990

Return of Organization Exempt From Income Tax CHANGE OF ACCOUNTING PERIOD PURSUANT TO REV PROC 85-58

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.

OMB No 1545-0047 2017

Open to Public

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning , 2017, and ending 10-01 2018 09-30 Check if applicable C Name of organization Vista, Center D Employer identification no Address change Doing business as 13-4230715 Name change Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number Initial return 249 Peer Avenue 810) 238-2970 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Flint, MI 48503 Amended return 129000 Application pending Name and address of principal officer C Patrick Beal ∐ Yes 🐰 No H(a) is this a group return for subordinates? Same as C above H(b) Are all subordinates included? 501(c)(3) 501(c) ( 4947(a)(1) or Tax-exempt status ) (insert no.) If "No " attach a list (see instructions) Website -N/A H(c) Group exemption number X Other ▶ Form of organization Corporation Trust | Association Non Profit 2000 L Year of formation M 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) 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 4 6 Total number of volunteers (estimate if necessary) 7 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Prior Year SCPROPER ISSUED | MAR 188 2013 Contributions and grants (Part VIII, line 1h) 127920 129000 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) · · · · · 0 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) 127920 129000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 61500 64440 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 58940 68145 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 123380 129645 19 Revenue less expenses Subtract line 18 from line 12 4540 (645) Beginning of Current Year End of Year Net Assets Cund Balanc 20 6914 Total assets (Part X, line 16) 7559 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances Subtract line 21 from line 20 7559 6914 Part II Signature Block Under penalties of periory, 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 Charles P Beal Sign Signature of officer Here Charles P Beal, Officer Director Type or print name and title Date\_ Print/Type preparer's name Check ıf Paid Mohammad Kanji 2=05-2018 self-employed P00403565 Preparer Firm's name Firm's EIN Liberty Tax Use Only Firm's address 3218 South Dort Highway Phone no Flint MI 48507 810-744-1040

> Form 990 (2017) a22 110

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2017) Vista Center	13-4230715	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	• • • • • • • •	<u>····</u>
	Briefly describe the organization's mission		
	Day Time Support and Advacacy Non Profit Organization support for Disabled A	dults in Gen	esee
	County, Improve Skills for Independent Living and Social Skills Work.		
	<del></del>		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · · · · · Yes	No 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	<b>⋉</b> 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 measure		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers,	
	the total expenses, and revenue, if any, for each program service reported		
40	(Code ) (Finance C ) (P)		
4a	(Code) (Expenses \$129645 including grants of \$129000 ) (Revenue	\$ <del></del>	,
	Grant Received From Genesee Health System (GHS) Medical Group.		
		<del></del>	
	,		
•			
4b	(Code) (Expenses \$including grants of \$) (Revenue	•	
75	(Code) (Expenses 4) (Nevenue	Ψ <u></u> -	
	<del></del>		
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	<u> </u>	<u> </u>
		<del></del>	
4d	Other program services (Describe in Schedule O )		
-	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e			

Page 3

Part IV **Checklist of Required Schedules** No 1 \ Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 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 Χ . . . . . . . . . . . . . . . . . . . 4 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 98-197 If "Yes," complete Schedule C, Χ 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 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Χ 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 Χ 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 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII ........ c 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 Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ................. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Χ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ .13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ 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 Χ . . . . . . . . . . . . . . . . 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 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Part IV

Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ 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 Χ 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 Χ 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. Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Χ 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? 25b Χ 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 Χ 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 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ......... 27 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) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV X Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ - 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I ............ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Χ 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 Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ related organization? If "Yes," complete Schedule R, Part V, line 2 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, 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

	990 (2017) Vista Center 13-42307	L <u>5</u>	_ P	age 5
Par	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			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<b></b>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لــــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
D .	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ļ		1
	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		$\frac{1}{X}$
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		\ \frac{\lambda}{\lambda}
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<del>                                     </del>
	gifts were not tax deductible?	6b		1
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			.
	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		\- <del></del> -	
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	9a		
a · b	Did the sponsoring organization make any taxable distributions under section 4966?	9b	-	X
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		+
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 10b	1		
11	Section 501(c)(12) organizations. Enter	1	1	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.		
	against amounts due or received from them )		ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	-		
	the organization is licensed to issue qualified health plans	1	}	
c	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990	(201	7)
------	-----	------	----

Vista Center

13-4230715

Page 6

Par		lo"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		
Sect	ion 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	.4	Ì	- 1
	committee, explain in Schedule O			- 1
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		Χ
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		<u>X</u>
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		Χ
6	Did the organization have members or stockholders?	6_		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a_		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		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
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		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	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 chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		L
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	<u> </u>
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	<u> </u>		
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	<b> </b>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ائــــا
	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	1	١.	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	<u> </u>		لـــــــــــــــــــــــــــــــــــــ
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	ction 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			
	Own website Another's website Upon request Other (explain in Schedule O)			
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			

	<del></del>		
E . 000 /004			
Form 990 (201	7 120 ta 0011t02	13-4230715	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
•	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	_· _· 🔲
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or with lax year	n the	
	f the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of a Enter -0- in columns (D), (E), and (F) if no compensation was paid	amount of	
<ul> <li>List all o</li> </ul>	f the organization's current key employees, if any See instructions for definition of "key employee"		
who received i	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or key el eportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from and any related organizations		
	f the organization's <b>former</b> officers, key employees, and highest compensated employees who received more portable compensation from the organization and any related organizations	e than	
	f the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or truste nore than \$10,000 of reportable compensation from the organization and any related organizations	e of the	
List persons in	the following order individual trustees or directors, institutional trustees, officers, key employees, highest		
compensated	employees, and former such persons		
Check this	box if neither the organization nor any related organization compensated any current officer, director, or trus	tee	

Check this box if neither the organization nor any related	organization	compe	ensa	ited a	any	curren	t offi	cer, director, or tru	stee	
				(	C)		Į			
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					an one		Reportable	Reportable	Estimated
Name and The	hours per					both an (trustee)		compensation	compensation from	amount of
	week (list any				00.0		ļ	from	related	other
	hours for	0 =	Ī		- x	0 Т	_	the	organizations	compensation
	related organizations	Individuai trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ecto	ğ	4	ğ	est c	욕	(** 2 *****)		and related
	line)	\	9	l	oye.	, ă	1			organizations
	1	8	uste		"	S.				
	Ì	1 1	9	1		ated				
								l		
(1) C Patrick Beal	40.00									
Director		X		X	Х			37000	0_	0
(2) Greg Zafiroff	20.00									
Program Specialist		Χ_	Χ	_X			_	14800	00	0_
(3) Bryant Cox	12.00									
Staff Ald					Χ			4200	0_	0
(4) Matt Nelson	5.00									
Staff Aid Trainee					Х			5500	o_	o
(5)										
								}		
· <u>(6)</u>					$\Box$					
		) '					1	Ì		
(7)	<b>—</b>			$I^-$			$I^-$		<del> </del>	
	· <del>                                    </del>					-				
(8)		<del>                                     </del>		<del>                                     </del>	$\vdash$	t	<u> </u>	<del></del>	<del> </del>	
27										
(9)	<del>                                     </del>	+-	-	╁	├─	<del>                                     </del>	<del> </del>	<del></del>		
(9)	-} <b>-</b>									
(10)	<del>                                       </del>	+	-	┼-	╁	├──	-	<del>                                     </del>	<del> </del>	<del> </del>
<u>(10)</u>					ļ	Į		į		ļ
(44)	<del> </del>	+-	$\vdash$	┼─	⊢	┼	+-	<del> </del>	<del> </del> -	<del>                                     </del>
(11)		-	[							
(40)	<del> </del>	+-	├	╀	├-	┼	+-	<del> </del>	<del> </del>	
(12)				1	1	1				
(40)		+-	├-	<del> </del>	╀	<del> </del>	┼	<del> </del> -	<del> </del>	<u> </u>
(13)				1			Ì			1
<del></del>		<del> </del>	-	<del> </del>	$\vdash$	├	┼	ļ	<del></del>	
(14)	-	.								
	<u> </u>			<u> </u>			<u> </u>		<u> </u>	<u> </u>

	(2017)	

Vista Center

17		A	2	2	$\sim$	7	4	_
	-	4	_	٠,	.,	•		~

Page 8

•	week (list any					both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estmated amount of other	
		hours for related organizations below dotted line)	Indvidual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>											
(16)						_					
<u>(17)</u>											
<u>(18)</u>											1
(19)											
(20)								-			
(21)											
(22)											
(25)											
1b c d	Sub-total	on A						•	6150	0 0	0 0
2	Total number of individuals (including but not limited reportable compensation from the organization			_							0
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule		•				-		pensated		Yes No
4	For any individual listed on line 1a, is the sum of reportanization and related organizations greater than individual	\$150,000? //	f "Yes;	" cor	nple	te S	chedu	le J	for such		4 X
5 Secti	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," on B. Independent Contractors						_		ion or individual	• • • • • • • • • • • • • • • • • • • •	
1	Complete this table for your five highest compensation from the organization. Report compensation from the organization.	· ·									
	(A) Name and business address								Description of		(C) Compensation
						_					
						_					
2	Total number of independent contractors (including received more than \$100,000 of compensation from			nose	liste	d al	oove) v	who			1 211

Form 99		12000 001					13-423071	5 Page 9
Part \	/111	Statement of Revenue	9					
		Check if Schedule O contains	a response or	note to any line in thi	s Part VIII	· · · · · · · · ·		<u> </u>
		,	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns · · · ·	1	а				
oun our	b	Membership dues · · · · ·	11	b	]			
Am A	C	Fundraising events · · · · ·		c	1			
Giff	d	Related organizations · · · ·		<u>d</u>	<u> </u>		1	
Sim.	θ	Government grants (contributio	· —	9	<u> </u>	Ì		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gra	1			ļ		· ·
dot	_	and similar amounts not include			-	ŀ		
a Co	9	Noncash contributions included <b>Total</b> . Add lines 1a-1f · · ·			100000			
<del></del>		Total. Add lines ra-II	<del></del>		129000			
an e	2a			Business Code	<del></del>			
ever	b				<del> </del>			<del></del>
93 K	c							
Š	d				<del>   </del>			
S	е			-				<del></del>
Program Service Revenue	f	All other program service revenu	ıe · · · · ·					
ة	g	Total. Add lines 2a-2f	<u>.</u>					
	3	Investment income (including di	vidends, interes	it,				
		and other similar amounts) · ·						<del></del>
	1	Income from investment of tax-e						
	5	Royalties	· · · · · · · ·	· · · · · · · •	<del> </del>			<del></del>
			(ı) Real	(II) Personal	-			
	1	Gross rents			<u> </u>			
	1	Less rental expenses · · · ·			-			ļ
	1	Rental income or (loss) · · · [						
	l	Net rental income or (loss)			<del> </del>			
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other	-  - ,			
	b	Less cost or other basis and sales expenses · · · ·						
	1	Gain or (loss)						
6)		Net gain or (loss) · · · · ·		· <u>· · · · · · · · · · · · · · · · · · </u>	<del> </del>			<del></del>
Other Revenue	8a	Gross income from fundraising						
. 8		events (not including \$						
<u>۔</u> ج		of contributions reported on line	•					ŀ
the case	h	See Part IV, line 18 · · · · · Less direct expenses · · ·			-			į
. 0		Net income or (loss) from fundra			- <del></del>		<del></del>	
	1	Gross income from gaming acti						
		See Part IV, line 19 · · · ·		a	,			
	ь	Less direct expenses · · ·			┤ 、			
		Net income or (loss) from gamil					<del></del>	
		Gross sales of inventory, less						
	}	returns and allowances · · ·		a				
	ı	Less cost of goods sold $\cdots$						
	_ <u>c</u>	Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code	<u> </u>	<u> </u>		
	11a			-	<del> </del>	ļ		
	b			_	<del> </del>			
	C	All other revenue · · · · ·	<del></del>	-	<del></del>	<del> </del>	<del></del>	
	1	Total. Add lines 11a-11d						
		Total revenue. See instruction:						

	TIX   Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all colo	umns All other organiza	itions must complete co	olumn (A)	
	Check if Schedule O contains a response or note to a	iny line in this Part IX			· · · · · · · · · · · · · · · · · · ·
Do no	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	iotal oxpenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				<u> </u>
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	_	T		
	trustees, and key employees	61500	61500		
6	Compensation not included above, to disqualified		T	_	
	persons (as defined under section 4958(f)(1)) and		į		
	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 · · · · · · · · · · · · · · · · · · ·	1800	1800		
C	Accounting	500	500		
d	Lobbying				
е	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) · ·				ļ <u>.</u>
12	Advertising and promotion				<del> </del>
13	Office expenses · · · · · · · · · · · · · · · · · ·	580	580		
14	Information technology	2500	2500		
15	Royalties			· · · · · · · · · · · · · · · · · · ·	<del></del>
16	Occupancy	9500	9500	ļ <del></del>	ļ <u>.                                    </u>
17	Travel				<del> </del>
-18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·	<del> </del>
19	Conferences, conventions, and meetings · · · · · ·	400	400	<del>_</del> -	<del> </del>
20	Interest · · · · · · · · · · · · · · · · · · ·	<u> </u>			<del></del>
21	Payments to affiliates	<u></u>			<del> </del>
22	Depreciation, depletion, and amortization	<u> </u>			<del>                                     </del>
23	Insurance	7300	7300		<del> </del>
24	Other expenses litemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			<u> </u>	<del> </del>
а	Job Training	16645	16645		<del> </del>
b	Supplies	11270	11270		ļ
C	Activities	8350	8350		
d	Transportation	9300	9300		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	129645	129645	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				1
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)		1	}	

Part X

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 7559 6914 2 2 3 3 Pledges and grants receivable, net ................ 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 7 **Assets** Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a b Less accumulated depreciation . . . . . . . . . . . . . . . 10b 10c 11 11 12 Investments - other securities See Part IV, line 11 ........ 12 13 Investments - program-related See Part IV, line 11 ...... 13 14 14 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 7559 6914 17 17 18 18 19 Deferred revenue 19 20 20 21 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 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 Total liabilities. Add lines 17 through 25 ......... 0 26 Organizations that follow SFAS 117 (ASC 958), check here | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets ...... 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 7559 30 6914 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 7559 6914 34 Total liabilities and net assets/fund balances 34 7559 6914

Form	990 (2017) Vista Center 1:	3-423071	5	Pa	ge 12
Par	t XI' Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u>.</u> <u>.</u> .			. 🔲 _
1 '	Total revenue (must equal Part VIII, column (A), line 12)	1		1290	00
2	Total expenses (must equal Part IX, column (A), line 25)	2		1296	345
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3		(6	545)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75	559
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		69	914
Pai	t XII』 Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·		· · ·	<u>. 🛛 </u>
				Yes	No
1	Accounting method used to prepare the Form 990 🐰 Cash . 🗌 Accrual 📗 Other	<del></del>			l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				'
	Schedule O			, 	<u></u>
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		1		) :
	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		ļ		,
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			12	مرسيسا و ا
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	<b> </b> ,	ļ
	Schedule O			ــــــــــــــــــــــــــــــــــــــ	
3а	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	· · · · ·	3b		
EEA			Form	990 (	(2017)

## **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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer Identification number

_		Center					13-423071		
Pa	rt I	Reason for Public Charity	Status (All org	ganizations must co	mplete t	this part	) See instruction	s	
he d	orgar	nization is not a private foundation becau	ise it is (For lines 1	1 through 12, check only	one box )				7
1		A church, convention of churches, or as	ssociation of church	hes described in section	170(b)(1)(	(A)(i).			
2		A school described in section 170(b)(1	I)(A)(ii). (Attach Sc	hedule E (Form 990 or 9	90-EZ))			( ) <i>(</i>	/
3		A hospital or a cooperative hospital ser	vice organization d	escribed in section 170(	b)(1)(A)(iii	).			
4		A medical research organization operation	ted in conjunction v	vith a hospital described	ın section	170(b)(1)(.	A)(iii). Enter the	/	
	_	hospital's name, city, and state	ŕ	•					
5	П	An organization operated for the benefit	t of a college or un	iversity owned or operate	ed by a gov	ernmental	unit described in		
	_	section 170(b)(1)(A)(iv). (Complete Pa	art II )	,	, ,				
6	П	A federal, state, or local government or	•	described in section 17	0(b)(1)(A)(	v).			
7	$\overline{\boxtimes}$	An organization that normally receives	•			•	the general public		
		described in section 170(b)(1)(A)(vi).					<b>3</b>		
8	$\Box$	A community trust described in section		(Complete Part II )					
9	Ī	An agricultural research organization d			ed in coniu	nction with	a land-grant college		
	_	or university or a non-land-grant college							
		university		· ,	,				
0		An organization that normally receives	(1) more than 33 1	1/3% of its support from (	contribution	is, member	rship fees, and gross		
	_	receipts from activities related to its ex-		• • •		-	· · · · · · · · · · · · · · · · · · ·		
		support from gross investment income	•	•					
		acquired by the organization after June					-		
11		An organization organized and operate			•				
12	$\Pi$	An organization organized and operate					carry out the purposes	3	
		of one or more publicly supported orga	inizations described	d in section 509(a)(1) or	section 50	09(a)(2) S	ee section 509(a)(3).		
		Check the box in lines 12a through 12a		, , , ,				_	
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its su	pported or	ganization(	s), typically by giving		
		the supported organization(s) the	power to regularly a	appoint or elect a majority	y of the dire	ectors or tru	ustees of the		
		supporting organization You mus	t complete Part IV	, Sections A and B.					
	b	Type II. A supporting organization	supervised or cont	rolled in connection with	its support	ed organiz	ation(s), by having		
		control or management of the sup	porting organization	n vested in the same per	sons that c	ontrol or m	anage the supported		
		organization(s) You must comple	ete Part IV, Sectio	ns A and C.					
	C	Type III functionally integrated.	A supporting organ	ization operated in conni	ection with,	and functi	onally integrated with	,	
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections	A, D, and I	Ξ.		
	ď	Type III non-functionally integra	ited. A supporting o	organization operated in	connection	with its su	pported organization(	s)	
		that is not functionally integrated	The organization ge	enerally must satisfy a dis	stribution re	equirement	and an attentiveness	;	
		requirement (see instructions) Yo	u must complete	Part IV, Sections A and	D, and Pa	art V.			
	е	Check this box if the organization	received a written o	determination from the IF	RS that it is	a Type I, T	ype II, Type III		
		functionally integrated, or Type III	non-functionally into	egrated supporting orgar	nization				
	f	Enter the number of supported organic	zations · · · ·	· · · · · · · · · · · · · · ·		· · · · ·			Ĺ
	<u>g</u>	Provide the following information about	it the supported org	ganization(s)	<del></del>		, —-		
	1	(i) Name of supported organization	(ii) EIN	(Iti) Type of organization		rganization	(v) Amount of monetary	(vI) Amor other supp	
				(described on lines 1-10 above (see instructions))	docum	ir governing nent?	support (see instructions)	instruc	
				"	L		.		
					Yes	No			
(A)					1	}			
					<del> </del>	<del> </del>			
(B)					Ì				
					<del>                                     </del>	<del> </del>	<u> </u>		
(C)									
—-								_	
(D)					1				
(E)									
Tot		<del></del>	<del></del>		<del> </del>	<del> </del> -		<del></del>	
106	al		,	1			t .		

990 or 990-EZ) 2017 Vista Center 13-4230715
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 )

Sect	ion A. Public Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	115,000	127,200	127,200	127,920	129,000	626,320		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge					į			
4	Total. Add lines 1 through 3 · · · · ·	115,000	127,200	127,200	127,920	129,000	626,320		
5	The portion of total contributions by								
	each person (other than a		,			ı			
	governmental unit or publicly		•						
	supported organization) included on	'				·			
	line 1 that exceeds 2% of the amount					1			
	shown on line 11, column (f)		- •				613,794		
6	Public support. Subtract line 5 from line 4 · ·	l		<u></u>			12,526		
	tion B. Total Support	( ) 2040	#1.0044 T			110017			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	115,000	127,200	127,200	127,920	129,000	626,320		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10	1,41					626,320		
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13 Sec	First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public St	<u> </u>	<u> <u></u> <u>.</u></u>				▶□		
14	Public support percentage for 2017 (line 6,		<del></del>	<u> </u>		14	2.00 %		
15	Public support percentage from 2016 Scheo	• •	•	••		15	2.19 %		
1-Sa	33 1/3% support test - 2017. If the organiz								
	box and stop here. The organization qualifi	es as a publicly sur	ported organization	1					
b	33 1/3% support test - 2016. If the organiz	• • •	. •				_ <del>-</del>		
	this box and stop here. The organization qu	ualifies as a publicly	supported organiz	ation			▶ 📋		
17a	10%-facts-and-circumstances test - 2017	. If the organization	did not check a bo	x on line 13, 16a, c	or 16b, and line 14	ıs			
	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 "fac	ts-and-circumstand	es" test. The organ	ization qualifies as	a publicly supporte	ed .			
	organization · · · · · · · · · · · · · · · · · · ·						▶ 📋		
b	10%-facts-and-circumstances test - 2016	10%-facts-and-circumstances test - 2016. 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 r	meets the "facts-and	d-circumstances" te	est, check this box a	and stop here.				
	Explain in Part VI how the organization mee	ets the "facts-and-ci	rcumstances" test	The organization q	ualifies as a public	ly	_		
							▶ 📋		
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		_		
	instructions	· · · · · · · · ·	· · · · · · · · · ·	<i>.</i>	<u> </u>	<u> </u>	· · · · <b>&gt;</b> 🔼		

### Part III Support Schedule for Organizations Described in Section 509(a)(2) '(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Fotal Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 . 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 . . . Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Public support. (Subtract line 7c from Section B. Total Support (e) 2017 Calendar year (or fiscal year beginning in) (b) 2014 (c) 2015 (d) 2016 (f) Total (a) 2013 Amounts from line 6 · · · · · · · 10a Gross income from interest, dividends, payments received on securities loans, rents. royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b · · · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . . . 13 Total support. (Add lines 9, 10c, 11 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) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) % Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3%; support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18/s not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

### Part IV **Supporting Organizations**

(Complete only if you checked a box 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	<b>Organizations</b>
----------------	------------	----------------------

ect	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	[, ]		1
	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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		İ	
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2_		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			لـــــ
	(b) and (c) below	3a		<del></del> -
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		<b>\</b>
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	<u> </u>	
¢	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4 -	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
L	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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	4b	<del>  _</del>	
С	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 <b>Part VI</b> what controls the organization used			i
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40		لـــــا
<b>.</b>	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		ļ	, [
	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja	<del> </del>	
	designated in the organization's organizing document?	5b	ļ	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<del>                                     </del>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
U	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, (ii) other supporting organizations that also support or		ļ	<u> </u> ' '
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<u> </u>	$\vdash$	<del> </del>
•	(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)	7	·	
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).	8	-	1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		T-	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		-	1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		-
b			1-	† <del></del>
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	-	1
С			<b>†</b>	1, -
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	·
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.	10a	-	

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 )

Schedu	ule A (Form 990 or 990-EZ) 2017	.5	Р	age 5
Par	rt IV 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)	<u> </u>	 	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_ C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		1
	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,			
	doscribe 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		\ <del></del>
	and the terretain and the terretain of the second of the terretain of the	<u>                                   </u>	_	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	Ì		1
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1 1
	VI how providing such bonefit carned out the purposes of the supported organization(s) that operated,		}	
	supervised, or controlled the supporting organization.	2		
500	supervised, or controlled the supporting organization.		<u> </u>	<u> </u>
366	don o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the toy year also a majority of the directors		163	100
'	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ľ		1
	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 vosted in the same persons that controlled or managed		-	اــــا
<u> </u>	the supported organization(s)	1		<u> </u>
Sec	ction D. All Type III Supporting Organizations		1.4	<del></del> -
			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 ta	ı <b>X</b>		
	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	<u> </u>	<u> </u>
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	·	·
		\ <u> </u>	1	
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	╽	<u> </u>
Sec	ction 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 (se	e instru	ction	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			
t	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 en	tity (see	ınstru	ictions
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was rosponsive to those supported organizations, and how the organization determined		-	1
	that these activities constituted substantially all of its activities	2a		-
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<del></del>	+	+
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ŀ
		}		1
	reasons for the organization's position that its supported organization(s) would have engaged in these	25	_	
•	activities but for the organization's involvement.	2b	+-	+-
3	11		-	
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	<del></del>
ı	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	3b	!	

Schedule A (Form 990 or 990-EZ) 2017 Vista Center		13-423	0715 Page 6
Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (expla	ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	zatior	ns must complete Section	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u> </u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<del> </del>
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1-1		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	_ <del></del>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		<del> </del>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
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).		- t •	
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
Adjusted net income for prior year (from Section A, line 8, Column A)	1	-	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u> </u>	
7 Check here if the current year is the organization's first as a non-functionally	y-inte	grated Type III supporting	g organization (see

instructions)

Car		Supporting Organia	cations (continued)	<del></del>
	tion D - Distributions	<del></del>		Current Year
	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	ions		
	Amounts paid to acquire exempt-use assets	<del>_</del>		
	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
	Other distributions (describe in Part VI). See instructions	<del></del> -		
	Total annual distributions. Add lines 1 through 6	<del></del>		
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI) See instructions	<del></del>		
	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·		
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			]
	(reasonable cause required - explain in Part VI) See			
	ınstructions			
_3_	Excess distributions carryover, if any, to 2017			
a	<del></del>			
b	From 2013			
С	From 2014			
d	From 2015			•
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result	0		
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	<del></del>			
	and 4c			
8	Breakdown of line 7		†	
	Excess from 2013 · · · ·			
_	Excess from 2014			
	Excess from 2015 · · · ·	<del></del>	<u> </u>	
	Excess from 2016 · · · ·	† <u> </u>	<u> </u>	
	Excess from 2017	<del>                                     </del>	<del> </del>	<del> </del>

Schedule A (Form 990 or 990-EZ) 2017

EEA

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Vista Center	13-4230715
01. Governing body meeting documentation (Part VI, line 8a)	
The 33 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 design	ned 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, lin	ne 15a)
By Consent of Board Members	
04. Governing documents, etc, available to public (Part VI, 1)	ine 19)
On Demand	
· · · · · · · · · · · · · · · · · · ·	
	·