990 Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service 09-30 For the 2016 calendar year, or tax year beginning , 2017 В Name of organization Vista Center Check if applicable D Employer identification no Address change Doing business as 13-4230715 Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number (810) 238 - 2970 Initial return 249 Peer Avenue 127,920 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Flint, MI 48503 Amended return G Gross receipts \$ Application pending Name and address of principal officer C Patrick Beal H(a) is this a group return for subordinates? Yes Same as C above H(b) Are all subordinates included? Yes No 501(c)(3) 501(c) (4947(a)(1) or 527 Tax-exempt status (insert no If "No." attach a list (see instructions) Website: ► N/A Group exemption number X Other ▶ Non Profit 2000 Form of organization Association L Year of formation State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities Day Time Support and Advacacy Non Profit Organization support for Disabled Adults in Genesee County, Improve Skills for Independent Activities & Governance Living and Social Skills Work. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) scanned feb 92 2018 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12-7a 0 Net unrelated business taxable income from Form 990-T, line 34-0 Prior Year Current Year 2 127,20d 127,920 Contributions and grants (Part VIII, line 1h) 8 JAN 1 S 2018 9 Program service revenue (Part VIII, line 2g) 4.760 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 131,960 127,920 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 72,317 64,440 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 56,624 58,940 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 128,941 123,380 19 Revenue less expenses Subtract line 18 from line 12 3,019 4,540 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,019 7,559 21 Total liabilities (Part X, line 26) 7,559 22 Net assets or fund balances Subtract line 21 from line 20 3,019 Part II Signature Block Under penalties of penury, 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 C Patrick Beal Sign Signature of officer Here Patrick Beal, Officer Director Type or print name and title Date Check Print/Type preparer's name Preparer's signature Paid 12-30-20 P00403565 Mohammad Kanji Mohammad Kanj self-employed **Preparer** Firm's name Liberty Tax Service Furm'S EIN **Use Only** Phone no Firm's address 3218 South Dort Highwa Flint MI 48507 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

EEA

	990 (2016) Vista Center	13-4230715	5 P
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> </u>
•	Day Time Support and Advacacy Non Profit Organization support for Disabled	Adulta in Ga	22000
	County, Improve Skills for Independent Living and Social Skills Work.	Addits in Ge	HEBE
	councy, improve ballis for independent biving and bottal ballis work.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. 🗌 Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	. 🗌 Yes	X No
4	If "Yes," describe these changes on Schedule O.		
•	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complish the complete the complete services.		
	the total expenses, and revenue, if any, for each program service reported.		
la	(Code) (Expenses \$ 123,380 including grants of \$) (Revenue	\$ 12	7,920
ra	Grant Received From Genesee Health System (GHS) Medical Group.	Ψ	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	order Received From October Received by Decim (dib) Realed Cross.	·	

			-
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
			-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$,
4d	Other program services (Describe in Schedule O.)		
-		,	
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>	

ABO

Form 990 (2016) Vista Center Part IV Checklist of Required Schedules

	,			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	. 1	Х
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		Х
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		Х
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		Χ
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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			,
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	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 167 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		_X_
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i		
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		-11
	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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a ⁹ If "Yes," complete Schedule G, Part II	18		Х
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		Х
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Form 990 (2016) Part IV C 16) Vista Center Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
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		Χ
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	j		
	\$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		X
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			**
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		v
_	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)	20.0		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
2 9 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		- 11
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	J.		
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form	990 (2016) Vista Center	13-4230715	F	age
Pa	rt 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	q		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	ļ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tay returns?			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		-	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ <u>.</u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
	gifts were not tax deductible?	6b	-	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10	 	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec	-		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
a	Gross income from members or shareholders 11a			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	-	· · · ·
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ч	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			ĺ
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			$\overline{\mathbf{X}}$
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	<u> </u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-	. !	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7	- :	'	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint		Í	
	one or more members of the governing body?	7a	1	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	l	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	Х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<u> </u>	
000	CONT. D. 1 Onoics (This Section & requests information about policies not required by the internal November Code)		Yes	No
10a	Dud the erganization have lead chanters branches or efflication?	10a	162	X
_	Did the organization have local chapters, branches, or affiliates?	104		- 22
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h	1	
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40.		v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	,
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	 	X
15	Did the process for determining compensation of the following persons include a review and approval by		-	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ĺ	
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ŧ	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		-	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		Ì	
	organization's 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 Michigan			···
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available Check all that apply			
40	- · · · · · · · · · · · · · · · · · · ·			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	C. Patrick Beal (810)336-5445, 249 Peer Avenue, Flint, MI 48503			

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Vista Center

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Part VII	Compensation of Officers,	Directors, Tru	stees, Key Emp	loyees, Highest Com	pensated Employee	s, 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.

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

Check this box if neither the organization nor any related	d organization	comp	ens	ated	any	curre	nt of	fficer, director, or tr	ustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unles	Pos eck m ss per	son is	na one as both as both as both as true employee	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) C Patrick Beal Director	40.00	х		Х		х		31,000	0	0
(2) Greg Zafiroff Program Specialist	20.00	х	х	Х				26,800	0	0
(3) Bryant Cox Staff Aid	12.00				X			3,220		0
(4) Matt Nelson Staff Aid Trainee	5.00				X	ļ		3,420	0	0
(5)										
<u>(6)</u>										
(7)										
(8)					_				 -	
(9)										
(10)										
(11)					_					
(12)										
(13)										
(14)										

Part VII	Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	nd l	ligh	est (Comp	ens	ated Employees	(continued)			
	(A) Name and title	(B) Average hours per	box, ı	unless	pers	tion ore tha on is t	an one both an rustee)		(D) Reportable compensation	(E) Reportable compensation from	1	(F) stimated mount or	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org ar	other npensati from the ganization nd relate ganization	ed
15)													
16)													
17)					_						-		
18)													
19)													
20)						_							
21)		-											
22)													
2 <u>4)</u> 									· 			·	
2 <u>5)</u> 		<u> </u>											
	ub-total otal from continuation sheets to Part VII, Section	 on A				 	i	>			+		
d To	otal (add lines 1b and 1c)	<u>.</u> .							64,44	d c			
	otal number of individuals (including but not limited portable compensation from the organization	to those list	ed abo	ve) v	who	rece	ived r	nore	than \$100,000 of	C			
	periasio compendation month the organization	_				_						Yes	No
	d the organization list any former officer, director,												1
	nployee on line 1a? If "Yes," complete Schedule Jor any individual listed on line 1a, is the sum of rep				 and c			 Sens:			3	 	X
	ganization and related organizations greater than											E	
inc	dividual										4		X
	d any person listed on line 1a receive or accrue c	-									_		X
	B. Independent Contractors	complete Sci	neaule	J IOI	suc	пре	rson				5	Щ.	<u> </u>
1 Co	omplete this table for your five highest compensation promise the organization report compe												
ye.	-	iisalion loi lii	ie caie	IIuai	yea	- 6110	ang w	nui o		Zalion's lax			
	(A) Name and business address								(B) Description of	ľ		(C) pensatio	on
									-				
			•										
	otal number of independent contractors (including ceived more than \$100,000 of compensation from			ose	liste	dabo	ove) w	/ho					

13-4230715

Part \	VIII	Statement of Revenue Check if Schedule O contains a respons	e or no	ate to any line in thi	s Part VIII			. г
	***************************************	Oriect ii Schedule O contains a resports		See Gary mic iii Uii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1a					
rant	b	Membership dues	1b					
S, E	С	Fundraising events .	1c					
ar E	d	Related organizations	1d		<u> </u>			
ns, (Sim	е	Government grants (contributions) .	1e					
utio her	f	All other contributions, gifts, grants,						
₫ŏ		and similar amounts not included above	1f_	127,920			ŧ I	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-						
	h	Total. Add lines 1a-1f		<u> ▶</u>	127,920			
				Business Code			ļ	
e u	2a					<u> </u>		
Şe	b							
٧ice	С							
Sei	d							
Program Service Revenue	e	All other programmes and the second						<u> </u>
Pro	1	All other program service revenue				m		
		Total. Add lines 2a-2f		· · · · · •				
	3	Investment income (including dividends, into and other similar amounts)		•				
	4	Income from investment of tax-exempt bone						
	5	Royalties		_				
	•	(ı) Rea		(II) Personal			-1000	
	6a	Gross rents	-		[
		Less: rental expenses .						
	1	Rental income or (loss)]			
	d	Net rental income or (loss)		>]			
	7a	Gross amount from sales of (i) Security	es	(ii) Other			-	
		assets other than inventory]		-	
	ь	Less. cost or other basis			[
		and sales expenses						
	С	Gain or (loss)						
_		Net gain or (loss)		<u> </u>				
ng.	8a	Gross income from fundraising					÷	
Other Reven		events (not including \$			<u> </u>		•	
Ř		of contributions reported on line 1c)					-	
the	١.	See Part IV, line 18	_		-{		1	
0	1	Less direct expenses			-			
		Net income or (loss) from fundraising even:	lS .					
	ya	Gross income from gaming activities. See Part IV, line 19	а				1	
	۱ ۲		1.		-			
		Net income or (loss) from gaming activities		•	-		Ī	
	1		• •					
	10a	Gross sales of inventory, less returns and allowances	. а					
	b	Less' cost of goods sold			1			
	1	Net income or (loss) from sales of inventor		•				
		Miscellaneous Revenue		Business Code		-	-	
	11a		_]			
	b							
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	42	Total revenue. See instructions			127,920		d	ď

13-4230715

Part IX Statement of Functional Expenses

Do no	Check if Schedule O contains a response or note to a ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D) Fundraising
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				*************************
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	64,440	64,440		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	474	474		
14	Information technology	2,500	2,500		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,590	7,590		
23	Insurance	7,390	7,330		······
24	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 O)		1		
_	(A) amount, list line 24e expenses on Schedule () Job Training	14,890	14,890		
a	Supplies	7,361	7,361	-	
b	Activities	7,990	7,990		
c d	Transportation	8,885	8,885		
e	All other expenses	9,250	9,250		
25	Total functional expenses. Add lines 1 through 24e .	123,380	123,380	0	0
26	Joint costs. Complete this line only if the	223,300			
	organization reported in column (B) joint costs				
	from a combined educational campaign and			1	
	fundraising solicitation Check here			1	

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 3,019 1 7,559 2 2 3 Pledges and grants receivable, net . . . 3 4 Accounts receivable, net . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . | 10a | b Less accumulated depreciation 10b 11 11 12 Investments - other securities See Part IV, line 11 . . Investments - program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 . 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,019 16 7,559 17 18 19 Deferred revenue . . . 19 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, iabilities. trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 28 Temporarily restricted net assets . . Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 3,019 30 7,559 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 Total net assets or fund balances . . . 3,019 33 7,559 Total liabilities and net assets/fund balances 3,019 34 7,559

		13-423071	5	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	27,	920
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	23,	380
3	Revenue less expenses. Subtract line 2 from line 1	. 3		4,	540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,	019
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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		7,	559
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. 🔯 Cash 🔲 Accrual 🔲 Other		''		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		Ì		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		i		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule 0				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA			Form	990 (2016)

SCHEDULE A

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.

OMB No 1545-0047

2016

Open to Public

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Internal Revenue Service Name of the organization Employer identification number Vista Center 13-4230715 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{X} 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c U Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2016 Vista Center 13-4230715 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . 126,20d 115,00d 127,200 127,20d 127,92d 623,520 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 127,20d 127,200 127,920 126,20d 115,00d Total. Add lines 1 through 3 623,520 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) 609,850 Public support. Subtract line 5 from line 4 13,670 Section B. Total Support (a) 2012 (d) 2015 Calendar year (or fiscal year beginning in) > (b) 2013 (c) 2014 (e) 2016 (f) Total 115,00d Amounts from line 4 . 126,200 127,20d 127,20d 127,92d 623,520 Gross income from interest, dividends. 8 payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . 623,520 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ 🗌 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 2.19 % 15 2.20 % 15 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	rt III	Support Schedule for Org	a Center	escribed in Sa	ection 509(a)(2	<u> </u>	13-4230715	Page 3
rai	(L tit	(Complete only if you check	ed the hoy on	line 10 of Part	Lor if the organ	· <i>)</i> nization failed 1	o qualify under	Part II
		If the organization fails to quality	ualify under the	e tests listed b	elow please co	mplete Part II.)	1 u.c.i.
ec	tion A	. Public Support	daily diloci til	o tooto notou o	olott, picace co			
		ar (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	•	nts, contributions, and membership fees	(-)		\ \frac{1}{1}		/	
•		(Do not include any "unusual grants")						
2		ceipts from admissions, merchandise						
	furnished	ervices performed, or facilities In any activity that is related to the Inon's tax-exempt purpose					.′	
3		ceipts from activities that are not an I trade or business under section 513.				, "		
4	organizat	nues levied for the ion's benefit and either paid ended on its behalf				,		
5		e of services or facilities			,	J.		
	organiza	by a governmental unit to the			/			
6	Total. Ad	Id lines 1 through 5			/ -		-:	
7a		included on lines 1, 2, and 3 from disqualified persons			/			
b		included on lines 2 and 3						
	persons	from other than disqualified that exceed the greater of \$5,000 the amount on line 13 for the year						
С		and 7b		7				
8		upport. (Subtract line 7c from				· ·		
<u> </u>	line 6)	3. Total Support	<u> </u>		<u> </u>			
		ar (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	-	from line 6	/	, ,,,,,,				
0.	Cross in	come from interest, dividends,	/					
Va	payment	s received on securities loans, rents, and income from similar sources						
b	section 5	d business taxable income (less i11 taxes) from businesses after June 30, 1975						
С	•	s 10a and 10b						
1	activities	me from unrelated business not included in line 10b, whether						
	or not the	e business is regularly carried on		-		~-	-	
12	loss fro	ncome. Do not include gain or m the sale of capital assets n in Part VI)						
13	Total s	upport. (Add lines 9, 10c, 11,						
14		ve years. If the Form 990 is for the orgation, check this box and stop here	ganization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	. ▶ 🗆
Sec		C. Computation of Public Su						
		support percentage for 2016 (line 8, co			7)		15	9/
6	Public s	support/percentage from 2015 Schedu	ule A, Part III, line	15 <i>.</i>		<u> </u>	16	
		D. Computation of Investme					T 4= 1	
17 18							17	<u>%</u>
	33 1/39	% support tests - 2016. If the organize the more than 33 1/3%, check this box	ation did not check	the box on line 14	, and line 15 is mor lifies as a publicly s	re than 33 1/3%, ar supported organiza	nd line tion	▶ 🗆
b	33 1/3%	6 support tests - 2015. If the organizes not more than 33 1/3%, check this	ation did not checl	k a box on line 14 c	or line 19a, and line	16 is more than 33	3 1/3%, and	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of 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.
- 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, Ioan, compensation, or other similar payment to a substantial contributor (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)

1		Yes	No
	1		
	2		
	3a_		
	3b		
	3с		
	4a		
	4b		
	4c		
	7	1	
	5a		
	5b		
	5c		
	7	-	
	8		
	9a		
	9b	-	
	9с		
	10a		
A (E	10b	<u> </u>	-EZ) 201

	e A (Form 990 or 990-EZ) 2016			
Par	t IV Supporting Organizations (continued)		V	
			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		
	below, the governing body of a supported organization	11b		
	A family member of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
Sec	ion B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	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		
	organizations and what conditions of restrictions, if any, applied to door powers as my time tax years			
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	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			
	Son or type in outper time of the control of the co		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			, ,,,,,,,
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	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		Į	
	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?	11	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
4	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		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	• •		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instr	uctio	ns)
а	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.	. (000	unotes	uction
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(866	Voc	No
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		}	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Ì	
	how the organization was responsive to those supported organizations, and how the organization determined	2a	[
_	that these activities constituted substantially all of its activities.	La		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	1	
_	activities but for the organization's involvement.	20	 	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	1	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	1	1
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	Ja	1	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3ь	Ī	
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (exp	laın in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zatior	s must complete Sect	ions A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	-		1
instructions for short tax year or assets held for part of year):	ļ		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	ļ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	i light in the second of the s	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	11.11	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	-11-11	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	/-inte	grated Type III suppor	ting organization (see
instructions).			

а

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 31

Part VI. See instructions.

Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

and 4c.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer Identification number 13-4230715 Vista Center 01. Governing body meeting documentation (Part VI, line 8a) The 32 Year Old Center - A 501(C)3 Continues to exist by Mainly a 100% grant and income from Genesee Health System (GHS). Vista Daycare Center is designed for care of Disabled Adults. 02. Form 990 governing body review (Part VI, line 11) By Monthly Meetings. 03. CEO, executive director, top management comp (Part VI, line 15a) By Consent of Board Members 04. Governing documents, etc, available to public (Part VI, line 19) On Demand