had explicitly granted variance power to CFTB, as opposed to the CFTB serving in an agency capacity, the value of these assets is not recorded on the Organization's Statement of Financial Position. Earnings from this fund are distributed to the Organization semi-annually and are included in investment revenue in the Statement of Activities.

**NOTE 7 FAIR VALUE MEASUREMENTS**

The Organization used the following methods and assumptions to estimate fair value for the following class of assets that is recognized at fair value:

**Beneficial interest in a perpetual trust**

These investments are managed by an unrelated third party and are valued based upon third-party information without adjustment. The Organization does not develop, nor are they provided with, the quantitative inputs used to develop the fair market values. Management has determined that these items should be reported at Level 3 of the valuation hierarchy because the fair value for these assets have unobservable inputs.

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

The Organization's investments measured at fair value on a recurring basis were as follows as of March 31, 2022:

	Significant Unobservable Inputs (Level 3)
March 31, 2022	\$ 118,249
Beneficial interest in perpetual trust	\$ 118,249

The Organization's investments measured at fair value on a recurring basis were as follows as of March 31, 2021:

	Significant Unobservable Inputs (Level 3)
March 31, 2021	\$ 124,817
Beneficial interest in perpetual trust	\$ 124,817

The table below is a summary of the changes in the fair value of the Organization's Level 3 assets for the years ended March 31:

	March 31,	
	2022	2021
Balance at beginning of year	\$ 124,817	\$ 96,652
Grants paid from fund	(13,656)	(8,514)
Net realized and unrealized gains (losses)	7,088	36,679
Balance at end of year	\$ 118,249	\$ 124,817

**NOTE 8 PAYCHECK PROTECTION PROGRAM LOANS**

In April 2021 and April 2020, the Organization received loan proceeds from a financial institution, each in the amount of approximately \$76,000, under the Paycheck Protection Program (the "PPP"). This program was established under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"). In accordance with the PPP funding agreements, the Organization's loans would be forgiven and converted into grants once the Organization meets certain criteria related to its payroll, utility, and interest expenses over a specified measurement period.

The Organization's management determined that the Organization should record the PPP loans as conditional contributions. For each of the loans, the Organization met those conditions upon notification of forgiveness. As a result of both loans having been forgiven in the current fiscal year, the Organization recorded approximately \$151,000 of grant revenue during the year ended March 31, 2022 on the Statement of Activities.

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

**NOTE 9 SBA LOAN**

In August 2020, the Organization obtained an SBA loan for approximately \$150,000 as part of its COVID-19 Economic Injury Disaster Loan program. The loan bears an annual interest rate of 2.75% and is collateralized by the Organization's property and financial assets. Monthly principal and interest payments of \$641 will begin in August 2022 and continue through August 2050, the maturity date. Interest will accrue at the 2.75% annual interest rate during the 24-month deferral period between August 2020 and August 2022. At the maturity date, the remaining balance on the loan will be due in full.

The projected future minimum principal maturities for the SBA loan is as follows:

<u>Year ending March 31,</u>	
2023	\$ -
2024	-
2025	458
2026	3,628
2027	3,729
Thereafter	<u>142,085</u>
Total	<u>\$ 149,900</u>

**NOTE 10 CAPITAL LEASE OBLIGATIONS**

The Organization has entered into various separate arrangements where it leased office equipment over a period of three to five years. The Organization financed the purchase of the office equipment through leases and, accordingly, the cost of the office equipment is included in property and equipment and the leases are recorded as capital lease obligation liability on the Statement of Financial Position.

The monthly payments for the leases total approximately \$1,250. The equipment is being amortized over a period from three to five years and such amortization is included in depreciation expense on the Statement of Functional Expenses.

The minimum lease payments under the capital lease obligation and the present value of the future minimum lease payments are as follows:

<u>Year ending March 31,</u>	
2023	\$ 13,242
2024	9,347
2025	4,630
2026	<u>1,814</u>
Future minimum lease payments	29,033
Less amount representing interest	<u>(3,550)</u>
Present value of future minimum lease payments	<u>\$ 25,483</u>

Leased equipment under capital leases included in property and equipment, net, is approximately \$51,000 in cost and approximately \$34,000 in accumulated amortization as of March 31, 2022.

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

**NOTE 11 EXPENDITURES OF VOLUNTARY CONTRIBUTIONS**

The Organization is the recipient of contributions under a voluntary contribution program administered by the State of Florida Department of Highway Safety and Motor Vehicles. Under this program, the Organization receives contributions based upon designations made by individuals on their motor vehicle registration and driver's license applications. These contributions are available for support of the various program services of the Organization and totaled approximately \$127,000 and \$97,000 during the years ended March 31, 2022 and 2021, respectively. These amounts represent approximately 16% and 15% of the Organization's total revenue during the years ended March 31, 2022 and 2021, respectively.

The voluntary contributions received were used to support the program activities of the Organization during the years ended March 31, 2022 and 2021. Such activities included public health education, professional education and training, and community services. Total program service expense amounted to approximately \$617,000 and \$483,000, respectively, which is in excess of the funding received under this program. Expenditures classified as program services were incurred in furtherance of the mission of the Organization and were made in accordance with Sections 320.02(15A), 322.08(7m), and 320.08068(4b) in the Florida Statute.

**NOTE 12 IN-KIND DONATIONS**

The Organization leases office space with no consideration due. The value of the leased office space was approximately \$29,000 for each of the years ended March 31, 2022 and 2021 and is included in in-kind donation revenue on the Statement of Activities and recorded as building occupancy-in-kind rent on the Statement of Functional Expenses.

Additionally, during the years ended March 31, 2022 and 2021, in-kind professional services in the amount of approximately \$11,000 and \$2,000, respectively, were provided to the Organization. These services included accounting and vision-related services and are included in in-kind donation revenue on the Statement of Activities and recorded as in-kind professional services on the Statement of Functional Expenses.

The Organization received additional services from volunteers to assist the Organization in vision screening and other program services, fundraising campaigns, and management for which no amount has been recorded in the financial statements because the services did not meet the criteria for recognition under GAAP.

**NOTE 13 CHILDREN'S BOARD OF HILLSBOROUGH COUNTY**

The Organization has a cost reimbursement grant with the Children's Board of Hillsborough County (the "Children's Board") to provide the Children's Vision Health and Safety Program. Grant funds available to the Organization were limited to approximately \$205,000 and \$208,000 for each of the grant periods ending September 30, 2022 and 2021, respectively. Revenue recognized under these grants was approximately \$208,000 and \$181,000 for the years ended March 31, 2022 and 2021, respectively. Of these amounts, approximately \$18,000 and \$35,000 was receivable as of March 31, 2022 and 2021, respectively.

**PRESERVE VISION FLORIDA, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**

The amounts recognized as revenue represent approximately 26% and 27% of the Organization's total revenue during the years ended March 31, 2022 and 2021, respectively.

**NOTE 14 JUVENILE WELFARE BOARD OF PINELLAS COUNTY**

The Organization has a cost reimbursement grant with the Juvenile Welfare Board of Pinellas County (the "JWB") for the Seeing Our Bright Future Program. Grant funds available to the Organization were limited to approximately \$168,000 and \$163,000 for the grant periods ending September 30, 2022 and 2021, respectively. Revenue recognized under these grants was approximately \$130,000 and \$173,000 for the years ended March 31, 2022 and 2021, respectively. Of these amounts, approximately \$13,000 and \$28,000 was receivable as of March 31, 2022 and 2021, respectively.

The amounts recognized as revenue represent approximately 17% and 26% of the Organization's total revenue during the years ended March 31, 2022 and 2021, respectively.

**NOTE 15 NET ASSETS WITH DONOR RESTRICTIONS**

Net assets with temporary donor restrictions as of March 31, 2022 and 2021 consist of gifts restricted for program support and amounted to approximately \$25,000 and \$19,000, respectively.

Net assets with perpetual donor restrictions as of March 31, 2022 and 2021 consist of a beneficial interest in a perpetual trust described in Note 7, *Fair Value Measurements*. This balance is approximately \$118,000 and \$125,000 as of March 31, 2022 and 2021, respectively. Income from this trust is expendable in an unrestricted manner.

**NOTE 16 NET ASSETS RELEASED FROM RESTRICTIONS**

Net assets released from program restrictions amounted to approximately \$5,000 and \$45,000 for the years ended March 31, 2022 and 2021, respectively.

**NOTE 17 COMMITMENTS AND CONTINGENCIES**

The Organization entered into several contractual agreements, generally cancelable with 7 to 30 days written notice, with outside vendors and service providers.

In March 2020, the World Health Organization declared COVID-19 a global pandemic and recommended containment and mitigation measures worldwide. These measures could negatively impact the Organization's operations, vendors and donors. The Organization cannot reasonably estimate the length or severity of this pandemic, or the extent to which the disruption may materially impact the Organization's operations or cash flows.

The Organization may periodically be involved in legal actions and claims that arise as a result of events that occur in the normal course of operations.



Preserve Vision Florida (formerly Prevent Blindness Florida) is a statewide non-profit, 501(c)(3) agency established in 1957. **Our mission is your vision.** Over the years, we have promoted eye health and safety through public awareness campaigns, screened hundreds of thousands of children and adults, directly assisting those who need medical exams and glasses. This work is vitally important because **vision loss is the most significant disability experienced by children and adults.**

**Our mission is to promote healthy vision through:**

- Vision health awareness and education for all ages
- Vision screenings for children and adults
- Assistance to obtain medical eye care
- Advocacy for vision and medical eye care health services

The ability to see well can provide an individual with hope. Linking a person with vision impairment to eye care can change one's life. The hope offered can be the ability to read, to perform daily tasks, to have gainful employment, to drive an automobile, and to see the face of loved ones. Loss of vision also has a profound impact on our economy and the financial security of families. "At a cost of \$139 billion annually, eye disorders and vision loss are among the costliest health conditions currently facing the United States" according to Prevent Blindness America.



**Thousands of children are helped** through your generosity **"to see their bright futures"** and treasure having a Lenz Frenz to keep their glasses safe at night.

**Key facts about children's vision:**

1 in 4 children enters school with vision loss

Amblyopia (lazy eye) and strabismus (crossed eyes) can cause blindness if untreated by age 10

80% of children labeled as "learning disabled" have been found to have a vision problem

During first 12 years, over 80% of learning is through their eyes – if children cannot see, they cannot read or develop socially.

**Key vision issues for adult vision:**

**Adult vision health issues:**

**Cataracts** – lens of the eye becomes increasingly cloudy

**Diabetic retinopathy** – damage to blood vessels due to diabetes

**Glaucoma** – increased pressure in eye causing gradual loss of sight

**Macular Degeneration** – blurred or no vision in center of vision field

**Approximately 75% of U.S. adult** `population uses some type of vision correction



**Preserve Vision Florida** answers these threats by providing vision services to some of our most vulnerable populations. **We are the only organization that provides vision screenings, vision education, prescription glasses, and vision treatment.** Currently, we serve the marginalized population of six counties primarily: Hillsborough, Pinellas, as well as DeSoto, Orange, and Polk Counties. On average, 12% of all children – aged one to 18 – are referred for an eye exam and glasses and 90% of those children receive this medical care versus the national average of 35% of referral programs. And 98% of the adults we screen receive medical examinations and glasses.

**Community Partners:**

AAA – The Auto Club Group  
Allegany Franciscan Ministries  
The Robert S. and Mildred M. Baynard Trust  
Bikers Care Alliance  
Children’s Board of Hillsborough County  
Community Foundation of Tampa Bay  
The George and Katharine Cushman Trust  
Department of Health of Pinellas County

Duke Energy and Duke Energy Foundation  
Early Childhood Coalition Hillsborough County  
Florida Department of Health  
Florida Department of Highway Safety  
Juvenile Welfare Board of Pinellas County  
Premier Eye Care  
United Way Suncoast  
VSP Insurance

**Provider Partners:** Eye examinations and eyewear: network of ophthalmologists and optometrists, Lenscrafters, Pearle Vision, Sears Optical, Optical Outlets, Emory Optical, and VSP



**Preserve Vision Florida**  
9200 Seminole Boulevard  
Second Floor  
Seminole, FL 33772  
813-874-2020  
[www.pvfla.org](http://www.pvfla.org)  
[facebook.com/preservevisionflorida](https://facebook.com/preservevisionflorida)  
Instagram: [preservevisionflorida](https://instagram.com/preservevisionflorida)



## A Parent's Testimonial ...

*"When the vision screening form came home with my daughter, I immediately signed her up! I had zero concerns about her vision but a free screening is free, so why not! There was a zero percent chance that she would have any issues in my mind! Much to my surprise, she came home with a failed screening. I was perplexed. I spoke with her dad and her teacher and we all agreed that it must have been a fluke! Unbelievably, I did the unthinkable and did not follow up. Thankfully, 4 months later, Preserve Vision Florida followed up with me! I was so embarrassed that I immediately called the pediatric ophthalmologist. The next available appointment was 4 months later. I was fine with this because her vision was fine. I provided them with the screening information. The next day, they called and told me to come in Tuesday! Uh oh! It turns out that my then 3-year-old had very little vision in her right eye. Very little! She was diagnosed with Amblyopia or lazy eye which is basically when there is not a connection between her eye and her brain. There were NO obvious signs that this was occurring! Once the diagnosis was made, she began wearing a corrective lens and patching a few hours a day. Luckily, we caught it early! The eyesight has improved dramatically in her right eye. She will continue to patch and wear glasses for the next several years to ensure that regression does not occur. The scary part about Amblyopia is that while easy to correct now, once a child becomes 8 or 9, the prognosis for corrected vision decreases dramatically. **If my daughter had not been screened, we would have never had known and she may have had a non-reversible condition by the time we figured it out!** I highly recommend you have your child screened through the experts at Preserve Vision Florida. They have machines that actually measure for abnormalities that are risk factors for eye disorders. Interestingly, the pediatric ophthalmologist indicated that most cases of Amblyopia are not caught with eye screenings that are conducted at your child's pediatric well visits!"*

