Form	99	90 ·	Return of Organization E	xempt From Ir	ncome Tax		0040
ور (Rev January 2020)			Under section 501(c), 527, or 4947(a)(1) of the into	ernal Revenue Code (e	xcept private four	ndations)	2019
	-		▶ Do not enter social security numbers of	•	• •	\sim	Open to Public 6
		he Treasury Je Service	► Go to www.irs.gov/Form990 for Instr	•	-	00/	Inspection
			ear, or tax year beginning		and ending	09-	
		pplicable	C Name of organizationVista Center			1	r Identification number
\Box	ddress d		Doing business as	* *		1 ' '	L3-4230715
\Box	lame cha	=	Number and street (or PO box if mail is not delivered to street ac	(dress)	Room/suite	E Telephon	
\Box	ntial retur	-	G3326 Corunna Road	,			(810) 238-2970
F	ınal retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal	code		G Gross re	
□ △	mended :	retum	Flint, MI 48532			s	152700
_ A	pplication	n pending	F Name and address of pnnopal officer C Patrick Bea	l, President	H(a) is this a	group return for s	
			Same_as_C_above	•	H(b) Are all	subordinates i	ncluded? Yes No
<u> </u>	ax-exemp	pt status 🗶 50	(c)(3)	or 527	If "No,"	" attach a list (see instructions)
J V	Vebsite	► N/A			H(c) Grou	p exemption nu	ımber 🕨
		rganization Co	poration Trust Association X Other Non Pr	ofit L Year of formati	on 2000 M	State of legal of	lomate MI
<u> </u> Paı	त्राह	Summary					
	1	Briefly describe	he organization's mission or most significant activities	Day Time Sup	port and Adv	racacy N	on Profit
မွ		Organizati	n support for Disabled Adults in (Genesee County,	Improve Ski	lls for	Independent
Activities & Governance		Living and	Social Skills Work.				
eru							
Š	1 .		If the organization discontinued its operations or	disposed of more than 2	25% of its net asset	1 1	
ઝ	3		members of the governing body (Part VI, line 1a)			3	7
ies	4		endent voting members of the governing body (Part V	•		4	7_
ξ	5		ndividuals employed in calendar year 2019 (Part V, In	e 2a)		. 5	5_
Act	6		volunteers (estimate if necessary)	RECEIVE	<u>.</u>	6	
	1		usiness revenue from Part VIII, column (C), line 12		- i ol · · · ·	· 7a	0
	 	Net unrelated b	siness taxable income from Form 990-T, line 39	JAN 1 2004	∵ ⊗ · · · ·	· 7b	0
22	•	0	d seems (Ded.) (III. less 41)		Prior Year		Current Year
6 0	8		d grants (Part VIII, line 1h)	OGDEN, UT		50000	152700
ĵ.	9	-	revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·	. 9.00EN; U7	·		0
*¥	10		ne (Part VIII, column (A), lines 3, 4, and 7d)		·		0
EcRevenue 022	11 12		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		·	50000	150700
ᄔ	13		dd lines 8 through 11 (must equal Part VIII, column (A ar amounts paid (Part IX, column (A), lines 1-3)), inte (2)	<u>: </u>	50000	152700
Ω	14		or for members (Part IX, column (A), line 4)				0
冚	15	•	empensation, employee benefits (Part IX, column (A),	lines 5-10)	<u>:</u>	56500	66800
Ses	1		fraising fees (Part IX, column (A), line 11e) · · · ·	illes 5-10)	<u> </u>	36300	
Expense:	i		expenses (Part IX, column (D), line 25)	0	2. 大学生 1000 公司	7978843 - T	<u> </u>
(<u>\$</u>	1		(Part IX, column (A), lines 11a-11d, 11f-24e)			96756	136900
يس			Add lines 13-17 (must equal Part IX, column (A), line	25)		53256	203700
		•	penses Subtract line 18 from line 12 · · · · · ·	•		(3256)	(51000)
- s			portion Capital III to Holly III C		Beginning of Curr		End of Year
Net Assets or Fund Balances	20	Total assets (Pa	t X. line 16)			3658	80900
Asse Baf	21	Total liabilities (•			3030	80900
Ę,S	22	,				3658	0
Par		Signature	Block		·		
			hat I have examined this return, including accompanying schedules ar		of my knowledge and beli	ef, it is	
true, c	correct, a	ind complete Declar	on of preparer (other than officer) is based on all information of which	preparer has any knowledge			
		Charle	beale, Director	al		10	7/23/20
Sigr	ו ו	Signature of	fficer	5		Date	7
Here	e	Charle	beale, Director, Officer Director				
		Type or pnn	name and title				
		Print/Type prepar	's name Preparer's signature	Date	Check	lf P1	'IN
Paic		Mohammad	Kanji	12-23-20	20 self-en	nployed	P00403565
-	oarer		Liberty Tax Service		Firm's EIN ▶		
Use	Only	Firm's address	3218 South Port Highway	/	Phone no		
			Flint MI 48507	\		810-74	
			rn with the preparer shown above? (see instructions)	1		· · · · · ·	· · 🗶 Yes 🗌 No
For P	aperw	ork Reduction	ct Notice, see the separate instructions.	\rightarrow		(1)	Form 990 (2019)
EΕΔ						- 1 A / /	

EEA

	n 990 (2019) Vista Center	13-4230715	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		· · · · <u> </u>
1	Briefly describe the organization's mission		
	Day Time Support and Advacacy Non Profit Organization support for Disabled Ad	<u>lults in Gen</u>	esee
	County, Improve Skills for Independent Living and Social Skills Work.	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Пусс	□ Na
	If "Yes," describe these new services on Schedule O	· · · · 🖂 tes	XI NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	T y es	₩.
	If "Yes," describe these changes on Schedule O.	163	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$203700 including grants of \$152700) (Revenue	\$)
	Grant Received From Genesee Health System (GHS) Medical Group. And GFAC Art G	rant June 2	020
		 	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			 ·
			_
			··· · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			′
	Other control of the	<u> </u>	
4d	Other program services (Describe on Schedule O)	,	
<u></u>	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 203700	· · · · · · · · · · · · · · · · · · ·	

Page 3

Form 990 (2019) Vista Center
Part IV Checklist of Required Schedules

4 Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Pas," complete Schedule C, Part III 5 Is the organization as ection 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or simple amounts as defined in Revenue Procedure 98-197 If "Pas," complete Schedule C, Part III 5 Z. 5 Is 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 II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain any donor do works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization services? If "Yes," complete Schedule D, Part IV 10 Did the organization services? If "Yes," complete Schedule D, Part IV 10 Did the organization services? If "Yes," complete Schedule D, Part IV 10 Did the organization services? If "Yes," complete Schedule D, Part IV 11 If the organization services? If "Yes," complete Schedule D, Part IV 12 If It the organization services? If "Yes," complete Schedule D, Part IV 13 If the organization services? If "Yes," complete Schedule D, Part IV 14 If the organization services? If "Yes," complete Schedule D, Part IV 15 Did the organization services? If "Yes," complete Schedule D, Part IV 16 Did the organization services? If yes, "complete Schedule D, Part IV 17 Did the organization services as a service as a service as a service as a service service of the story as a service as				Yes	No
2 is the organization required to complete Schedule 8, Schedule of Contributors (see instructions)? 2	1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pers," comprise Schedule C, Part II 4 4 Section 501(c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(h) 4 5 Is the organization as exclore 501(c)(4), 501(c)(5), or 501(c)(6) organization that the ceeves membership dues, assessments, or small amounts as defined in Perenue Procedure 91-197 // "Yes," comprise Schedule C, Part III 5 5 VX 5 Did the organization maintain any donor advised funds or any smalls funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," comprise Schedule D, Part II 7 5 Did the organization receive or hold a conservation easierment, including easierment to preserve open space, the environment, historic land areas, or hations structure? If "Yes," comprise Schedule D, Part II 7 7 Did the organization maintain and provide of art, historical treasures, or other similar assets If "Yes," complete Schedule D, Part II 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts in the last of a Part X, or provide credit consensing, debt management, credit repair, or debt negolation services? If "Yes," complete Schedule D, Part II 7 10 Did the organization report an amount for land, buildings, and equipment of the state assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV 10 X 11 If the organization assertices or any of the following quasitions is "Yes," then complete Schedule D, Part VII 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report any organization of the securities of the solid assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VII		·	1	x	
acandataris for public office? If "Yes," complete Schedule C, Part I Section 501(x)3 organization. Ddt the organization engage in bibbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part III I be the organization a section 501(x)(4), 501(x)(6), or 501(x)(6) organization that receives membrarish pidues, assessments, or similar amounts as defined in Revenue Procedure 99-171 "Yes," complete Schedule C, Part III 5 X Did the organization maintan any donor advised funds or any semilar funds or accounts for which donors have the right to provide advise on the distribution or reventment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II 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 III 7 Did the organization maintain collicitons of violot af in, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collicitons of violot af in, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report of an amount in Part X, line 21, for escrive or custodal account liability, serve as a custodan for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotions services? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, line 21, for escrive or custodal account liability, serve as a custodan for amounts not estimate an array and the following questions is "Yes," then complete Schedule D, Part X iii 11 Did the organization report an amount for inevitements of the service of the schedule and the part X, line 102 II "Yes," complete Schedule D, Part X iiii 12 Did the organization report an amount for inevitements of the customer of the schedule D, Part X iiiiiiiiiiiiiiiiiiiii		Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
4 section 501(c)(3) organizations. Dot the organization engage in bibbying activities, or have a section 501(h) election in effect during the tax year? If Yea; complete Schedule (2, Part II	3	· · · · · · · · · · · · · · · · · · ·			
election in effect during the tax year? If "Yes," complete Schedulus C, Part III Is the organization a section 55 (city(s), 501 (city(s)), or 501 (city) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedulus C, Part III D the organization maintain any donors advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or reveitment of amounts in such funds or accounts? If "Yes," complete Schedulus D, Part II D the organization receive or fool a conservation easement, including easements to preserve open space, the environment, historic land areas, or historia structures? If "Yes," complete Schedulus D, Part III D the torganization maintain collections of violox of art, historical treasures, or other similar assets? If "Yes," complete Schedulus D, Part III D the temperaturation maintain collections of violox of art, historical treasures, or other similar assets? If "Yes," complete Schedulus D, Part IV D the temperaturation received in Part X, the 21, for escrow or custodial account liability, serve as a custodian for amounts not Issted in Part X, or provide credit courseling, debt management, credit repair, or debt negotians exerces? If "Yes," complete Schedulus D, Part IV D the eorganization receive or through a related organization, hold assets in donor-restricted endowments? If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedulus D, Part IV D of the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedulus D, Part IV III D of the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedulus D, Part IV III D of the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedulus D, Part IV III D of the organization report an amount for oth			3		<u> </u>
5 is the organization is section 501(c)(4), 501(c)(5), or 501(c)(5) or	4				
assessments, or smilar amounts as defined in Revenue Procedure 99-197 if "Yes," complete Schedule C, Part III 5 J.X. Did the organization maintains any donor advanced funds or any smilar funds or accounts? III "Yes," complete Schedule D, Part II 9 Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II 7 X.X. Did the organization maintain collicitions of works of sirt, historical tressures, or other similar assessior? If "Yes," complete Schedule D, Part III 7 X.X. Did the organization maintain collicitions of works of sirt, historical tressures, or other similar assessior? If "Yes," complete Schedule D, Part II 7 X.X. Did the organization receiver of an amount in Part X, line 21, for escrow or outstodal account liability, serve as a custodala for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negotiation servores? If "Yes," complete Schedule D, Part V 9 X.X. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or a related organization. A part X, line 21, for escrow or outstodal account liability, serve as a custodal network of the organization of the server of	_		4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easiement, including easiements to preserve open space, the environment, historic land rease, or historic attributions? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escribe or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization ricerby or through a related organization, hold assets in donor-restricted endowments 10 or in quasie addrowments? If "Yes," complete Schedule D, Part IV 11 If the organization ricerby or through a related organization, hold assets in donor-restricted endowments 12 or in quasie addrowments? If "Yes," complete Schedule D, Part IV, IV, IV, IV, IV, X v & sa spincible 23 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, IV, VII, VII, X v & sa spincible 24 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of at stotal assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII 25 Did the organization report an amount for investments - program related in Part X, line 18, that is 5% or more of a stotal assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII 26 Did the organization report an amount for the line III, IV, IV, IV, IV, IV, IV, IV, IV, IV	5		_		
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 Did the organization mainten collections of works of art, historical tressures, or other smaller assets? If "Yes," complete Schedule D, Part II 8 Did the organization mainten collections of works of art, historical tressures, or other smaller assets? If "Yes," complete Schedule D, Part II 9 Did the organization records If "Yes," complete Schedule D, Part V 10 Did the organization express? If "Yes," complete Schedule D, Part V 11 If the organization services? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 14 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 18? If "Yes," complete Schedule D, Part V II 15 Did the organization report an amount for other assets 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 V II 16 Did the organization report an amount for other assets 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 V II 17 Did the organization report an amount for other assets in Part X, line 19. That is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 18 Did the organization report an amount for other assets and the part X, line 18. That is 5% or more of its total assets reported in Part X,	6		3		_x_
"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X B Did the organization receive or hold a conservation easement, including easements for preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 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, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part V 9 Did the organization, dereity or through a related organization, hold assets in donor-restricted endowments or in quasis endowments? If "Yes," complete Schedule D, Part V 11 If the organization answer to any of the following quesitions is "Yes," then complete Schedule D, Part V 12 II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 L X 14 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of at solid assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of at solid assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of at solid assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X 16 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of solid to advantage of the part X in the 15? If "Yes," complete Schedule D, Part X 16 Did the organization report an amount for investments - program	٠	•		'	
7 Dut 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 III			6		v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 3 3 5 5 5 5 5 5 5 5	7	·	۳		
8 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I/I 9 Dut 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 courseling, debt management, credit repair, or debt registration services? If "Yes," complete Schedule D, Part I/V 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable 12 Did the organization assets and a service of the following questions is "Yes," then complete Schedule D, Part VII 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 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 16 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 VIII 17 Did the organization report an amount for other isibilities 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 X 11 Did the organization report an amount for other isibilities in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization isibility for uncertain tap ossions under In 14 (a K2 X 12 Did the organization school	•		7		v
complete Schedule D, Part III 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 Did the organization or since or any of the following questions is "Yes," then complete Schedule D, Part V 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VIII, III, 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 VIII b Did the organization report an amount for investments - other securities in Part X, line 12. that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII C Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII D Did the organization report an amount for investments - program related 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 VIII 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 VIII D D d the organization report an amount for other isabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 110 D d the organization report an amount for other isabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X 111 D d the organization answerad "No" to line 12e, then completing Schedule D, Part X 112 D d the organization included in consolidated financial statements for the tax year include a forting the part of the part of the part of	8	·			
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 "Pes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Pes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, XIII, X, or X as pinicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 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 17 If "Yes," complete Schedule D, Part VIII 15 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 VIII 16 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization separate or consolidated financial statements for the tax year include a footnote that additional separate be organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 13 Lys, "And III the organization maintain an office, employees, or agents outside of the Uni			8		x
debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, NII, Nor X as applicable 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 3 Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 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 6 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 7 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 8 Did the organization report an amount for other labilities in Part X, line 15; that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III X 9 Did the organization obtain separate or consolidated financial statements for the tax year included a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III A X 10 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X I and X III X 10 Did the organization answered "No" to line 120, the	9				
Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10		custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "res," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for other assets 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 VII 4 Did the organization report an amount for other assets in Part X, line 16° If "Yes," complete Schedule D, Part X II 4 Did the organization report an amount for other liabilities in Part X, line 16° If "Yes," complete Schedule D, Part X II 5 Did the organization report an amount for other liabilities in Part X, line 16° If "Yes," complete Schedule D, Part X II 6 Did the organization batinis reparate, independent audited financial statements for the tax year include a foothote that addresses the organization batinis reparate, independent audited financial statements for the tax year? II "Yes," complete Schedule D, Part X III 7 Did the organization included in consolidated, independent audited financial statements for the tax year? II "Yes," complete Schedule D, Parts X and XII is optional II 2b X 13 Is the organization in excluded in answeral "Yes" line 12a, then completing Schedule D, Parts X and XII is optional II 2b X 14 Did the organization in maintain an office, employees, or agents outside of the United States? 14 Did the organization report on Part IX		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable 2 Dd the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 2 complete Schedule D, Part VI. 3 Dd the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 3 Dd 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. 4 Dd 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 VIII. 4 Dd the organization organization an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 5 Dd the organization's liability for uncertain tax postions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 6 Dd the organization's liability for uncertain tax postions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 7 Dd the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 8 Dd Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII and XII 9 Dd Was the organization maintain an office, employees, or agents outside the United States? 9 Dd the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 9 Dd the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 1 Dd the or	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
VIII, 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 b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 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 VIII e Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d		or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 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 VII e 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 VII d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d		VII, VIII, IX, or X as applicable			
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 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 167 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 167 if "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other inabilities in Part X, line 257 if "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate; independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete 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 X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule D, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	а				
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b x 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 x d Did the organization report an amount for other lassets 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 X 11d x f Did the organization report an amount for other labilities 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 X 11d x f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization shability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f x 2a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 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 XIII so ptional 12b x 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XIII so ptional 12b x Did the organization maintain an office, employees, or agents outside of the United States? 14a x b Did the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b x 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report more than \$15,000 of grantsing event gross income and contributions on Part IX, column			11a		<u> </u>
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 11d X d Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part IX 11d X e 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 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 footinote that addresses the organization batain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 12a X b Ud the organization as school described in section 170(b)(1)(A)(iii) If "Yes," complete Schedule D, Parts XI and XII is optional 12b X 13 Is the organization as school described in section 170(b)(1)(A)(iii) If "Yes," complete Schedule E 13a X b Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 X 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 15 X 17 Did the organi	b				
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other inabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 116	_		11b		<u> </u>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d	C		44.		
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX b Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . 12a			110		<u> </u>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization but on uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 217 218 219 210 210 210 211 210 211 211			114		v
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 Schedule D, Parts XI and XII	е				
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	_				
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a		·	11f		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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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 16 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 III and IV 17 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 18 Did the organization report a total of more than \$1,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 19 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	12a				
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b		Schedule D, Parts XI and XII	12a		x
13 x 14a Did the organization and interest	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
13 sthe organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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 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 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 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 c Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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 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 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 X 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			14a		X
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 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 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	b				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV					
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	45		14b	\vdash	<u> </u>
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	15		4-		
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b Indicate organization report more than \$5,000 of grants or other assistance to any domestic organization or	16		15		X
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)	10		46		.,
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	·	10		. Х
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	••		17		¥
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
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			18		x
If "Yes," complete Schedule G, Part III	19				
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 a		20a		X
demonstration and an Part IV and area (A) has 40 /500 at 1 and 1 at 1 a	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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		<u>x</u>

		3-42307	15	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • • • •	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated				ĺ
04-	employees? If "Yes," complete Schedule J	• • • • •	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
h	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		04-		
	to defease any tax-exempt bonds? · · · · · · · · · · · · · · · · · · ·		24c		-
d 250	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				
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • • • •	25a		<u> </u>
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?		051		
26	If "Yes," complete Schedule L, Part I	• • • • •	25b		X
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		20		
27			26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		:		ļ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
20	persons? If "Yes," complete Schedule L, Part III	• • • • •	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				1
_	IV instructions, for applicable filing thresholds, conditions, and exceptions)				اا
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
L	"Yes," complete Schedule L, Part IV	• • • • •	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	}	00-		
20	"Yes," complete Schedule L, Part IV	• • • • • •	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	• • • • •	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
31	conservation contributions? If "Yes," complete Schedule M	• • • • •	30		X
32			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		22		
·33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	• • • • • •	32		X
33			33		i
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	• • • • •	33_		<u> </u>
J4	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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		-		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	• • • • •	35a		<u> </u>
ь			256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	• • • • •	35b		<u> </u>
30	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·		36		
37		• • • • • •	- 30		<u> </u>
31	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		
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	• • • • •	31		<u> </u>
30	·		20		l
Par	19º Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance		38	Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V				\Box
	Chisan a concedure of contains a response of note to any line in this fait V			Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u>. 1</u>		162	INO
1a h		0		ļ	
		5			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		10		
	reportable gaming (gambling) winnings to prize winners?	<u>· · · · · · </u>	1c		X

Form	1990 (2019) Vista Center 13-4230	715	F	age 5
Pa	rt V _i Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a	5	.l <u>. </u>	l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		·	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 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?		†	х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b	ŀ	
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			ľ
	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?			
c	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 · · · · · · · · · · · · · · · · · · ·	• ,;	1/	
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? · · · · · · · · · · · · · · · · · · ·			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<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? · · · · · · · · · · · · · · · · · · ·			x
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		×
9	Sponsoring organizations maintaining donor advised funds.			^
а	Did the sponsoring organization make any taxable distributions under section 4966?			×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			<u> </u>
10	Section 501(c)(7) organizations. Enter		-	
.о	Initiation fees and capital contributions included on Part VIII, line 12· · · · · · · · · · · · · · · · · · ·	ें हुं स	' -	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	┨ .		
11	Section 501(c)(12) organizations. Enter	-		
	Gross income from members or shareholders			;
b	Gross income from other sources (Do not net amounts due or paid to other sources	┥		
~	against amounts due or received from them) · · · · · · · · · · · · · · · · · · ·			1
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	┥゜゚		
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
u	Note: See the instructions for additional information the organization must report on Schedule O	132		-
b	· · · · · · · · · · · · · · · · · · ·			
D	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	
_	Enter the amount of reserves on hand	┥.		-,-
C 1/12	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
14a				Х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 4-		
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see instructions and file Form 4720, Schedule N	40	<u> </u>	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	· <u>16</u>	L	X
	If "Yes," complete Form 4720, Schedule O	\perp		

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	No"		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	ction A. Governing Body and Management			- [23]
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	
	If there are material differences in voting rights among members of the governing body, or	1.		١.
	if the governing body delegated broad authority to an executive committee or similar			. i
	committee, explain on Schedule O	, ,]]
b	Enter the number of voting members included in line 1a, above, who are independent	1.0		
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
	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	├		^
-	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a		X
-	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	·	X
•	the year by the following			
а	The governing body?	i 8a		
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	00	Х	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	3		<u> </u>
	This section bridgests information about policies not required by the internal Nevenue Code)			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		Х
_	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 filling the form?	11a	х	<u> </u>
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990	"1 2	12 -4	ų,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	-	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		<u> </u>
•	describe in Schedule O how this was done	12c		ĺ
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	v
15	Did the process for determining compensation of the following persons include a review and approval by	1-4	. :	X
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	٠,	- ,	
а	The organization's CEO, Executive Director, or top management official	15a	لحسا	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		•	
. J a	with a taxable entity during the year?	16a		
b	, ,	IVa		X
IJ	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	1		'
		16h		
Sec	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17				
17 18	List the states with which a copy of this Form 990 is required to be filed Michigan Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A f applicable), 990, and 990 T (Section 501(a))			
.0	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
10	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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, G3326 Corunna Road, Flint, MI 48532			

Form 990 (201										13-4230	0715 Page 7
Part VII	Compensation of Officers, Dir	rectors, Tr	ustee	es, I	Key	, Er	nplo	yee	s, Highest Co	mpensated E	mployees, and
•	Independent Contractors										
	Check if Schedule O contains a response	e or note to an	y line ii	n this	Pa	rt VII	<u> </u>		<u></u>		
Section A.	Officers, Directors, Trustees, Key Emp	loyees, and h	lighes	t Co	mpe	nsa	ted Er	nplo	yees		
1a Complete t	his table for all persons required to be liste	d Report com	pensa	tion f	or th	ne ca	alenda	r yea	r ending with or w	thin the	· · · · · · · · · · · · · · · · · · ·
organization's	tax year										
 List all o 	f the organization's current officers, directo	ors, trustees (v	vhethe	r ındı	vidu	als d	or orga	nıza	tions), regardless	of amount of	
	Enter -0- in columns (D), (E), and (F) if no								,, 3		
	f the organization's current key employees				or d	efind	tion of	"kev	employee "		
	organization's five current highest compen	•						-		(employee)	
	eportable compensation (Box 5 of Form V										
	nd any related organizations			•			,		a., +,	,	
_	f the organization's former officers, key en	plovees, and	hiahes	t con	nper	ısate	ed emr	olove	es who received r	nore than	
	portable compensation from the organizati		_		•			,			
	f the organization's former directors or tri						ıtv as a	for	mer director or trus	stee of the	
	nore than \$10,000 of reportable compensa										
	s for the order in which to list the persons		•				•				
	box if neither the organization nor any rela		on con	nnen	sate	d ar	ov curr	ent c	fficer director or	rustee	
	Sox in Holling the organization flor any following	T Transfer of game at	1	прсп		(C)	iy cuii	T	incer, director, or	datee	
						sitton					
	(A)	(B)	(do r	not ch			nan one		(D)	(E)	(F)
	Name and title	Average hours	1				s both ar /trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
		per week		JO: 0110	. u u.,	00.01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		from the	from related	compensation
		(list any	0 =								
					의	줐	유포	7	organization	organizations (W-2/1099-MISC)	from the
		hours for related	r dividi	nsbtub	Officer	Key en	Highes employ	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
		hours for related organizations	ndrvidual tr	nsblutional	Officer	Key employ	Highest con employee	Former	•		organization and
		related organizations below	ndrvidual truster ir director	nsblubonal trust	Officer	Key employee	Highest compenemployee	Former	•		organization and
		related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	•		organization and
		related organizations below	ndrvidual trustee ir director	nsblubonal trustee	Officer	Key employee	Highest compensated employee	Former	•		organization and
		related organizations below dotted line)		nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	•		organization and
	.ck_Beal, President	related organizations below		nstitutional trustee			Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
Director		related organizations below dotted line)	x	nsblutional trustee	Officer	Key employee	Highest compensated employee	Former	•		organization and
Director (2) Greg Za	firoff, Trustee	related organizations below dotted line)	x	· ·	x		Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
Director (2) Greg Za Program Sp	firoff, Trustee	related organizations below dotted line)	x	nstitutional trustee	x		Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
Director (2) Greg Za Program Sp (3) Emma Da	firoff, Trustee pecialist vis	related organizations below dotted line)	x	· ·	x		Highest compensated employee	Former	40300 15500	(W-2/1099-MISC)	organization and related organizations O
Director (2) Greg Za Program Sp (3) Emma Da Specialist	firoff, Trustee pecialist vis t Dance	related organizations below dotted line)	x	· ·	x		Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
Director (2) Greg Za Program Sp (3) Emma Da Specialist (4) Bryant	firoff, Trustee Decialist Vis Dance Cox	related organizations below dotted line)	x	· ·	x	x	Highest compensated employee	Former	40300 15500 2000	(W-2/1099-MISC) 0 0	organization and related organizations O
Director (2) Greg Za Program Sp (3) Emma Da Specialist (4) Bryant Staff Aid	firoff, Trustee pecialist vis Dance Cox	related organizations below dotted line)	x	· ·	x		Highest compensated employee	Former	40300 15500	(W-2/1099-MISC)	organization and related organizations O
Director (2) Greg Za Program Sp (3) Emma Da Specialist (4) Bryant Staff Aid (5) Matt Ne	firoff, Trustee pecialist vis Dance Cox	related organizations below dotted line)	x	· ·	x	x	Highest compensated employee	Former	40300 15500 2000 4500	(W-2/1099-MISC) 0 0 0	organization and related organizations O O
Director (2) Greg Za Program Sp (3) Emma Da Specialist (4) Bryant Staff Aid (5) Matt Ne Staff Aid	firoff, Trustee pecialist vis Dance Cox	related organizations below dotted line)	x	· ·	x	x	Highest compensated employee	Former	40300 15500 2000	(W-2/1099-MISC) 0 0	organization and related organizations O
Director (2) Greg Za Program Sp (3) Emma Da Specialist (4) Bryant Staff Aid (5) Matt Ne	firoff, Trustee pecialist vis Dance Cox	related organizations below dotted line)	x	· ·	x	x	Highest compensated employee	Former	40300 15500 2000 4500	(W-2/1099-MISC) 0 0 0	organization and related organizations O O

<u>(13)</u>

<u>(14)</u>__

, rey cilipio	yees,	anu	nıgı	nest	Com	pens	sated Employees	(continued	<u>) </u>			
(B) (do not check more than one box, unless person is both an officer and a director/trustee) per week							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the		r tion
hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	-		-		
												
												-
							· · · · -					
			_	_								
									, !			
											·	
	• • •	• • •		• •		•			·			
							66800		0			0
<u> </u>											Yes	No
r, trustee, key	emple	oyee	, or l	high	est co	mpe	nsated			, -		<u></u>
										3		х
-						-						-
										4		
compensatio	n from	any	unre	elate	d orga	anıza	ation or individual					
complete Sc	hedule	J fo	r su	ch p	erson			• • • • •	• • • •	5		х
ated indepen	dent co	ontra	ctor	s tha	t rece	ived	more than \$100.0	00 of				
									x year			
							(B)			(C)		
s							Description of service	es		Compens	ation	
							····					· · · · - ·
				ed a	bove)	who			ا این الاین		•	
	(B) Average hours per week (list any hours for related organizations below dotted line) ion A graph of the second	Average hours office per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more the box, unless person is officer and a director related organizations below dotted line) The provided of the provided organizations below dotted line) The provided of the provided organizations below dotted line) The provided organizations below dotted line) The provided organizations below dotted line) The provided organization organization organization organization organizations below dotted line) The provided organization organization organization organization organizations below dotted line) The provided organization organizati	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours for director for the calendar year ending with soft and compensation for the calendar year ending the compensation for t	(B) Average hours per week (list any hours for related organizations below dotted line) Officer and a director/irustee) Officer and a director/irustee Officer and a director/	(B) Average hours per week (list any hours for related organization gramation per week (list any hours for related organizations below dotted line) Officer and a director/flustee) Officer and a d	(B) Average hours per weak (list any hours for related organizations below dotted line) District of the compensation of the	(8) Average hours of the position (do not check more than one box, unless person is both an one box unless person is both and orderor trustee) (int any hours for related organizations below dotted line)	(e) Average hours are allow unless person is both or related organizations below dotted line) Average hours are all of the compensation or related organizations below dotted line) Average hours are all of the compensation or related organizations below dotted line) Average hours are all of the compensation or related organizations below dotted line) Average hours are all of the compensation or related organizations below dotted line) Average hours are all of the compensation or related organizations below dotted line) Average hours are all of the compensation or related organizations below dotted line) Average hours are all of the compensation or line and the compensa

Total revenue. See instructions · · · · · · · · · ▶

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 1a b Membership dues 1b Contributions, Gifts, Grants and Other Similar Amounts С 1c 1d Government grants (contributions) . . 10 All other contributions, gifts, grants, and similar amounts not included above 152700 Noncash contributions included in 1g 152700 Business Codc Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds 6a Gross rents **b** Less rental expenses · · c Rental income or (loss) 6c d Net rental income or (loss) (i) Secunties 7a Gross amount from sales of assets other than inventory
b Less cost or other basis Revenue 7b and sales expenses . . c Gain or (loss) - - - - 7c d Net gain or (loss) Other 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a **b** Less direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10L **b** Less' cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellanous Revenue 11a e Total. Add lines 11a-11d

0

0

152700

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) (B) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1, 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 66800 66800 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 Fees for services (nonemployees) а b 5500 5500 C 450 450 d Lobbying e Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... 12 2200 2200 13 Office expenses 3400 3400 14 15 Royalties 16 12500 12500 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 13625 13625 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Job Training 26345 26345 b Supplies 33780 33780 Activities 15900 15900 Transportation 23200 23200 All other expenses Total functional expenses. Add lines 1 through 24e. . . 25 203700 203700 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 3658 33558 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 47342 Assets 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c b 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 14 14 15 15 16 16 3658 80900 17 Accounts payable and accrued expenses 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 80900 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 0 26 80900 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 3658 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

0

80900

32

3658

3658

32

33

Form	990 (2019) Vista Center 13-423	0715	Р	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)		152	2700
2	Total expenses (must equal Part IX, column (A), line 25)		203	3700
3	Revenue less expenses Subtract line 2 from line 1		(5:	1000)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			3658
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)		4	7342
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		•	
	32, column (B))			
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			$\cdot \square$
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both	ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis	L		
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	-	•	1
	separate basis, consolidated basis, or both		-,	
	Separate basis Consolidated basis Both consolidated and separate basis	4		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	· · 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			1
	Schedule O			<u> </u>
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 on Schedule O and describe any steps taken to undergo such audits	3b		L
EEA		For	n 990 (2019)

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.

OMB No 1545-0047 2019

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

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)) П 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (iil) Type of organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (Iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes (A) (B) (C) (D) (E)

990 or 990-EZ) 2019 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.)

	ction A. Public Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	127,200	127,920	129,000	150,000	152,700	686,820
2	Tax revenues levied for the					,	
	organization's benefit and either paid					ŀ	
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the]		
	organization without charge						
4		127,200	127,920	129,000	150,000	152,700	686,820
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on			•	-		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						686,820
	ction B. Total Support				·· · · · · · · · · · · · · · · · · · ·		
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	127,200	127,920	129,000	150,000	152,700	686,820
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or					Ī	
	loss from the sale of capital assets		i			ŀ	
	(Explain in Part VI)						
	Total support. Add lines 7 through 10 · ·						686,820
	Gross receipts from related activities, etc (s					12	
13	First five years. If the Form 990 is for the or	-			•		
	organization, check this box and stop here			• • • • • • •		· · · · · · · · ·	<u></u>
	ction C. Computation of Public Suppor					441	
	Public support percentage for 2019 (line 6, c	• • •				14	100.00 %
	Public support percentage from 2018 Sched				L.	15	100.00 %
168	33 1/3% support test - 2019. If the organiza						
L	box and stop here. The organization qualified 33 1/3% support test - 2018. If the organization						
L				•			·
47-	this box and stop here. The organization qu	•		•			
110	10%-facts-and-circumstances test - 2019. 10% or more, and if the organization meets to	-					
	-						
	Part VI how the organization meets the "fact organization			•	-		_
L	o 10%-facts-and-circumstances test - 2018.						_
		_				•	iic
	15 is 10% or more, and if the organization m					•	ioli
	Explain in Part VI how the organization meet				•	•	
4 P	supported organization						· · · · • ⊔
10	Private foundation. If the organization did n		·		-		, n
	instructions	 					· · · • L

hadula l	\ (Earm	000 00	000 E71	2010

,	
D	

	dule A (Form 990 or 990-EZ) 2019 Vista Cen					13-423071	5 / Page 3
Pa	art III Support Schedule for Organiz						
	(Complete only if you checked t						ler Part II
	If the organization fails to qualif	y under the te	ests listed bel	ow, please c	omplete Part	II)	
_	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019/	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
	received (Do not include any "unusual grants")				<u> </u>		
2	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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			!			
	furnished by a governmental unit to the				Y		
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u>~</u>	line 6)		/		<u> </u>		
	ction B. Total Support endar year (or fiscal year beginning in)▶	(=) 204 <i>E</i>	(f) 2016	(-) 2047	(4) 2040	(=) 2040	49 Total
	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
			<i>f</i>		 		
100	Gross income from interest, dividends,	/	i				
	payments received on securities loans, rents,						
h	royalties, and income from similar sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses					İ	
	acquired after June 30, 1975						
_	Add lines 10a and 10b	-/					
11		/			-	 	
•••	activities not included in line 10b, whether	/				j	
	or not the business is regularly carried on					1	
12	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,		-				
	and 12.)						
14	First five years. If the Form 990 is for the or	ganızatıon's fir	st, second, thir	d, fourth, or fif	th tax year as a	a section 501(c)(3)
	organization, check this box and stop here	_			•		
Se	ction C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2019 (line 8, c	column (f), dıvı	ded by line 13,	column (f)) .		15	%
16	Public support percentage from 2018 Sched	ule A, Part III,	line 15			16	%
	ction D. Computation of Investment In						
17	Investment income percentage for 2019 (line	e 10c, column (f), divided by li	ne 13, columr	ı (f))	17	%
18	Investment income percentage from 2018 S	chedule A, Par	t III, line 17.			18	%
	33 1/3% support tests - 2019. If the organiz	ation did not cl	neck the box o	n line 14, and	line 15 is more		
	17 is not more than 33 1/3%, check this box	-	_				
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not/more than 33 1/3%, check this	-	-	•			
<u>20</u>	Private foundation. If the organization did n	ot check a box	on line 14, 19	a, or 19b, che	ck this box and	see instructions	<u></u>
EEA	/					Schedule A (Form 99	0 or 990-EZ) 2019

13-4230715

Supporting Organizations Part IV

(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 S	Supporting	g Organ	izations
-----------	----------	------------	---------	----------

- 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.
- 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
- 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
			3
		,	,
	1		
			
	2		<u> </u>
	3a		
	3b		
		<u>:</u>	
	3с		
			لا
	4a		
	4b		
		'	
	Sank of	•	,
	٠,		
	4c	,	
	4c 444	\$ ac	1
	**		1
	5a		
	Ja	1.	4
	5b	+	
	5c		
	30		
			1
i			لـــــــــــــــــــــــــــــــــــــ
	6		-
	7		 .
		<u></u>	
	8		<u>. </u>
	i -		<i>i</i> • {
	k4.		
	9a		
	9b		
			ائـــا
	9c		
		J	
	1		
	10a		
	10b	L	

	ule A (Form 990 or 990-EZ) 2019		Р	age 5
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			. }
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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			
	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		ــــا
2	Did the argenization energic for the bonefit of any symposited eventination other than the symposited	<u> </u>		
2	Did the organization operate for the benefit of any supported organization other than the supported	!		. 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			.]
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			. [
	or trustees of each of the organization's supported organization(s)? 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			
		 ا	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	, ,	3.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		· .
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		<i>,</i> ~	ł
	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	<u>.</u>	4,	
	significant voice in the organization's investment policies and in directing the use of the organization's	٠, ،	٠٩٤.	*
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		٠.	``
	supported organizations played in this regard.	3		
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 in	struc	tions	
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.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	'see ir	struci	tions)
2	Activities Test. Answer (a) and (b) below.	ł	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	, I		. }
	those supported organizations and explain how these activities directly furthered their exempt purposes,	!		į
	how the organization was responsive to those supported organizations, and how the organization determined			.
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			. 1
	· · · · · · · · · · · · · · · · · · ·	2b		
2	activities but for the organization's involvement.	20		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			ł
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3-		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
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.	3b		

Schedule A (Form 99			13-42307	15	Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1 Chec	ck here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	ın Part VI). S	ee
instr	uctions. All other Type III non-functionally integrated supporting organizations.	zatior	is must complete Sections	A through E.	
Section A - Adjusted Net Income			(A) Prior Year	(B) Curren	t Year
Section A - A			(A) Filor feat	(option	al)
1 Net shor	t-term capital gain	1			
2 Recover	ies of prior-year distributions	2			
3 Other gr	oss income (see instructions)	3			
_4 Add line	s 1 through 3	4			
_5 Deprecia	ation and depletion	5			
6 Portion	of operating expenses paid or incurred for production or		-		
collection of	gross income or for management, conservation, or				
_maintenanc	e of property held for production of income (see instructions)	6			
7 Other ex	penses (see instructions)	7			
8 Adjuste	d Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - N	linimum Asset Amount		(A) Prior Year	(B) Current (option	
1 Aggrega	te fair market value of all non-exempt-use assets (see			•	
instructions	for short tax year or assets held for part of year)				
a Average	monthly value of securities	1a			
b Average	monthly cash balances	1b			
c Fair mar	ket value of other non-exempt-use assets	1c			
d Total (a	dd lines 1a, 1b, and 1c)	1d			
e Discour	nt claimed for blockage or other	.	· · · · · · · · · · · · · · · · · · ·	•	
factors (ex	plain in detail in Part VI)	٠,٠	*		
2 Acquisit	on indebtedness applicable to non-exempt-use assets	2			
	line 2 from line 1d.	3			
4 Cash de	emed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instruct		4		<u> </u>	
5 Net valu	e of non-exempt-use assets (subtract line 4 from line 3)	5			
	line 5 by .035.	6			
	ries of prior-year distributions	7			
8 Minimu	m Asset Amount (add line 7 to line 6)	8			_
Section C - D	Pistributable Amount			Current \	/ear
1 Adjusted	net income for prior year (from Section A, line 8, Column A)	1	+		
2 Enter 85	% of line 1	2			
3 Minimun	n asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·		
	eater of line 2 or line 3	4	·		
5 Income	tax imposed in prior year	5	4 22		
6 Distribu	table Amount. Subtract line 5 from line 4, unless subject to				· · · · · ·
	temporary reduction (see instructions).	6			
7	ck here if the current year is the organization's first as a non-functionally	ınteç	grated Type III supporting o	rganization (see

instructions).

	ule A (Form 990 or 990-EZ) 2019	<u> </u>	13-423	0715 Page 7	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Se	Current Year				
_1					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
_					
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	tions		
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)		-		
6	Other distributions (describe in Part VI). See instructions.				
7					
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	· · · · · · · · · · · · · · · · · · ·	(1)	(ii)	(iii)	
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6		-		
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See	•			
	instructions				
3	Excess distributions carryover, if any, to 2019	, . ,			
	From 2014				
	From 2015	i i			
	From 2016		, , , , , , , , , , , , , , , , , , , ,	' ' '	
	Γrom 2017	· · · · · · · · · · · · · · · · · · ·	1	,	
	From 2018		······································	,	
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Carryover from 2014 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f.				
4					
•	Section D, line 7' \$			'	
a	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·		
	Applied to 2019 distributable amount	· · · · · · · · · · · · · · · · · · ·			
	Remainder Subtract lines 4a and 4b from 4				
	Remaining underdistributions for years prior to 2019, if				
J	any Subtract lines 3g and 4a from line 2. For result				
	•				
	greater than zero, explain in Part VI See instructions. Remaining underdistributions for 2019. Subtract lines 3h				
U	•				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				
1	Excess distributions carryover to 2020. Add lines 3j				
	and 4c		,		
8_		ļ			
	Excess from 2015				
	Excess from 2016	· · · · · · · · · · · · · · · · · · ·			
	Excess from 2017	\		*	
	Excess from 2018				
_	Evoess from 2010	1		·	

SCHEDUĻE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Vista Center	13-4230715
01. Governing body meeting documentation (Part VI, line 8a)	
of Governing body meeting documentation (Part VI, line 8a)	
The 35 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	
by consent of board Members	
04. Governing documents, etc, available to public (Part VI, line 19)	
On Demand	
. 05. Explanation of other changes in net assets or fund balances (Part XI, 1	ine 9)
Loan from PPP	
DOBN 110m FFF	
•	