EXTENDED TO MAY 15, 2020

Form **990**

832001 12-31-18

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, C Name of organization D Employer identification number Address change NEW VISIONS FOR PUBLIC SCHOOLS INC Name change 13-3538961 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 212-645-5110 Final return/ 205 EAST 42ND STREET, 4TH FLOOR 46,083,648. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ NEW YORK, NY 10017 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CYNTHIA RIETSCHA Yes X No for subordinates? 205 EAST 42ND STREET, 4TH FLOOR, NEW YORK, H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) 4947(a)(1) or J Website: ► WWW.NEWVISIONS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1989 M State of legal domicile; NY Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING THE QUALITY OF Governance EDUCATION IN NYC PUBLIC SCHOOLS AND ENSURING THAT ALL STUDENTS HAVE if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 18 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 **Activities &** 189 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 Prior Year **Current Year** 18,843,214. 30,102,296. 8 Contributions and grants (Part VIII, line 1h) 5,312,237. 5,556,090. Program service revenue (Part VIII, line 2g) 9 1,466,010. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,039,360. 31,234. 35,456. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,733,202. 25,652,695. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,801,349. 1,858,530. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 18,794,738. 19,695,449. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,251,168. 5,643,987. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 27,847,255. 27,197,966. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,194,560. 9,535,236. 19 Revenue less expenses. Subtract line 18 from line 12 10 Beginning of Current Year End of Year 58,077,118. 70,119,742. 20 Total assets (Part X, line 16) 12,384,905. 9,968,892. 21 Total liabilities (Part X, line 26) 48,108,226. 57,734,837. Net assets or fund balances. Subtract line 21 from line 20 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. nothe ets du Date Signature of officer Sign CYNTHIA RIETSCHA, COO & CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 03/27/2020 P01486877 SCOTT J. GOLDBERG Paid self-employed Firm's name CBIZ MHM, LLC 34-1883473 Preparer Firm's EIN > Firm's address > 1065 AVENUE OF THE AMERICAS Use Only Phone no. 212 - 790 - 5700 NEW YORK, NY 10018 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2018)

Page 2

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	IMPROVING THE QUALITY OF EDUCATION IN NYC PUBLIC SCHOOLS AND ENSURING	
	THAT ALL STUDENTS HAVE ACCESS TO EFFECTIVE SCHOOLS THAT ENABLE THEM TO)
	GRADUATE FROM HIGH SCHOOL FULLY PREPARED FOR COLLEGE AND CAREER.	
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	prior Form 990 or 990-EZ?	<u>V</u> No
	If "Yes," describe these new services on Schedule O.	· = 1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>V</u> 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.	ν .
4a	(Code:) (Expenses \$13,788,268. including grants of \$1,613,168.) (Revenue \$5,556,09	
	SCHOOL SUPPORT WORKS WITH 444 SCHOOLS IN ALL FIVE BOROUGHS OF NEW YORK	١.
	CITY, SERVING OVER 220,000 STUDENTS. IN ADDITION TO FUNCTIONING AS A	1
	CHARTER MANAGEMENT ORGANIZATION (CMO) FOR ITS TEN CHARTER HIGH SCHOOLS	
	THE ORGANIZATION SUPPORTS SCHOOLS THROUGH ITS AFFINITY GROUP, COMMUNIT	. Y
	AND RENEWAL SCHOOL AND URBAN ASSEMBLY PARTNERSHIPS. NEW VISIONS	С.
	PROVIDES DIRECT, ONE-TO-ONE SUPPORT TO ITS CHARTER AND AFFINITY SCHOOL	
	THROUGH TWO CORE STRATEGIES, CONTINUOUS IMPROVEMENT COACHING (CIC) AND	
	STRATEGIC DATA CHECK-INS (SDCS).	
	THE ORGANIZATION ALSO MAKES LEADERSHIP, SPECIAL EDUCATION AND MULTILINGUAL LEARNER SUPPORTS AVAILABLE TO ITS CHARTER SCHOOLS AND	
	AFFINITY NETWORK, AND PROVIDES ADDITIONAL SUPPORT ON COMPLIANCE AND	
	LITERACY INTERVENTIONS FOR ITS CHARTER SCHOOLS. THROUGH THE NYCDOE'S	
4b	(Code:) (Expenses \$ 5 , 355 , 191 . including grants of \$ 245 , 362 .) (Revenue \$,
40	THE CURRICULUM & INSTRUCTION (C&I) DEPARTMENT SUPPORTS THE GROWTH OF	
	TEACHERS, ADMINISTRATORS, COUNSELORS AND LIBRARIANS AT VARIOUS STAGES	
	THROUGHOUT THEIR CAREERS. NEW VISIONS IS COMMITTED TO PROVIDING	
	TEACHERS, COUNSELORS AND LIBRARIANS WITH THE TOOLS AND SKILLS NECESSAR	Υ
	TO DO THEIR JOBS AS EFFECTIVELY AS POSSIBLE. THE TEACHER RESIDENCY	
	PROGRAM INDUCTS PRE-SERVICE TEACHERS INTO THE TEACHING PROFESSION USIN	īG
	A CLINICAL APPROACH TO PREPARATION, WHILE THE CURRICULUM AND	
	INSTRUCTION DEPARTMENT FOCUSES ON SUPPORTING IN-SERVICE TEACHERS	
	TO DEVELOP THEIR CONTENT AND PEDAGOGICAL KNOWLEDGE. THE MICROCERT	
	PROGRAM SEEKS TO EXTEND TEACHERS' KNOWLEDGE AND SKILLS BEYOND THEIR	
	REGULAR CLASSROOM INSTRUCTION. THE ORGANIZATION ALSO SUPPORTS SCHOOL	
	LIBRARIANS THROUGH THE ASTOR CAMPUS LIBRARIAN NETWORK (CLN) PROGRAM,	
4c	(Code:) (Expenses \$4,669,274 • including grants of \$) (Revenue \$	
	SYSTEMS AND DATA ANALYTICS (SYSDAAR) BUILDS SCHOOL MANAGEMENT TOOLS	
	THAT PROVIDE ACTIONABLE INFORMATION AND INSIGHTS THAT HELP SCHOOL STAF	
	MAKE PLANS FOR STUDENT SUCCESS, TRACK THE IMPLEMENTATION OF THOSE PLAN	IS
	AND PROVIDE TARGETED SUPPORT WHEN STUDENTS NEED IT. THE ORGANIZATION	
	WORKS TO EMPOWER THOSE CLOSEST TO STUDENTS - ESPECIALLY PRINCIPALS,	
	TEACHERS AND COUNSELORS - TO BE DATA-DRIVEN DECISION MAKERS AND	
	POWERFUL ACTORS IN IMPROVING STUDENT OUTCOMES. THE ORGANIZATION	
	ADDITIONALLY WORKS WITH THE NYCDOE TO DEVELOP DISTRICT-LEVEL TOOLS THA	
	HELP CENTRAL OFFICE STAFF, SUPERINTENDENTS AND OTHER KEY LEADERS WITHI	
	THE DISTRICT UNDERSTAND PATTERNS OF PERFORMANCE IN SCHOOLS THEY OVERSE	EE
	AND PROVIDE SUPPORT WHERE NEEDED.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 23,812,733.	(0010

Form 990 (2018) NEW VISIONS FOR PUBLIC SCHOOLS INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	Λ	_
ıza		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Pid the second of the projection of the second of the seco	14a		X
b		174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2018)

NEW VISIONS FOR PUBLIC SCHOOLS INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		Х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		Х
27	complete Schedule L, Part II	20		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
٥-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	l

Form **990** (2018)

Form 990 (2018)

NEW VISIONS FOR PUBLIC SCHOOLS INC

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

 2a Enter the number of employees reported on Form W-3, Trafiled for the calendar year ending with or within the year co b If at least one is reported on line 2a, did the organization file Note. If the sum of lines 1a and 2a is greater than 250, you 	vered by this return e all required federal employment tax retur may be required to e-file (see instructions		189		Yes	No
filed for the calendar year ending with or within the year co b If at least one is reported on line 2a, did the organization fil Note. If the sum of lines 1a and 2a is greater than 250, you	vered by this return e all required federal employment tax retur may be required to e-file (see instructions	ns?	-			
b If at least one is reported on line 2a, did the organization fil Note. If the sum of lines 1a and 2a is greater than 250, you	e all required federal employment tax retur may be required to e-file (see instructions	ns?	-			
Note. If the sum of lines 1a and 2a is greater than 250, you	may be required to e-file (see instructions			2b	X	
		s)				
3a Did the organization have unrelated business gross income				За		Х
b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to <i>lii</i>	ne 3h, provide an explanation in Schedule (3b		
4a At any time during the calendar year, did the organization h						
financial account in a foreign country (such as a bank acco			· .	4a		Х
b If "Yes," enter the name of the foreign country:	,		,			
See instructions for filing requirements for FinCEN Form 11	4, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a Was the organization a party to a prohibited tax shelter tran	saction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or	s a party to a prohibited tax shelter transaction	ction?		5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886	-T?			5c		
6a Does the organization have annual gross receipts that are						
any contributions that were not tax deductible as charitable	e contributions?			6a		X
b If "Yes," did the organization include with every solicitation	an express statement that such contributi	ons or	gifts			
were not tax deductible?				6b		
7 Organizations that may receive deductible contributions	under section 170(c).					
a Did the organization receive a payment in excess of \$75 made part	y as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a		_X_
b If "Yes," did the organization notify the donor of the value of	f the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of	f tangible personal property for which it wa	as requ	uired			
to file Form 8282?				7c		X
d If "Yes," indicate the number of Forms 8282 filed during the	•	7d				
e Did the organization receive any funds, directly or indirectly			t?	7e		<u>X</u>
f Did the organization, during the year, pay premiums, direct				7f		_X_
g If the organization received a contribution of qualified intell	* * *			7g	-	
h If the organization received a contribution of cars, boats, ai				7h		
8 Sponsoring organizations maintaining donor advised fu		i by the	e	8		
sponsoring organization have excess business holdings atSponsoring organizations maintaining donor advised fu	• • • • • • • • • • • • • • • • • • • •			•		
a Did the sponsoring organization make any taxable distribut				9a		
b Did the sponsoring organization make a distribution to a do				9b		
10 Section 501(c)(7) organizations. Enter:	inor, donor advisor, or related persons			35		
Initiation fees and capital contributions included on Part VI	I, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for		10b				
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders		11a				
b Gross income from other sources (Do not net amounts due						
amounts due or received from them.)		11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the			?	12a		
b If "Yes," enter the amount of tax-exempt interest received of	r accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance is	ssuers.					
a Is the organization licensed to issue qualified health plans i	n more than one state?			13a		
Note. See the instructions for additional information the or	ganization must report on Schedule O.					
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		13b				
c Enter the amount of reserves on hand		13c				
14a Did the organization receive any payments for indoor tanni	ng services during the tax year?			14a		<u>X</u>
b If "Yes," has it filed a Form 720 to report these payments?				14b		
15 Is the organization subject to the section 4960 tax on payn						
excess parachute payment(s) during the year?				15		<u>X</u>
If "Yes," see instructions and file Form 4720, Schedule N.				, .		7.7
16 Is the organization an educational institution subject to the	section 4968 excise tax on net investmen	t incon	ne?	16		_X_
If "Yes," complete Form 4720, Schedule O.				Farr	990	(0040)

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

Sec	tion A. Governing Body and Management					
	action and action action and action action and action				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			110
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
_			,	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No_
	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y betor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
12a	. ,, ge as more a minimum			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		40-	х	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			14	X	
14 15	Did the organization have a written document retention and destruction policy?			14	Λ	
13	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı by IIK	aependent			
9	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a	X	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)	s only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, and	l financ	ıal	
00	statements available to the public during the tax year.		l			
20	State the name, address, and telephone number of the person who possesses the organization's boo CYNTHIA RIETSCHA - 212-645-5110		records			
	205 EAST 42ND STREET, 4TH FLOOR, NEW YORK, NY 1001	L /				

Form **990** (2018)

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ju			C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than (Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eg G		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BETH J. LIEF	line) 0 • 10	<u>=</u>	Ë	₩ ₩	- S	훈	9			
BOARD MEMBER	0.10	Х						0.	0.	0.
(2) BLAIR W. EFFRON	0.10	Λ						0.	0.	<u></u>
CO-CHAIRMAN	0.10	Х						0.	0.	0.
(3) ERNEST LOGAN	0.10	22						•	.	<u></u>
BOARD MEMBER	· · · · ·	х						0.	0.	0.
(4) GARY L. GINSBERG ESQ	0.10								•	
CHAIRMAN		х						0.	0.	0.
(5) IAN M. COOK	0.10								-	
BOARD MEMBER		Х						0.	0.	0.
(6) JAY L. KREIGEL	0.10									
BOARD MEMBER		Х						0.	0.	0.
(7) JERRY E. GARCIA	0.10									
BOARD MEMBER		Х						0.	0.	0.
(8) LISA CAPUTO MORRIS	0.10									
BOARD MEMBER		Х						0.	0.	0.
(9) PETER ORSZAG	0.10									
TREASURER		Х						0.	0.	0.
(10) RALPH L. SCHLOSSTEIN	0.10	1								
BOARD MEMBER		Х						0.	0.	0.
(11) REVEREND DR. CALVIN BUTTS III	0.10									
BOARD MEMBER	0.10	Х						0.	0.	0.
(12) RICHARD I. BEATTIE ESQ	0.10								•	•
BOARD MEMBER	0.10	Х						0.	0.	0.
(13) ROGER C. ALTMAN	0.10	3,7							0	0
BOARD MEMBER	0 10	Х						0.	0.	0.
(14) SUE LEHMAN	0.10	v						0.	0	0
BOARD MEMBER	0 10	Х						0.	0.	0.
(15) CARRIE BRADDOCK BOARD MEMBER	0.10	Х						0.	0.	0.
(16) TODD FISHER	0.10	^			-	\vdash	-	0.	0.	<u> </u>
BOARD MEMBER	0.10	Х						0.	0.	0.
(17) SHEENA WRIGHT	0.10								J •	_
BOARD MEMBER	7.10	х						0.	0.	0.
				I			1		J •	Form 990 (2018)

832007 12-31-18 Form **990** (2018)

Form 990 (2018) NEW VISIO	ONS FOR	PU	BL	IC	S	СН	00	LS INC	13-3538	961 Page 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any		Jei ali	uau	recto	i / ii us	(66)	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee		(** 27 1033 141100)		and related
	below	dualt	ution	-	key employee	st co	ь			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(18) MARK C. DUNETZ	40.00									
PRESIDENT		Х		Х				422,300.	0.	40,148.
(19) CYNTHIA RIETSCHA	35.00									
COO & CFO				Х				241,924.	0.	19,374.
(20) SHANNON CURRAN	35.00									
CHIEF SCHOOLS OFFICER					Х			239,757.	0.	29,219.
(21) DANIEL S. VOLOCH	35.00									
VP OF CURRICULUM AND INSTRUCTION					Х			223,871.	0.	24,274.
(22) BRADLEY GUNTON	35.00									
VP OF SCHOOL SYSTEMS & ANALYTICS					Х			221,511.	0.	36,744.
(23) JENNIE SOLER-MCINTOSH	35.00									
VP OF FAMILY AND COMMUNITY ENGAGEMEN					Х			210,997.	0.	36,563.
(24) JEFFERSON PESTRONK	35.00									
VP OF STRATEGY & DEVELOPMENT					Х			200,201.	0.	22,577.
(25) MUSA ALI SHAMA	35.00									
SUPERINTENDENT OF CHARTER SCHOOLS						X		200,714.	0.	25,502.
(26) DEREK JONES	35.00									
DIRECTOR OF SCHOOL SUPPORT						X		183,369.	0.	21,344.
1b Sub-total							ightharpoons	2,144,644.	0.	255,745.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	508,432.	0.	75,718.
d Total (add lines 1b and 1c)							<u> </u>	2,653,076.	0.	331,463.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										56
										Yes No
3 Did the organization list any former officer.	director, or tru	istee	e. ke	v en	olar	vee.	or h	highest compensated er	nplovee on	

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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
ROCKMAN ET AL, 201 MISSION STREET, SUITE 1320, SAN FRANCISCO, CA 94105	RESIDENCY PROGRAM CONSULTANT	191,999.
BOND SCHOENECK & KING PLLC, 600 THIRD AVENUE, 22ND FLOOR, NEW YORK, NY 10016	LEGAL COUNSEL	113,445.
DAVID WEES 9510 MCFARLANE ROAD, DENMAN ISLAND, CANADA	CURRICULUM CONSULTANT	111,657.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

Form 990 NEW VISIO	314D 1 OIL					<u></u>	OO	TO THE	13-353	
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	(check		that	nat apply)		compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	recto				em plo		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		96	suedi				and related
	organizations below	ual tr	tional		yoldı	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) JOSEPH POSNER	35.00			0	У	エ	F			
IRECTOR OF HUMAN RESOURCES	33.00					х		180,002.	0.	20 280
28) JEANNE ENG	35.00					_		100,002.	0.	29,280
IRECTOR OF TECHNOLOGY	33.00					х		166,202.	0.	19,871
29) ROMINA CARRILLO	35.00							100,202.	0.	17,011
ONTINUOUS IMPROVEMENT COACH	33.00					х		162,228.	0.	26,567
- INTINOOUS IMPROVEMENT COACH						^		102,220.	0.	20,307
		ł								
		ł								
		l								

Form 990 (2018) NEW VIS
Part VIII Statement of Revenue

Total revenue			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
b						(A) Total revenue	Related or exempt function	Unrelated business	Revenuè excluded from tax under sections
b	ts ts	1 a	Federated campaigns	1a					
Second Comment of grants (contributions) Tell 10,011,126, Tell	ran								
2 a MANAGEMENT FEE INCOME 541610 5,556,090. 5,556,090.	Ē,G								
2 a MANAGEMENT FEE INCOME 541610 5,556,090. 5,556,090.	iifts ar A								
2 a MANAGEMENT FEE INCOME 541610 5,556,090. 5,556,090.	s, G milk				10,011,126.				
2 a MANAGEMENT FEE INCOME 541610 5,556,090. 5,556,090.	ioi								
2 a MANAGEMENT FEE INCOME 541610 5,556,090. 5,556,090.	but		similar amounts not included abov	/e 1f	20,091,170.				
2 a MANAGEMENT FEE INCOME 541610 5,556,090. 5,556,090.	Öţ	g	Noncash contributions included in lines	1a-1f: \$	1,408,588.				
2 a MANAGEMENT FEE INCOME 541610 5,556,090. 5,556,090.	Col	h	Total. Add lines 1a-1f			30,102,296.			
Degree Care					Business Code				
g Total. Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of and sales expenses and sales expenses 3, 350, 446. c Gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$\$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 900099 35,456. 31,456. 31,456. 31,008,245. 1,008,	ø	2 a	MANAGEMENT FEE INCOME		541610	5,556,090.	5,556,090.		
g Total. Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of and sales expenses and sales expenses 3, 350, 446. c Gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$\$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 900099 35,456. 31,456. 31,456. 31,008,245. 1,008,	r Sic	b							
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g Total. Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of and sales expenses and sales expenses 3, 350, 446. c Gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$\$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 900099 35,456. 31,456. 31,456. 31,008,245. 1,008,	ogr B	е	· <u></u>						
The part of the	Ā	f	All other program service reve	nue					
other similar amounts) 1,008,245. 1,008,		g	Total. Add lines 2a-2f			5,556,090.			
1 1 1 1 1 1 1 1 1 1		3	Investment income (including	dividends, intere	est, and				
The state of the			other similar amounts)		▶	1,008,245.			1,008,245.
(i) Personal (ii) Personal (iii) Personal Pe		4	Income from investment of tax	c-exempt bond p	oroceeds >				
Company Comp		5	Royalties						
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses 9,350,446. c Gain or (loss) 31,115. d Net gain or (loss) 31,115. d Net gain or (loss) 51,115. d Net gain or (loss) 61,115. d Net gain or (loss) 61,115. d Net gain or (loss) 61,115. d Net gain or (loss) 71,115. d Net gain or (loss) 71,115. d Net gain or (loss) 71,115. d Net gain or (loss) 81,115. d Net gain or (loss) 9,350,446. c Gain or (loss) 71,115. d Net gain or (loss) 71,115. d Net gain or (loss) 81,115. d Net gain or (loss) 81,115. d Net gain or (loss) 9,31,115. d Net gain or (loss) 9,31,115. d Net gain or (loss) 11,115.					(ii) Personal				
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7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		С	Rental income or (loss)						
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		d	Net rental income or (loss)	<u></u>					
b Less: cost or other basis and sales expenses 9,350,446. c Gain or (loss) 31,115. d Net gain or (loss) 51,115. d Net gain or (loss) 61,115. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		7 a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses 9,350,446. c Gain or (loss) 31,115. d Net gain or (loss) 5 31,115. d Net gain or (loss) 6 31,115. 31,115. 31,115.			assets other than inventory	9,381,561.					
C Gain or (loss) 31,115. d Net gain or (loss) 31,115. d Net gain or (loss) 31,115. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER		b	Less: cost or other basis						
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Miscellaneous Revenue Business Code 11 a OTHER 900099 35,456. 35,456. b C Image: Control of the control of									
11 a OTHER 900099 35,456. 35,456.		С							
b		44		<u> </u>		25 456			25 456
С					300033	35,456.			35,456.
									+
d All other revenue									+
d All other revenuee Total. Add lines 11a-11d \blacktriangleright 35,456.						35 156			
e Total. Add lines 11a-11d							5 556 090	0	1 074 816

Form 990 (2018) NEW VISIONS F Part IX Statement of Functional Expenses

	rt IX Statement of Functional Expens ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,705,363.	1,705,363.		
2	Grants and other assistance to domestic	450.465	450.465		
	individuals. See Part IV, line 22	153,167.	153,167.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 007 400	0 150 506	024 654	02 000
	trustees, and key employees	3,087,402.	2,159,526.	834,654.	93,222
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 205 270	11 064 200	1 222 262	07 505
7	Other salaries and wages	13,295,070.	11,864,302.	1,333,263.	97,505
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 054 000	1 556 400	105 050	10 600
9	Other employee benefits	1,954,888.	1,756,422.	185,859.	12,607
10	Payroll taxes	1,358,089.	1,181,364.	159,815.	16,910
11	Fees for services (non-employees):				
а	Management	110 121	05 544	00 207	
b	Legal	110,131.	87,744.	22,387.	750
С	Accounting	66,992.	58,373.	7,866.	753.
d	Lobbying	78,000.	78,000.		
е	Professional fundraising services. See Part IV, line 17	27 640		25 640	
f	Investment management fees	37,642.		37,642.	
g	,	1 100 145	1 1 1 1 1 1 1 1 1	11 656	5 0
	column (A) amount, list line 11g expenses on Sch 0.)	1,182,147.	1,170,441.	11,656.	50.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	1 100 001	1 010 605	142 560	14 606
16	Occupancy	1,177,791.	1,019,605.	143,560.	14,626.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	FCE OOF	402 074	66 400	6 E20
22	Depreciation, depletion, and amortization	565,025. 82,080.	492,074.	66,422.	6,529
23	Insurance	02,000.	71,182.	9,824.	1,074.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) SUPPLIES	876,584.	737,484.	113,947.	25,153.
a b	MISCELLANEOUS	674,124.	591,585.	74,142.	8,397
C	TRAVEL AND CONFERENCES	575,411.	498,834.	72,422.	4,155
d	TELECOMMUNICATION	105,888.	90,180.	15,053.	655
	All other expenses	112,172.	97,087.	12,192.	2,893
е 25	Total functional expenses. Add lines 1 through 24e	27,197,966.	23,812,733.	3,100,704.	284,529
25 26	Joint costs. Complete this line only if the organization	21,151,500	23,012,133	3,100,101	204,525
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II following 501° 30-2 (A50 356-720)	I			Farm 990 (0010

Form **990** (2018)

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			169,333.	1	354,870.
	2	Savings and temporary cash investments			6,212,601.	2	9,811,140.
	3	Pledges and grants receivable, net			10,921,858.	З	17,240,288.
	4	Accounts receivable, net			1,551,111.	4	1,282,259.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
	•	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
.		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
Ass						8	
	8 9	Inventories for sale or use			200,035.	9	97,707
					200,0334	9	51,101
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	100	6 649 402			
			10a	1,507,605.	3,481,591.	10-	5 1/1 707
					30,143,666.	11	5,141,797 31,012,815
	11	Investments - publicly traded securities			30,143,000.		31,012,013
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		E 206 022	14	F 170 066	
	15	Other assets. See Part IV, line 11			5,396,923.	15	5,178,866
	16	Total assets. Add lines 1 through 15 (must equa			58,077,118.	16	70,119,742
	17	Accounts payable and accrued expenses	1,771,001.	17	1,173,996		
	18	Grants payable		672,060.	18	1,615,183	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
∄		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	= = 0 = 0 0 0 0		
		Schedule D			7,525,831.	25	9,595,726.
	26	Total liabilities. Add lines 17 through 25			9,968,892.	26	12,384,905.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
န္		complete lines 27 through 29, and lines 33 an					
ŭ	27	Unrestricted net assets	39,611,430.	27	40,362,226.		
3ala	28	Temporarily restricted net assets	8,496,796.	28	17,372,611.		
<u> </u>	29	Permanently restricted net assets		29			
필		Organizations that do not follow SFAS 117 (A					
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
SS	31	Paid-in or capital surplus, or land, building, or ed	nt fund		31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32	
ž	33	Total net assets or fund balances			48,108,226.	33	57,734,837.
	34	Total liabilities and net assets/fund balances		ı	58,077,118.	34	70,119,742.

Form **990** (2018)

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 73</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,19 ,53		
3	3 Revenue less expenses. Subtract line 2 from line 1					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 14 4					
5	Net unrealized gains (losses) on investments	5		9	1,3	75.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	57	,73	4,8	37.
Part XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	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:					l
	Separate basis Consolidated basis Both consolidated and separate basis					
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:					
X Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** NEW VISIONS FOR PUBLIC SCHOOLS INC 13-3538961 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

(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.)

	Tails to qualify under the tests listed below, please complete Part III.)								
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	25306708.	33185455.	22373985.	18843214.	30102296.	129811658		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	her paid to							
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	25306708.	33185455.	22373985.	18843214.	30102296.	129811658		
	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)						28298190.		
6	6 Public support. Subtract line 5 from line 4. 101513468								
	Section B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
			33185/155	22373985.	188/321/	30102296			
_	Amounts from line 4	23300700.	22102422.	22373703.	10043214.	50102250.	127011030		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	640 255	E42 027	440 022	004 570	1000245	2524140		
	and income from similar sources	648,255.	343,037.	440,033.	094,579.	1008245.	3534149.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	200255	20 155	60.046	21 024	25 456	2250552		
	assets (Explain in Part VI.)	3093757.	30,157.	68,946.	31,234.		3259550.		
	Total support. Add lines 7 through 10						136605357		
	Gross receipts from related activities,		,				<u>,809,610.</u>		
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)			
<u> </u>	organization, check this box and sto						<u></u>		
Sec	ction C. Computation of Publi	ic Support Per	centage			г г			
14	Public support percentage for 2018 (14	74.31 %		
15	, , ,								
16a	6a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X		
b	33 1/3% support test - 2017. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac	-							
	meets the "facts-and-circumstances"				· ·	-			
b	10% -facts-and-circumstances test	_	•		-				
_	more, and if the organization meets the	-							
	organization meets the "facts-and-circ						•		
18			-	•					
<u></u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018								

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						ļ
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)					1	1
14	First five years. If the Form 990 is for	•			•	. , . ,	·
90	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2018 (li			polumn (f\)		15	0/
	, ,	, (,,	, ,	(//		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					ן וט ן	%
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2018. If the						
136	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
_		
3a		
3b		
3с		
30		
4a		
4b		
4c		
5a		
- Ou		
- Fh		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
100		
401-		
10b		

Pal	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
	,	11c		
Sec	tion B. Type I Supporting Organizations		1	
_	Did the director has been been been been been been been bee		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	,		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Tool Anguar (a) and (b) below		Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

instructions).

D -		() (0) 0 0		·g
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	Т
<u>Sect</u>	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u> </u>	From 2013			
b	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
_	line 7: \$			
<u> </u>	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
_	Disandstill Still D. I.			

Schedule A (Form 990 or 990-EZ) 2018

a Excess from 2014
 b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(see separate instructions), then	ions: Complete Bart III			
	Section 501(c)(4), (5), or (6) organizat	ions. Complete Part III.		Emr	loyer identification number
	•	IONS FOR PUBLIC S	SCHOOLS INC		13-3538961
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	> :	\$
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	→ :	\$
	If the organization incurred a section				
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				-1/01
	Enter the amount directly expended	anization is exempt unde		- '	
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here ar 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL, I) of all section 527 polifrom the filing organizes	itical organizations to whice ation's funds. Also enter the inization, such as a separa	Yes No h the filing organization a amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018

1,500,000.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 NEW VISIONS FOR PUBLIC SCHOOLS INC 13-35389 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, idil tille Form 4720 for this year? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Total. B Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 15(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 5 Section 15(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 5 Section 15(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 5 Decaysover from last year 5 Carryover from last year 6 Carryover from last year 7 Decaysover from	1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. 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Taxable amount of lobbying and political expenditures (see instructions) 5	Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information 5					
	art IV Supplemental Information	expenditure next year?		4		
art IV Supplemental Information		Taxable amount of lobbying and political expenditures (see instructions)		5		
	ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	rt IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information		5		
structions); and Part II-B, line 1. Also, complete this part for any additional information.						
structions); and Part II-B, line 1. Also, complete this part for any additional information.						
structions); and Part II-B, line 1. Also, complete this part for any additional information.						
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structions); and Part II-B, line 1. Also, complete this part for any additional information.						
structions); and Part II-B, line 1. Also, complete this part for any additional information.						
structions); and Part II-B, line 1. Also, complete this part for any additional information.						
structions); and Part II-B, line 1. Also, complete this part for any additional information.						
structions); and Part II-B, line 1. Also, complete this part for any additional information.						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEW VISIONS FOR PUBLIC SCHOOLS INC

Employer identification number 13-3538961

Pai	art I Organizations Maintainin	Donor Advised Funds or Other Similar	Funds or Accounts. Complete if the
	organization answered "Yes" on l	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (duri		
3	Aggregate value of grants from (during y	ar)	
4	Aggregate value at end of year		
5	Did the organization inform all donors ar	d donor advisors in writing that the assets held in dor	nor advised funds
	are the organization's property, subject t	the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees,	lonors, and donor advisors in writing that grant funds	s can be used only
	for charitable purposes and not for the b	enefit of the donor or donor advisor, or for any other p	ourpose conferring
Pai	art II Conservation Easements	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements h	ld by the organization (check all that apply).	
	Preservation of land for public use	(e.g., recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the orga	ization held a qualified conservation contribution in t	he form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	,		
С		certified historic structure included in (a)	
d		ded in (c) acquired after 7/25/06, and not on a histori	I I
3		fied, transferred, released, extinguished, or terminate	ed by the organization during the tax
	year ▶		
4	Number of states where property subject		
5		cy regarding the periodic monitoring, inspection, han	
_	violations, and enforcement of the conse		Yes No
6	Starr and volunteer nours devoted to mo	nitoring, inspecting, handling of violations, and enforce	eing conservation easements during the year
-	Assessment of assessment in assessment in assessment		
7		ng, inspecting, handling of violations, and enforcing o	conservation easements during the year
	Dana and appearation assembly report	ed on line 2(d) above satisfy the requirements of sect	ion 170/b\/4\/D\/i\
8			
9		reports conservation easements in its revenue and	
3		note to the organization's financial statements that de	
	conservation easements.	ote to the organization's imanolal statements that de	sorbes the organization's accounting for
Pai		Collections of Art, Historical Treasures	, or Other Similar Assets.
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 8.	
	If the organization elected, as permitted	under SFAS 116 (ASC 958), not to report in its revenu	ue statement and balance sheet works of art.
	, ,	s held for public exhibition, education, or research in	•
	the text of the footnote to its financial st	-	, , , , , , , , , , , , , , , , , , , ,
b		under SFAS 116 (ASC 958), to report in its revenue st	atement and balance sheet works of art, historical
		public exhibition, education, or research in furtheran	
	relating to these items:	•	
	_	VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	,	
2	If the organization received or held work	of art, historical treasures, or other similar assets for	
	the following amounts required to be rep	orted under SFAS 116 (ASC 958) relating to these ite	ms:
а	Revenue included on Form 990, Part VIII	line 1	> \$
b			. .
LHA	For Paperwork Reduction Act Notice,	ee the Instructions for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

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

Sche	dule D (Form 990) 2018 NEW VISI	ONS FOR P	UBLI	C SCHO	OLS INC	2	1	3-35	38961	Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(continue	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following tha	t are a sign	ificant us	e of its c	ollection ite	ems
	(check all that apply):									
а	Public exhibition	c	i i	Loan or exc	hange progra	ams				
b	Scholarly research	e	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	ne organizatio	on's exemp	t purpose	e in Part	XIII.	
5										
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on Fo	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Part	•								
1a	Is the organization an agent, trustee, custodia							_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	able:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo					-	?	L	Yes	∐_ No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete if									
4.	Parisaria a of an an halaman	(a) Current year	(b) ⊦	rior year	(c) Two yea	rs dack (d	I) Three ye	ars back	(e) Four ye	ears back
	Beginning of year balance									
	Contributions									
С.										
d										
е	Other expenditures for facilities									
,	and programs									
	Administrative expenses									
_	End of year balance		- (1: 4 -		\\					
2	Provide the estimated percentage of the curre			j, column (a)) neid as:					
a	Board designated or quasi-endowment	%	%							
b	Permanent endowment Temporarily restricted endowment									
С	· · ·									
22	The percentages on lines 2a, 2b, and 2c should have there endowment funds not in the possess		ation tha	t are hold ar	nd administa	rad for the	organizat	ion		
Ja	by:	Sion of the organiza	ation tha	t are rielu ar	iu auriii iistei	led for the t	organizat	.1011	V	es No
	(i) unrelated organizations								3a(i)	63 140
										1
h	(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b							<u> </u>		
4	Describe in Part XIII the intended uses of the								0.0	
Par	t VI Land, Buildings, and Equipme		WITIOTIC	инио.						
	Complete if the organization answered	"Yes" on Form 990), Part IV	', line 11a. S	See Form 990), Part X, lin	ie 10.			
	Description of property	(a) Cost or o			or other		umulated	<u>, </u>	(d) Book v	alue
	1	basis (investr			(other)		eciation		.,	
1a	Land									
	Buildings									
	Leasehold improvements			5,42	8,894.	61	L5,29	0.	4,813,	604.
d	Equipment				8,792.		30,59		328	193.
е	Other			1	1,716.	1	11,71	6.		0.

Schedule D (Form 990) 2018

5,141,797.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D	(Form 990) 201	8 1/1	7 M A T	-
Dood VIII	I and a second second		. 0	_

Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
(0)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CAPITAL LEASE ASSET, NET	5,178,866.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	
Total (Calving (b) must a gual Form 000, Port V, and (D) line 15.)	▶ 5 178 866.

mn (b) must equal Form 990, 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)	AGENCY FUNDS HELD FOR OTHERS	466,765.	
(3)	CAPITAL LEASE OBLIGATION	6,512,549.	
(4)	DEFERRED RENT	2,616,412.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,595,726.	

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	- Withir	icveniue per ne		
1	Total revenue, gains, and other support per audited financial statements			1	36,791,760.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	91,375.		
b	Donated services and use of facilities	2b	4,825.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	96,200.
3	Subtract line 2e from line 1			3	36,695,560.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		37,642.		
	Add lines 4a and 4b			4c	37,642.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	27,165,149.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,825.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,825.
3	Subtract line 2e from line 1			3	27,160,324.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	(37,642.		
	Add lines 4a and 4b		•	4c	37,642.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	27,197,966.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I\ 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part)	X, line 2; Part XI,
PAI	RT X, LINE 2:				
THI	ORGANIZATION IS EXEMPT FROM FEDERAL AND ST	TATE I	NCOME TAXE	S U	NDER
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE COD	E AND	NEW YORK S	TAT:	E
NO	-FOR-PROFIT CORPORATION LAW, RESPECTIVELY,	AND O	UALTETES F	OR '	тне
CHA	ARITABLE CONTRIBUTION DEDUCTION.				
THI	ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN I	INCOME	TAXES USI	NG Z	A
REC	COGNITION THRESHOLD OF MORE LIKELY THAN NOT	TO BE	SUSTAINED	UP	ON
EXA	AMINATION BY THE APPROPRIATE TAXING AUTHORIT	TY. ME	ASUREMENT	OF '	THE TAX
	CERTAINTY OCCURS IF THE RECOGNITION THRESHO				
211	ZETELETE OCCORD II IIII RECOGNITION THRESHO	<u> </u>	imming	التددي	.,. 11110

DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD AT THE STATEMENT OF FINANCIAL POSITION DATE AND NO INTEREST AND

Part XIII Supplemental Information (continued)
PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS HAVE BEEN RECOGNIZED IN THE
ORGANIZATION'S FINANCIAL STATEMENTS.
THE ORGANIZATION TIMELY FILES FEDERAL FORM 990 ANNUALLY AND NEW YORK STATE
ANNUAL REPORTS AS REQUIRED. THE ORGANIZATION'S FILING YEARS PRIOR TO JUNE
30, 2016 ARE NO LONGER SUBJECT TO EXAMINATION. NO RETURNS OR
REGISTRATIONS ARE PRESENTLY UNDER EXAMINATION BY THE RELEVANT AUTHORITIES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES NETTED AGAINST INCOME ON THE FINANCIAL
STATEMENTS 37,642.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES NETTED AGAINST INCOME ON THE FINANCIAL
STATEMENTS 37,642.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization NEW VISIO	NS FOR PU	BLIC SCHOOL	S INC				Employer identification number 13-3538961
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's propert II Grants and Other Assistance to I	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	States. omplete if the orga			X Yes No
recipient that received more than \$	T	· ·	1 '		(f) Method of	1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW VISIONS AIM CHARTER HIGH SCHOOL I - 1495 HERKIMER STREET - BROOKLYN, NY 11233	13-3598671	501(C) 3	500,000.	0.			STUDENT SERVICES PARTNERSHIP AWARD
NEW VISIONS AIM CHARTER HIGH SCHOOL II - 1010 REV. JAMES A POLITE AVENUE - BRONX, NY 10459	45-3802187	501(C) 3	500,000.	0.			STUDENT SERVICES PARTNERSHIP AWARD
THE FUND FOR PUBLIC SCHOOLS 52 CHAMBERS STREET, ROOM 305 NEW YORK, NY 10007	11-2656137	501(C) 3	350,000.	0.			NETWORK FOR SCHOOL IMPROVEMENT- COLLEGE READY
NYC DEPARTMENT OF EDUCATION 333 SEVENTH AVE ROOM 826 NEW YORK, NY 10001	13-6400434		68,761.	0.			PER SESSION PROFESSIONAL DEVELOPMENT CURRICULUM
NYC DEPARTMENT OF EDUCATION 333 SEVENTH AVE ROOM 826 NEW YORK, NY 10001	13-6400434		50,031.	0.			LIBRARY GRANTS
BROOKLYN COLLEGE SCHOOL OF EDUCATION - 2900 BEDFORD AVENUE - BROOKLYN, NY 11210	13-6400434	501(C) 3	40,329.	0.			STUDENTS WITH DISABILITIES INITIATIVE
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				1 7.
3 Enter total number of other organizations	s listed in the line 1	I table					
LHA For Paperwork Reduction Act Notice,	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

(a) Name and address of	(b) [N]	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(a) Description of	(h) Durage of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VISIONS CHARTER HIGH SCHOOL							
FOR ADVANCED MATH AND SCIENCE II -							NETWORK FOR SCHOOL
900 TINTON AVENUE - BRONX, NY							IMPROVEMENT- COLLEGE
10456	45-4659946	501(C)3	25,000.	0.			READY
NEW VISIONS CHARTER HIGH SCHOOL							NETWORK FOR SCHOOL
FOR THE HUMANITIES - 99 TERRACE							IMPROVEMENT- COLLEGE
VIEW AVENUE - BRONX, NY 10463	45-1559526	501(C) 3	25,000.	0.			READY
NEW VISIONS CHARTER SCHOOL							
205 EAST 42ND STREET 4TH FLOOR NEW							NETWORK FOR SCHOOL
YORK, NY 10017 - NEW YORK, NY							IMPROVEMENT- COLLEGE
10017	46-2339783	501(C) 3	25,000.	0.		1	READY
			, -	-			
NYC DEPARTMENT OF EDUCATION							NETWORK FOR SCHOOL
333 SEVENTH AVE ROOM 826							IMPROVEMENT- COLLEGE
NEW YORK, NY 10001	13-6400434		25,000.	0.			READY
			·				
NYC DEPARTMENT OF EDUCATION							
333 SEVENTH AVE ROOM 826							
NEW YORK, NY 10001	13-6400434		23,454.	0.			TEACHER RESIDENT GRAN
HUNTER COLLEGE OF EDUCATION							
695 PARK AVE, ROOM W100							
NEW YORK, NY 10065	13-3598671	501(C) 3	19,219.	0.			CLASS TUITION
NIKE DEDAREMENT OF EDUCATION							
NYC DEPARTMENT OF EDUCATION							
333 SEVENTH AVE ROOM 826	12 5100121		10.105				
NEW YORK, NY 10001	13-6400434		12,406.	0.			COLLEGE ADVISORY BOAR
NYC DEPARTMENT OF EDUCATION							
333 SEVENTH AVE ROOM 826							PER SESSION VARIOUS
	12 6400424		6 074	0		1	
NEW YORK, NY 10001	13-6400434		6,874.	0.			PROJECTS
NYC DEPARTMENT OF EDUCATION							
333 SEVENTH AVE ROOM 826							
NEW YORK, NY 10001	13-6400434		6,071.	0.			 WORKSHOP PARTICIPATIO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VISIONS CHARTER SCHOOL							
205 EAST 42ND STREET 4TH FLOOR NEW							L
YORK, NY 10017 - NEW YORK, NY	46 0000000						MENTOR PARTICIPATION
10017	46-2339783	501(C) 3	5,625.	0.			AWARD
NYC DEPARTMENT OF EDUCATION 333 SEVENTH AVE ROOM 826						IN-KIND DONATED BOOKS- VARIOUS	
NEW YORK, NY 10001	13-6400434		0.	12,199.	FMV	PUBLISHERS	VARIOUS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	11	123,946.	0.		
PARTICIPATION AWARDS CURRICULUM	18	20,622.	. 0.		
MENTOR PARTICIPATION AWARD	8	3,300.	. 0.		
COLLEGE ADVISORY BOARD	7	1,863.	0.		
WORKSHOP PARTICIPATION AWARD	4	1,704.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GRANT AGREEMENT LETTERS ARE EXECU	TED BETWE	EN GRANTEI	ES AND NEW	VISIONS.	
PROGRAM OFFICERS ARE RESPONSIBLE T	O MONITOR	THE PROGE	RAMMATIC AS	PECTS OF THE	
GRANT. GRANT PAYMENTS AND USE OF	GRANT FUN	IDS ARE MON	NITORED BY	THE FINANCE	
DEPARTMENT.					

Part III Continuation of Grants and Other Assistance to Individ	Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
SCIENCE ADVISORY AWARD	3.	1,250.	0.			
LIBRARY AWARD	1.	373.	0.			
ADVISORY BOARD	1.	109.	0.			
	I				Q-lt-s-lt-l- /F 000\	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NEW VISIONS FOR PUBLIC SCHOOLS INC

 $Employer\ identification\ number \\ 13-3538961$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	Any related organization?	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MARK C. DUNETZ	(i)	410,000.	12,300.	0.	33,784.	6,364.	462,448.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CYNTHIA RIETSCHA	(i)	234,870.	7,054.	0.	19,374.	0.	261,298.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SHANNON CURRAN	(i)	232,615.	7,142.	0.	19,617.	9,602.	268,976.	0.	
CHIEF SCHOOLS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DANIEL S. VOLOCH	(i)	217,350.	6,521.	0.	17,910.	6,364.	248,145.	0.	
VP OF CURRICULUM AND INSTRUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BRADLEY GUNTON	(i)	214,990.	6,521.	0.	17,910.	18,834.	258,255.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) JENNIE SOLER-MCINTOSH	(i)	204,727.	6,270.	0.	17,222.	19,341.	247,560.	0.	
VP OF FAMILY AND COMMUNITY ENGAGEMEN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JEFFERSON PESTRONK	(i)	194,201.	6,000.	0.	16,213.	6,364.	222,778.	0.	
VP OF STRATEGY & DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) MUSA ALI SHAMA	(i)	194,714.	6,000.	0.	16,480.	9,022.	226,216.	0.	
SUPERINTENDENT OF CHARTER SCHOOLS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) DEREK JONES	(i)	177,915.	5,454.	0.	14,980.	6,364.	204,713.	0.	
DIRECTOR OF SCHOOL SUPPORT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JOSEPH POSNER	(i)	174,449.	5,553.	0.	14,948.	14,332.	209,282.	0.	
DIRECTOR OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) JEANNE ENG	(i)	161,285.	4,917.	0.	13,507.	6,364.	186,073.	0.	
DIRECTOR OF TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) ROMINA CARRILLO	(i)	157,410.	4,818.	0.	13,233.	13,334.	188,795.	0.	
CONTINUOUS IMPROVEMENT COACH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)					_			

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
PRESIDENT'S COMPENSATION IS DETERMINED AND APPROVED BY THE EXECUTIVE
COMMITTEE OF THE BOARD. THE COMMITTEE REFERS TO VARIOUS SOURCES IN
ESTABLISHING THE RATE SUCH AS SALARY SURVEYS FOR LIKE POSITION, INDEPENDENT
RESEARCH SUCH AS DATA GATHERED FROM THE 990'S OF SIMILAR ORGANIZATIONS AND
IF DEEMED NECESSARY CONSULTATION WITH AN INDEPENDENT CONSULTANT.
PART I, LINE 4B:
PRESIDENT PARTICIPATES IN SUPPLEMENTAL INCOME PLAN.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NEW VISIONS FOR PUBLIC SCHOOLS INC Employer identification number 13-3538961

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	_	ınts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		12,199.	FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	1,396,389.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12								
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	- 4:						
29	for which the organization completed Form 828							
	for which the organization completed Form 626	o, rait iv, i	Donee Acknowledg	jement [29]		Ye	\Box	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it	16	3	NO
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			'		30a	Т	Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31 X	Т	
	Does the organization hire or use third parties of						\top	
	contributions?		•	, , , , , , , , , , , , , , , , , , , ,		32a	\bot	Х
	If "Yes," describe in Part II.	.l. 1000 /-\ f-	o tumo of	, for which columns (a) is also	nko d			
33	If the organization didn't report an amount in co	numn (C) föl	a type of property	rior which column (a) is chec	;keu,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEW VISIONS FOR PUBLIC SCHOOLS INC

Employer identification number 13-3538961

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

ACCESS TO EFFECTIVE SCHOOLS THAT ENABLE THEM TO GRADUATE FROM HIGH

SCHOOL FULLY PREPARED FOR COLLEGE AND CAREER.

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

COMMUNITY AND RENEWAL SCHOOL PROGRAMS, THE ORGANIZATION PARTNERS WITH

233 ELEMENTARY, MIDDLE AND HIGH SCHOOLS TO PROVIDE ACCESS TO DATA TOOLS

AND SUPPORT THROUGH THE SDC PROCESS.

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

AND COLLEGE COUNSELORS THROUGH THE WORK OF THE COLLEGE & CAREER

READINESS UNIT.

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

POLICY, RESEARCH AND INNOVATION - NEW VISIONS IS COMMITTED TO

DEVELOPING NEW STRATEGIES, IDEAS, AND SOLUTIONS FOR THE CHALLENGES

FACING EDUCATORS AND STUDENTS. NEW VISIONS IS DEDICATED TO SCALING OUR

RESULTS AND FINDINGS ON BOTH A LOCAL LEVEL AND A NATIONAL LEVEL. OUR

SMALL SCHOOL DESIGN PROGRESS WAS ADOPTED BY THE NYC DOE TO CREATE

HUNDREDS OF SMALL SCHOOLS. OUR INQUIRY METHODOLOGY, DEVELOPED AND

PILOTED BY NEW VISIONS, IS NOW USED IN EVERY PUBLIC SCHOOL THROUGHOUT

THE CITY AND HAS NATIONAL REACH IN OTHER CITIES.

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

FORM 990 IS PREPARED BY CBIZ MHM LLC, AN INDEPENDENT ACCOUNTING FIRM, BASED

ON THE INFORMATION PROVIDED BY THE CFO. THE PRESIDENT, CFO, AND COO

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

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

832211 10-10-18

Name of the organization NEW VISIONS FOR PUBLIC SCHOOLS INC

Employer identification number 13-3538961

TOGETHER REVIEW AND APPROVE FOR FILING. THE BOARD'S EXECUTIVE COMMITTEE

WILL ALSO RECEIVE A COPY OF THE 990. A COPY OF THE 990 WILL BE DISTRIBUTED

TO EACH BOARD MEMBER PRIOR TO THE SUBMITTING TO THE IRS.

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

UPON HIRE ALL EMPLOYEES SIGN DISCLOSURE STATEMENTS DESCRIBING ANY OUTSIDE

ACTIVITIES. IN EVENT AN EMPLOYEE'S STATUS CHANGES IN THIS REGARD EMPLOYEES

ARE REQUIRED UNDER POLICY TO DISCLOSE OUTSIDE BUSINESS RELATIONSHIPS. THIS

IS EXPLAINED TO ALL STAFF AS PART OF NEW HIRE ORIENTATION TRAINING.

EMPLOYEES ALSO SIGN OFF ANNUALLY ON AN UPDATED RELEASE OF THE EMPLOYEE

HANDBOOK. STATEMENTS OF DISCLOSURE ARE REVIEWED BY THE DIRECTOR OF HR AND

IF THERE IS ANY POTENTIAL/REAL CONFLICT IT IS RAISED TO THE COO. FOLLOWING

DISCUSSION THE COO OR THE DIRECTOR OF HR WILL CONTACT THE EMPLOYEE TO

RESOLVE THE CONFLICT. BEFORE THE ANNUAL ELECTION, BOARD MEMBERS ARE ASKED

TO DISCLOSE ANY POTENTIAL/REAL CONFLICT THAT MAY IMPACT THEIR GOVERNANCE

ROLE. BOARD MEMBERS WITH A REAL CONFLICT WILL NOT BE PERMITTED TO ASSUME A

BOARD ROLE OR MUST RECUSE THEMSELVES FROM DECISIONS CONCERNING THE REAL

CONFLICT. ALL CONFLICTS ARE HANDLED ON A CASE-BY-CASE BASIS.

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

SALARY COMPENSATION FOR THE PRESIDENT, COO AND VICE PRESIDENTS IS

DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. IN

DETERMINING COMPENSATION, THE EXECUTIVE COMMITTEE WILL REFER TO PUBLISHED

SALARY SURVEYS AND INDEPENDENT RESEARCH AS DEEMED NECESSARY.

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

CURRENTLY THE 990 IS MADE AVAILABLE THROUGH CHARITY NAVIGATOR AND GUIDESTAR WEBSITES. THE ANNUAL AUDIT IS ON THE NEW VISIONS WEBSITE AND SELECTED

Name of the organization NEW VISIONS FOR PUBLIC SCHOOLS INC	Emp	Employer identification number 13-3538961				
FINANCIAL INFORMATION IS INCLUDED IN THE ANNUAL REPORT WH	ICH :	IS Z	ALSO	ON	THE	
WEBSITE. DONORS ARE PROVIDED HARD AND SOFT COPIES UPON RE	QUES'	т.				
FORM 990, PART XII, LINE 2C:						
NO CHANGES WERE MADE DURING THE TAX YEAR.						