Form **990**.

Return of Organization Exempt From Income Tax 3 2 0 MB No 1545 -0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 706 Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is a security of the Internal Revenue Code (except private foundations) 706 Open to Public

Department of the Treasury

			e Filliothiation about Form 350 and its instructions is at way			4.5
				and endin	JUNE 30	, 20 1 7
B C	heck	ıf applicable	C Name of organization VISITORS SERVICES CENTER INC		D Employer id	lentification number
∐∧	ddres	s change	Doing business as VOICES FOR A SECOND CHANCE		<u>52-09066</u>	85
∐N	ame c	hange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone r	number
∏ in	itial r	eturn	1422 MASSACHUSETTES AVENUE SE		(202) 54	4-2131
F	nal re	eturn/	City or town, state or province, country, and ZIP or foreign postal code		G Gross	
L te	rmina	ated	WASHINGTON DC 20003		receipts \$	296,134
		ed return		a) Isthisa	group return for sul	oordinates? Yes X No
н		ation pending	1	•	bordinates include	H H
		xempt stat		7	" attach a list. (see	
		ite: ► N		. .	emption number	
		f organizatio				ate of legal domicile DC
	_			rormation	T 20 2 IM 20	ate of regar dominene DC
Г	iri I		Imary I I I I I I I I I I I I I I I I I I I			
	1		describe the organization's mission or most significant activities	TITCT	MODC CED	VICEC
မွ	_		FOR A SECOND CHANCE (VSC) (FORMALLY THE		•	VICES
an	L	ENTER	IS AN ESSENTIAL SAFETY NET FOR OFFEND			FAMILIES
er.	MI		LIKELY TO BE AMONG THE MOST MARGINALI			F OUR
á	2		his box 🕨 🔲 if the organization discontinued its operations or disposed of mo	re than 25%	% of its net asset	SI
~	3	Numbe	r of voting members of the governing body (Part VI, line 1a)		3	6
es	4	Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4	6
Ĭ	5	Total n	ımber of ındıvıduals employed ın calendar year 2016 (Part V, lıne 2a)		. 5	7
Activities & Governance	6	Total n	imber of volunteers (estimate if necessary)		6	6
_	7	'a Total u	nrelated business revenue from Part VIII, column (C), line 12 RECEIVE	=D	. 7a	
		b Net uni	elated business taxable income from Form 990-T, line 34	~~~~ \ \`\ \	7b	0
				y GPr	or Year	Current Year
a	8	Contrib	utions and grants (Part VIII, line 1h)	19 10	452,811	296,126
Revenue	9	Progra	n service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·	_ _	1	
ě	10) Investn	ent income (Part VIII, column (A), lines 3, 4, and 7d)	UT	18	8
Œ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,290	
_	12		venue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		440,539	296,134
2019	13		and similar amounts paid (Part IX, column (A), lines 1-3)			1,904
	14		paid to or for members (Part IX, column (A), line 4)			
ታ ຶ	i i		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		273,744	164,406
AUG 1.4 Expenses	16		ional fundraising fees (Part IX, column (A), line 11e)			
<u> </u>	'		ndraising expenses (Part IX, column (D), line 25)	-		
ΕĀ	17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	118,559	84,179
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25) · · · · ·		392,303	
"			e less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	` }	48,236	
Ne Fase SNN or Fund	+``		o loos experiess destruction for non-time 12 vivivivivivivivivivivivivivi	Basinair	ng of Current Year	End of Year
٩	တ္တ 20	3 Total a	sets (Part X, line 16)	Beginnin	182,267	230,678
	E 21		bilities (Part X, line 26)	-	55,996	
٥٩٥			ets or fund balances. Subtract line 21 to In line 20		126,271	174,958
	rt II		nature Block / aula / Memsor Will Blek		K 11 01	174,930
				<u> </u>	7 14. W	
corre	r pena ct, an	aities of perj d complete	iry, I declare that I have examined this return, including a companying schedules and statemi Declaration of preparer (other, than officer) is based on all information of which preparer has	ents, and to t any knowledo	he best of my knov ge	vledge and belief, it is true,
			this to Mary delay at the			Cala-
Sig	_	-	ignature of officer			100.01.LT
Her		1 '		ים חודות	7 D D C D C D	Date /
HE	C		AULA THOMPSON FELDER EXECUT	TAF D	IRECTOR	
			/pe or print name and title			1
Paid	4		nt/Type preparer's name Preparer's signature Date	ח שמום	Check 📙 if	PTIN
Pre				9-2019		d P00068574
	•	 	m's name ► HRB TAX GROUP INC	F	irm's EIN ▶ 43	1871840
Use	· UI	· ·	m's address ▶ 900 17TH ST NW	P	hone no.	
			SHINGTON DC 20006	2	02466441	1
			this return with the preparer shown above? (see instructions)			·· X Yes No
For I	Pape	rwork Re	luction Act Notice, see the separate instructions.	1		Form 990 (2016)
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orm	990 (2016) VISITORS SERVICES CENTER I 520906685	Page 2
Par	t III Statement of Program Service Accomplishments	
•	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	WE KEEP THOSE WHO ARE INCARCERATED CONNECTED TO THEIR FAMILIES AND)
	COMMUNITY. FROM THE MOMENT OF ARREST THROUGH RELEASE. WE WORK	
	HAND-AND-HAND TO PLAN A PRODUCTIVE REENTRY INTO THE COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	□ v	⊠ No
		<u>₩</u> 140
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$)
	SEE ATTACHMENT #1	
	SDB TITITION DAT 1	
4h	(Code) (Expenses \$	
40	(Code) (Expenses \$	— '
	,	
4c	(Code) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	, (interest of the second of t	



`Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_^_	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		\ _V
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A	5		\vdash
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		X
-	"Yes," complete Schedule D, Part I	6	<u> </u>	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		X
٥	complete Schedule D, Part III			_^
9	custodian for amounts not listed in Part X, inne 21, for escrow or custodial account liability, serve as a			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		$\vdash $
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<u> </u>		
•••	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	-		
u	D, Part VI	11a	X	
h	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total	H	1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, investment, and program service activities outside the United States, or aggregate foreign investments			
	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
FDA	16 9903 BWF 990 Form Software Copyright 1996 - 2017 HRB Tax Group, Inc	Form	990 (2016)

VISITORS SERVICES CENTER I 520906685 Page 4 Form 990 (2016) Part IV Checklist of Required Schedules (continued) Yes No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Χ government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals Χ on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 Χ complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Χ Schedule K. If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ·N./ A. c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease N/A any tax-exempt bonds? 24¢ d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?N/A 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," Χ complete Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former 26 officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of Χ any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b

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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

organization? If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

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orm 9	90 (2016) VISITORS SERVICES CENTER I 520906685		P	age {
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	ŀ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_ `		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
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)		Ī	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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 \dots N/A	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	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		Ì	1
	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots N/A$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		l	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1]
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	<i>'</i>		1
С	Enter the amount of reserves on hand 13c			

14a Did the organization receive any payments for indoor tanning services during the tax year?

14a

Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst	ruction	S	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	·	
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4	.	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	.		
	committee, explain in Schedule O.	-		, i
b	Enter the number of voting members included in line 1a, above, who are independent . 1b) • •		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	,		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
	or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
•	by the following			
а	The governing body? · · · · · · · · · · · · · · · · · · ·	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	·	<u> </u>	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
occu	511 B. 1 Offices (This Section B requests information about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	\vdash	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1,12	\vdash	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	12a	X	
12a		120	Δ	ļ
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_^_	
С		120	v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	ا, ا		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the section 6104 requires and 6104 requi	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEE ATTACHMENT #2			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DEVO RITTER	2.00	X						0	0	0
SECRETARY INGRID CHRISTIAN TREASURER	2.00	x						0	0	0
BETSEY BIBEN BOARD MEMBER	2.00	×					į	0	0	0
BRANDON MYERS BOARD MEMBER	2.00	x						0	0	0
SARA LEMKE-VON AMM BOARD MEMBER	2.00	x			<u>.</u>			0	0	0
JEREMY WILEY PRESIDENT	2.00			×				0	0	0
									,	

Form **990** (2016)

Pari	(A) Name and title	(B) Average						High	(D) Reportable	(E) Reportable	Est am	(F) timated	
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensate om the anizatio I relate nizatio	e on ed
								,					
1b	Sub-total			<u> </u>		<u> </u>	<u> </u>	•					
C	Total from continuation sh		•										
d 	Total (add lines 1b and 1c) Total number of individuals (but not l		to the) who	received more than	\$100,000 of reportab	le comp	ensati	on
-	from the organization	(intolocaling i			10 1110	30 H3te	,a above	, •••••	Toocived more than	ψ100,000 0110poπα.	710 00111p	OT IDU	
												Yes	No
3	Did the organization list any						ey emplo	yee, o	r highest compensat	ed employee			
4	on line 1a? If "Yes," complete For any individual listed on li						encation	and o	ther compensation f	rom the	3	-	X
•	organization and related org	-				-			•		4		X
5	Did any person listed on line		-										
	services rendered to the org		If "Yes,"	' comp	lete S	chedu	le J for s	uch p	erson	•	5		X
	n B. Independent Contracto			•					AL -4	0400 000 -f			
1	Complete this table for your compensation from the orga	-	•			•					tax vear		
	compensation nom the orga	(A)	cport oc	трсп	Janon	101 1110	Calcina	, yea	(B)	Trane organization s		C)	
	Name and	business	address	3					Description of se	ervices	Compe		n
					-								
									<u> </u>				_
2	Total number of independen \$100,000 of compensation fr			-	out not	limite	d to thos	e liste	d above) who receive	ed more than	,		

Part	VIII	Statement of Rev			resta to any line in this	Port VIII			П
		Check if Schedule O con	tains a respo	onse o	note to any line in this	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
			,	•			function revenue	revenue	under sections 512-514
ts s	1a	Federated campaigns		1a					
ž ž	ь	Membership dues · · · ·		1b					
SE,	l .	Fundraising events		1c					
a iii	l .	Related organizations		1d			•		
S, C	i	Government grants (contri	butions)	1e	28,812				
r	i	All other contributions, gifts							
캶		similar amounts not includ	ed above	1f	267,314				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	d in lines 1a-1f	\$					
ပင်း	h	Total. Add lines 1a-1f				296,126			
					Business Code				
ø	2a								
ž	b								
Se	С								
am	d								
Program Service Revenue	е								
4	f	All other program service i							
	g	Total. Add lines 2a-2f			▶				
	3	Investment income (includ	ling dividenc	s, inte	rest, and				
	Ì	other similar amounts)				8		3	
	4	Income from investment of	f tax-exemp	bond					
	5	Royalties		<u> </u>					
		_	(ı) Re	al	(II) Personal				
	6a								
	1	•	ļ						
	1	Rental income or (loss)							
	a	Net rental income or (loss)			>			-	
	7a	Gross amount from sales	(ı) Secu	rities	(II) Other				
,		of assets other than inventory							
	h	Less cost or other basis							
	"	and sales expenses · · · ·							-
	_	Gain or (loss)	 						
	1	Net gain or (loss)			▶				~
	1	Gross income from fundra	isina events						
ø		(not including \$	•						
Other Revenue	İ	of contributions reported of	n line 1c).						
ě	-	See Part IV, line 18		а					
<u>, , , , , , , , , , , , , , , , , , , </u>	b	Less direct expenses		b					
Ě	С	Net income or (loss) from	fundraising e	events					
J	9a	Gross income from gaming	g activities S	See					
		Part IV, line 19		· · a					
	b	Less direct expenses		b					
	С	Net income or (loss) from	gaming activ	ıtıes	•				
	10a	Gross sales of inventory, le	ess						
		returns and allowances .		а					
		Less cost of goods sold.		b					
	С	Net income or (loss) from		ntory	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	4.5	Miscellaneous Re	venue		Business Code			·	
	11a				-				
	b				·				
	6	All other rough			-			-	
	d	All other revenue . Total. Add lines 11a-11d		•	L	<u> </u>			
		Total revenue. See instru		•		296,134		<u> </u>	-
	1.2	. Juli revenue. Jee mstru	000112		· · · · · •	2,0,134	(1	1

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. (C) Management and general expenses (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... Grants and other assistance to domestic 1.904 1,904 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations. foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 144,358 144,358 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,272 4,272 Other employee benefits q 15,776 15,776 10 Payroll taxes Fees for services (non-employees) 11 Management b Legal . 5,425 5,425 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, column 220 220 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion ... 6,825 6,825 13 Office expenses 2,352 2,352 Information technology 14 15 Royalties 2,700 2,700 16 Occupancy 243 243 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 11,047 22 Depreciation, depletion, and amortization 205 205 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,120 3,120 PROFESSIONAL FEES COMPUTER SUPPORT 338 51,704 51,704 UNCATEGORIZED EXPENSES C d All other expenses 250,489 233,627 5,815 Total functional expenses. Add lines 1 through 24e 26 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)

Form 990 (2016) VISITORS SERVICES CENTER I 520906685 Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 54,6486,238 Cash -- non-interest-bearing . 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), person's described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . 6 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges . . . 10 a Land, buildings, and equipment cost or other 149,626 basis. Complete Part VI of Schedule D 10a 94,392 **b** Less accumulated depreciation 10b 100 11 Investments -- publicly traded securities 11 Investments -- other securities. See Part IV, line 11 12 12 Investments -- program-related. See Part IV, line 11 13 13 14 14 Intangible assets 120,796 110,275 Other assets See Part IV, line 11 15 15 230,678 182,267 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 55,720 18,064 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L . 37,932 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 55,996 55,720 26 Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🂢 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 126,271 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34.

FDA 16 99011 BWF 990

30 Capital stock or trust principal, or current funds . .

Total liabilities and net assets/fund balances

33 Total net assets or fund balances ...

31 Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

174,958

230,678

30

31

32

33

34

126,271

182,267

Par	t XI Reconciliation of Net Assets			_		
	Check if Schedule O contains a response or note to any line in this Part XI			Ш.		
1	Total revenue (must equal Part VIII, column (A), line 12) 1		296,			
2	Total expenses (must equal Part IX, column (A), line 25)		250,			
3	Revenue less expenses. Subtract line 2 from line 1			,645		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		126,	<u>, 271</u>		
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments		3	,042		
9	Other changes in net assets or fund balances (explain in Schedule O)		_			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))		174	, 958		
Par	t XII Financial Statements and Reporting			_		
	Check if Schedule O contains a response or note to any line in this Part XII	•	,	Щ.		
			Yes	No		
1	Accounting method used to prepare the Form 990 🗵 Cash 📗 Accrual 📗 Other	``	1.	` '		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	+				
	Schedule O			-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	5 4	1	١.		
	reviewed on a separate basis, consolidated basis, or both			1		
	Separate basis Consolidated basis Both consolidated and separate basis	<u> </u>				
b	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	, .	,	۴.		
	separate basis, consolidated basis, or both	.				
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	_ ,_		1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	I/.A 2c	_	ļ		
	If the organization changed either its oversight process or selection process during the tax year, explain in	١,	<u>ئ</u>	İ		
	Schedule O.	ـــــ	ļ			
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	<u> </u>	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such auditsN					
FDA	16 99012 BWF 990 Form Software Copyright 1996 - 2017 HRB Tax Group, Inc	Form	990 (2016)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2016

52-0906685 VISITORS SERVICES CENTER INC Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. 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). g (iii) Type of organization (iv) Is the organization (Vi) Amount of other (ii) EIN (i) Name of supported (V) Amount of monetary (described on lines 1-10 listed in your governing document? organization support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	341,521	346,545	452,811	363,130	247,351	1,751,358				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	341,521	346,545	452,811	363,130	247,351	1,751,358				
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)						, 218,539				
6	Public support. Subtract line 5 from line 4	THE PROPERTY OF THE	15 M Lat. 27	Falander. %	其 t d	2014 (4	1,532,819				
	tion B. Total Support	and that demonstrate to a Table	1. 3. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Agranage (2)	4 4 20 24 6 4	IN WASTER					
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4	341,521			363,130		1,751,358				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18	11	18	. 7	8	62				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						ı				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10	主义是心格的人的。	なるが対くるか	· · · · · · · · · · · · · · · · · · ·	京とう	发表。如果是	1,751,420				
12	Gross receipts from related activities, etc. (see	e instructions)		•		12					
13	First five years. If the Form 990 is for the org	ganızatıon's fırst,	second, third, fo	urth, or fifth tax y	ear as a secțion	501(c)(3)	_				
	organization, check this box and stop here						<u> ▶ [</u>				
<u>Sec</u>	tion C. Computation of Public Sup	port Percen	tage								
14	Public support percentage for 2016 (line 6, co	• •	•	nn (f))		14	<u>87.52 %</u>				
15	Public support percentage from 2015 Schedu	ule A, Part II, line	14			15	61.83%				
16a	33 1/3% support test 2016. If the organiz and stop here. The organization qualifies as				4 is 33 1/3% or n	nore, check this b	oox ▶ 🏋				
b	33 1/3% support test 2015. If the organiz box and stop here. The organization qualifie				ine 15 is 33 1/3%	or more, check	this ▶ □				
17a	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts organization meets the "facts-and-circumstances"	s-and-circumsta	nces" test, check	this box and s	top here. Explai	n in Part VI how					
b	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts	-									
18	organization meets the "facts-and-circumstal	nces" test. The o	rganization quali	fies as a publicly	supported orga	nization .	▶ 🛚				
FDA		Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions BWF 990 BWF 990 Form Software Copyright 1996 – 2017 HRB Tax Group, Inc Schedule A (Form 990 or 990-EZ) 2016									

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

N/A -

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SCHEDULE D

(Form 990) ·

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990

OMB No. 1545-0047 2016 Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

VIS	ISITORS SERVICES CENTER INC		5	<u>2-090668</u>	5	
Pa	art I Organizations Maintaining Donor Advise		Similar Fund	s or Account	ts.	-
	Complete if the organization answered "Yes" on Form			4) = 1		
		(a) Donor advised funds	3	(b) Funds and of	ther accounts	<u> </u>
1			_	<u> </u>		
2	2 Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)	<u>.</u>				
4	Aggregate value at end of year					
5	9	-			п	П.,
	funds are the organization's property, subject to the organizati				. U Yes	∐ No
6		= =				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose co	onferring	П.,	П.,
	impermissible private benefit?				Yes	No
Pai	art II Conservation Easements.					
	Complete if the organization answered "Yes" on Form					
1		, , , , , , , , , , , , , , , , , , , ,				
	Preservation of land for public use (e.g., recreation or educ	ation)		of a historically in		area
	Protection of natural habitat		Preservation	of a certified histo	oric structure	
	Preservation of open space					
2		ed conservation contributi	on in the form of	a conservation		
	easement on the last day of the tax year			г 		
				 	End of the T	ax Year
a	a Total number of conservation easements		• • • • • • • • • • • • • • • • • • • •	2a		
b	•			2b		· · ·
C	c Number of conservation easements on a certified historic struc			2c		
đ	d Number of conservation easements included in (c) acquired a	Iter 8/17/06, and not on a	historic			
_	structure listed in the National Register			2d	11	
3	·	ased, extinguished, or ter	minated by the o	rganization during	ine tax	
	year •					
4	Number of states where property subject to conservation ease		n bandling of us	lations and		
5		<u> </u>	n, nandling of vio	nations, and	Yes	∏No
•	enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of		ervation easements	during the year	□ 163	□,40
7				-		
-						
8			or section 170(11)	(4)(0)(1)	Yes	∏No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		and avagage of	atomost and	□ 163	□ 140
9	balance sheet, and include, if applicable, the text of the footnot		•	· ·		
	the organization's accounting for conservation easements.	te to the organizations in	ianciai statement	s triat describes		
Dar	art III Organizations Maintaining Collections of	f Art Historical Tre	acures or C	ther Similar	Accote	
ı a	Complete if the organization answered "Yes" on Form	•	asules, of C	Julei Silillai	Mosels.	
10	la If the organization elected, as permitted under SFAS 116 (ASC		rovenue stateme	nt and halance sh	eet works of	
ıa	art, historical treasures, or other similar assets held for public e					
	in Part XIII, the text of the footnote to its financial statements th	at describes these items.		•		-
ь	b If the organization elected, as permitted under SFAS 116 (ASC	(1958) to report in its reve	enue statement ai	nd halance sheet	works of art	
	historical treasures, or other similar assets held for public exhil	• •				
	the following amounts relating to these items			•		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
2	If the organization received or held works of art, historical treat	curee or other similar ass		aun provide the		
~			-	am, provide trie		
	following amounts required to be reported under SFAS 116 (A	,	nems	▶ .		
	a Revenue included on Form 990, Part VIII, line 1					
13				— "		

Pai	t III Organizations Ma	intaining Colle	ctions of Art, F	listorical Treasu	res, e	or Other Similar	Assets	(contir	ıued)
3	. Using the organization's acquisi	ition, accession, and	other records, chec	ck any of the following	that a	re a significant use of	its collection	on	
	items (check all that apply)			<u>, </u>		,			
а	Public exhibition		d	Loan or exchange	progra	ams			
b	Scholarly research		е	Other					
C	Preservation for future gener	ations							
4	Provide a description of the org	anization's collection	ns and explain how	they further the organi	zation'	s exempt purpose in			
	Part XIII.								
5	During the year, did the organiz							ī	_
	assets to be sold to raise funds		<u> </u>	the organization's colle	ection?		∐ Ye:	s [No
Pai	t IV Escrow and Cust	_			-				
	Complete if the organiz						art X, line 2	21	
1a	Is the organization an agent, tru	•	ther intermediary to	r contributions or othe	r asset	s not	∏ Ye:	. [No
	included on Form 990, Part X?			· toble			∐ ¥e:	s [_ NO
b	If "Yes," explain the arrangement	nt in Part XIII and Co	mpiete the tollowing	table		Δ.	nount		
_	Beginning balance				1c	All	iourii		
c d	Additions during the year	•	•		1d				
e	Distributions during the year	• •	•		1e	+			
f	Ending balance	•	•		1f				
, 2a	Did the organization include an					t kability?	Ye	. [No
b	If "Yes," explain the arrangemen					=	□ '•	' i	⊣՝՝՝
	rt V Endowment Fund		nere ii the explanat	ion has been provided	3 011 1	art Am		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organiz		s" on Form 990. Par	t IV. line 10.					
		(a) Current year	(b) Prior year	(c) Two years b	ack	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance		, , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		
b	Contributions								
С	Net investment earnings,								
	gains, and losses								
d	Grants or scholarships								
е	Other expenditures for						1		
	facilities and programs						}		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	ge of the current year	r end balance (line	1g, column (a)) held a	as				
a	Board designated or quasi-end	-	%	•					
b	Permanent endowment	%							
C	Temporarily restricted endowned	ent 🕨	%						
	The percentages on lines 2a, 2b	o, and 2c should equ	ual 100%						
За	Are there endowment funds not	t in the possession o	f the organization th	nat are held and admir	nistere	d for the			
	organization by							Yes	No
	(i) unrelated organizations						3a(ı)		
	(ii) related organizations .						3a(ii)		
b	If "Yes" on line 3a(ii), are the rel	ated organizations li	sted as required on	Schedule R?			. 3b		
4	Describe in Part XIII the intende	d uses of the organi	zation's endowmen	t funds.			,		
Pa	rt VI Land, Buildings	, and Equipme	nt.						
	Complete if the organ	nization answered "Y	es" on Form 990, P	art IV, line 11a. See Fo					
	Description of property	(a) Co	ost or other basis	(b) Cost or other	(4	c) Accumulated	(d) Book	value	
	· · · · · · · · · · · · · · · · · · ·		(investment)	basis (other)		depreciation			0
1a	Land			6,21					210
b	Buildings			110,27		80,850			425
C	Leasehold improvements			8,00		3,200			800
d	Equipment			33,84		19,043			799
<u>е</u>	Other	·		120,79	p			120,	
ıota	 Add lines 1a through 1e. (Colui 	mn (d) must equal F	orm 990, Part X, col	lumn (B), line 10c.)				176,	030

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part IX, line 12	Part VII	Investments — Other Securities		11h See Form 990 Part Y line 12	
(including name of security) (Financial derivatives 2) Closely-held equity interests 3) Orther (A) (B) (C) (C) (D) (E) (F) (G) (H) Totals. (Cabero B) west requal from 990, Part X, col. (B) into 12) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (B) Book value (C) Method of valuation Cost or end-of-year market value (C) Method of valuation Cost or end-of-year market value (C) Method of valuation Cost or end-of-year market value (D) Book value (E) Method of valuation Cost or end-of-year market value (D) Book value (E) Method of valuation Cost or end-of-year market value (D) Book value (E) Method of valuation (E) Method of valuati	(a)				
(3) Other (A) (B)		(including name of security)	(b) Book value		
(3) Other					
(A) (B) (C) (C) (D) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H		d equity interests			
(E) (C) (C) (D) (E) (F) (F) (G) (F) (G) (H) Total. Column (p) must equal Form 990, Part X, col (B) Ine 12.) ▶ Part VIII Investments — Program Related. Complete of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) Ine 13.) ▶ Part X Other Assets. Complete of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990. Part X, line 15 (a) Description (b) Book value (b) Book value (c) Book value (c) Book value (d) Cost or end-of-year market value (d) Method of valuation (Cost or end-of-year market value (d) Cost or end-of-year market value (d) Method of value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Cost or end-of-year market value (d) Co	· · · —				
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(F) (C) (C) (H) Total, (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) OTHER ASSETS (a) Description (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶ 120, 79 Part X Other Liabilitities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶ 120, 79 Part X Other Liabilitities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶					
					

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 16 990D3

FE	Reconciliation of Revenue per Audited Financial Sta		per r	return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c] . [
d	Other (Describe in Part XIII)	2d][
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1I	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	Reconciliation of Expenses per Audited Financial S	tatements With Expense	es pei	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1			1	
2				
- а		2a		
-	Prior year adjustments	2b	1	
c		2c	1 1	
d		2d	1	
			2e	
e		•••	3	
3			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	4-		
a	·	48	-	
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·· · · · · · · · · · · · · · · · · · ·	5	
	t XIII Supplemental Information.		4.5	1 V 1 0
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		1e 4, Pa	rt X, line 2,
art .	XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide	e any additional information		
				·
			_	
				
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FDA

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047 2016

> Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 52-0906685 VISITORS SERVICES CENTER INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants h Internet and email solicitations Phone solicitations Special fundraising events C In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agréements under which the fundraiser is to be compensated at least \$5,000 by the organization (vi) Amount paid to (iii) Did fundraiser (v) Amount paid to (i) Name and address of individual (iv) Gross receipts . have custody (or retained by) fund-(or retained by) (ii) Activity or control of from activity or entity (fundraiser) raiser listed in col (i) organization contributions? No 2 3 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

or licensing

Schedule G (Form 990 or 990-EZ) 2016 VISITORS SERVICES CENTER I 520906685 Page 2 · Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes . Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) thru col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes . Direct Expenses 3 Noncash prizes · · · Other direct expenses Volunteer labor No Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain

FDA	16 990G2	BWF 990	Form Software Copyright 1996 ~ 2017 HRB Tay Group, Inc.	Schadula G

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Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . .

If "Yes," explain

Sched	dule G (Form 990 or 990-EZ) 2016 VISITORS SERVICES CENTER I 520906685	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_
•	formed to administer charitable gaming?	∐ No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	. %
~ b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address >	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∏ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	_
	of gaming revenue retained by the third party > \$	
C	If "Yes," enter name and address of the third party	
	Name ▶ Address ▶	
16	Gaming manager information	
	Name >	•
	Gaming manager compensation ▶ \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	_
	in the organization's own exempt activities during the tax year ▶ \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	9,

SCHEDULE 0

(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.

2016 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

VISITORS SERVICES CENTER INC

Employer identification number

52-0906685

PART 1 SUMMARY LINE 1 CONTUINED: SOCIETY. WE CONTINUE TO BE THE ONLY ORGANIZATION IN THE NATION'S CAPITAL THAT PROVIDES VITAL SERVICES TO OUR GOAL IS TO REDUCE THE OUR NEEDIEST CITIZENS.

RECIDIZISM RATE IN THE DISTRICT OF COLUMBIA. WE KNOW FROM DIRECT EXPERENCE THAT RETURNING CITIZENS WHO ARE GIVEN SERVICES (BOTH PRE AND POST RELEASE FROM INCARCERATION) MAKE A SUCCESSFUL TRANSITION -

AND BECOME POSITIVE CONTRIBUTING CITIZENS TO OUR ECONOMY AND COMMUNITY. WE REMAIN COMMITTED TO OUR LONG HISTORY OF PROVIDING BASIC HUMAN SERVICES TO MEET BASIC HUMAN NEEDS. -

PART VI SECTION B LINE 11B: MEMBERS OF THE BOARD OF DIRECTORS, AUDIT COMMITTEE, AND THE EXECUTIVE DIRECTOR REVIEW THE FORM 990 BEFORE IT IS SIGNED AND SUBMITTED -

THE ORGANIZATION'S PERSONNEL COMMITTEE PART VI SECTION B LINE 12C: CONDUCTS AN ANNUAL AUDIT TO ENSURE COMPLIANCE -

THE ORGANIZATION'S PERSONNEL COMMITTEE PART VI SECTION B LICN 15: CONDUCTS AN ANNUAL AUDIT TO ENSURE COMPLIANCE -

2016 FORM 990 REASONABLE CAUSE EXPLANATION

ATTACHMENT 3: PAGE 1 REASONABLE CAUS OPEN TO PUBLIC INSPECTION For calendar year 2016, or tax period beginning Name of Organization				07-01-2016, and ending	06-30-2017.	
				<u> </u>	Employer Identification Number	
ISITORS	SER	VICES CE	NTE	RINC	·	52-0906685
				Exp	planation	
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