FDA

17 9901

BWF 990

Return of Organization Exempt From Income Tax

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

			f the Treasur iue Service	Go to www.irs.gov/Form990 for instructions and the latest info	ormation.	Inspection						
Α	For	the	2017 cale	······································	ending JUNE 30	, 20 18						
			pplicable	C Name of organization VISITORS SERVICES CENTER INC		entification number						
⋂셈	ddr	ess cl	hange	Doing business as VOICES FOR A SECOND CHANCE	52-090668	35						
□ ^	lame	e char	nge	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone nu	ımber						
□	nitia	l retur	'n	1422 MASSACHUSETTES AVENUE SE	(202) 544	1-2131						
F	inal	retur	n/	City or town, state or province, country, and ZIP or foreign postal code	G Gross							
_ t	ermi	nated		WASHINGTON DC 20003	receipts \$	266,803						
_ ^	mer	ndedi	return	F Name and address of principal officer H(a) is	this a group return for subc	ordinates? Yes X No						
A	ppli	cation	n pending	SEE ATTACHMENT #1	re all subordinates included	γ ∐ Yes ∐ No						
1 7	ax-	-exer	npt status	X 501(c)(3) 501(c)() ◀(insert no.) 4947(a)(1) or 527/	If "No," attach a list (see in	structions)						
			:► N/A		roup exemption number							
_		_		Corporation Trust Association Other ► L Year of format	tion 1969 M Sta	te of legal domicile DC						
P	art	_	Summ			· · · · · · · · · · · · · · · · · · ·						
	- 1			scribe the organization's mission or most significant activities		T OF C						
g				OR A SECOND CHANCE (VSC) (FORMALLY THE V								
nan	-			IS AN ESSENTIAL SAFETY NET FOR OFFENDERS								
.Activities.& Governance	<u>ح</u>	<u>vho</u>		LIKELY TO BE AMONG THE MOST MARGINALIZED								
Ö	₹			s box \[\bigcup \int \line if the organization discontinued its operations or disposed of more that the properties body (Part VI, line 1a)	. 3	6						
ež J	4			f voting members of the governing body (Part VI, line 1a) f independent voting members of the governing body (Part VI, line 1b)	 	6						
<u> </u>	-			ber of individuals employed in calendar year 2017 (Part V, line 2a)	5	7						
į	2			ber of volunteers (estimate if necessary)	6	6						
Ą	٥			lated business revenue from Part VIII, column (C), line 12	7 7a							
_				ated business taxable income from Form 990-T, line 34	1	0						
	7				Prior Year	Current Year						
	8 Contributions and grants (Part VIII, line 1h)											
Ž		9	Program s	service revenue (Part VIII, line 2g) · · · · · · ·	3 00							
Ğ	3			at income (Part VIII column (A) lines 3 4 and 7d)	, _ 0 8	15						
œ.)	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,,	1,564						
		12	Total rever	nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	296,134	243,152						
		13	Grants and	d sımılar amounts paid (Part IX, column (A), lines 1-3)	1,904	8,883						
		14	14 Benefits paid to or for members (Part IX, column (A), line 4)									
V.	:	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	164,406	269,188						
Expenses	:	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)								
X		b	Total fund	raising expenses (Part IX, column (D), line 25)								
ш				enses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,179	81,091						
				enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	250,489	359,162						
	-	19	Revenue I	ess expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	45,645	-116,010						
Net Assets or Fund	es		T-4-1	<u> </u>	Beginning of Current Year	End of Year						
ASS	auc			tts (Part X, line 16)	230,678	251,996 56,070						
o é	Bal			stries (Part X, line 26)	174,958	195,926						
	rt	_		ture Block	174,550	155,520						
					and to the best of my keepyl	adas and balled it is						
true,	cor	rect, a	and complete	declare that I have examined this return, including accompanying schedules and statements, a policing a property of the control of the contro	ang knowledge	eage and bener, it is						
	-		VU V	ma hamason seldela		1/2 JUL 19						
Sig	n		Sign	nature of officer		Date						
He			I	ULA THOMPSON FELDER EXECUTIV	E DIRECTOR							
				e or print name and title								
			Print/	Type preparer's name Preparer's signature Date	Check if	PTIN						
Pai			ALF	RED PINKETT	10	P00068574						
		irer		s name ► HRB TAX GROUP INC	Firm's EIN ▶ 431							
US	e C	Only	Firm's	s address ▶ 900 17TH ST NW	Phone no							
				HINGTON DC 20006	(202) 466-4	4411						
				nis return with the preparer shown above? (see instructions)		· · Yes 🛛 No						
For	Pa	perw	ork Redu	ction Act Notice, see the separate instructions.		Form 990 (2017)						

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		age Z
Par	Statement of Program Service Accomplishments	П
	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	
	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ 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	· · · · · · · · · · · · · · · · · ·)
	SEE ATTACHMENT #2	
		•
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	····	.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
		— ′
		_
	Other program sequence (Posserbo in Schodula O.)	
40	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$	
46	Total program service expenses	



Part IV Checklist of Required Schedules

	_		Yes_	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		3.7
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A	5		
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			3.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	9		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted	•		$\overline{}$
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,	-		
• •	VII, 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,"			-
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more			
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	
е	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u></u>	Χ
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		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 any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		l v
	If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Χ
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N/A$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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			Ė
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		
	or IV, and Part V, line 1	34	İ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	•
EDA	17 0004 PWF 000 F C			

Form 990 (2017) VISITORS SERVICES CENTER I 52-0906685

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			Ш	_
-			Yes	No	_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				1
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b				j
C	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	1c		X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				١
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7				J
· 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 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				I
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X	-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5b 5c	 -		-
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50	<u> </u>		-
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		_^	-
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>	-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
_	and services provided to the payor?	7a		X	•
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \mathbb{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		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d				Ī
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ	_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ		ا
	sponsoring organization have excess business holdings at any time during the year?	8		X	_
9	Sponsoring organizations maintaining donor advised funds.				ل
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X	_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х	_
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12				1
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section F01(a)(12) prescriptions. Factor				ı
a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders				
b	Gross income from members or shareholders	!	-~	1	İ
	against amounts due or received from them)	•			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X	L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		_^	-
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.	.ua	 	<u> </u>	_
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans 13b				1
С	Enter the amount of reserves on hand				Ì
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N./.A.	14b			-
					_

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in Schedule O. See insti	ruction	5.	
	Check if Schedule O contains a response or note to any line in this Part VI				Ш
Secti	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 6			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	1 b 6			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		1		i I
_	any other officer, director, trustee, or key employee?	isiip wiiii	2		X
3	Did the organization delegate control over management duties customarily performed by or under	ar the direct	-		$\stackrel{\frown}{-}$
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did'the organization make any significant changes to its governing documents since the prior Fo	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?	, 499619.	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	-		$\stackrel{\frown}{\vdash}$
7 4	one or more members of the governing body?	or appoint	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	are	/ a		$\stackrel{\Lambda}{\vdash}$
	stockholders, or persons other than the governing body?	, , , , , , , , , , , , , , , , , , ,	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertal	ven during			$\frac{\Lambda}{\Lambda}$
·	the year by the following	ten duning	'		1 1
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		J.	21	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	1	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Interna	I Revenue Code)			
	The second of the second of the industrial about policies for required by the internal			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	h chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	ourposes? 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		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Í	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 -		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	at could give			
	rise to conflicts?		12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and app	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?			
а			15a	Х	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-	••	`
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.				
	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 ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	J			
Cooki	organization's exempt status with respect to such arrangements?	. N./. A.	16b		<u> </u>
<u>Secti-</u>	I set the states with which a copy of this Form 800 is required to be filed. A DC				
18	List the states with which a copy of this Form 990 is required to be filed DC Section 6104 requires an organization to make its Forms 1033 (or 1034 if applicable), 990, and 9	00 T (Costian 504/-1/01	mls A		
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	0 2(E)(3)FUC חסווטשכן ו-טפ	niy)		
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Sch	adula (O)			
19					
1.3	Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.	s, cominct of interest policy	and		
20	State the name, address, and telephone number of the person who possesses the organization!	s hooks and rocerds			
	SEE ATTACHMENT #3	3 DOORS AND TECUTUS			

Form 990 (2017)

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week		(do not box, ur officer	Posi check dess pe and a dr	ition	an one both an trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from 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	Х						0	0	0
SECRETARY INGRID CHRISTIAN TREASURER	2.00	x						0	0	0
BETSEY BIBEN BOARD MEMBER	2.00	x						0	0	0
BRANDON MYERS BOARD MEMBER	2.00	x						0	0	0
SARA LEMKE-VON AMM BOARD MEMBER	2.00	x						0	0	0
JEREMY WILEY PRESIDENT	2.00			x				0	0	0

Form **990** (2017)

Part	Section A. Officer	s, Directors, Trustees, Key Employees, and High							est Compensated E	mpioyees (continued				
(A)		(B)	(C) Position (do not check more than one box, unless person is both an						(D)	(E)	(F) Estimated			
	Name and title	Average hours per week (list any hours for related	Individu or direc	officer 	Officer	rector Key employee	(trustee)	Former	Reportable compensation from the	Reportable compensation from related organizations	compensat			
		organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee		ployee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	nizatio relate nizatio	d	
1b	Sub-total							•						
С	Total from continuation s		art VII, S	Section	n A		••	•						
d 	Total (add lines 1b and 1c Total number of individuals	<u> </u>	hut not l	mited	to thos	se liste	d above) who	received more than	\$100,000 of			<u></u>	
-	reportable compensation fr	, ,			10 1110.	oc note	d above	., v v110	received more man	ψ100,000 01				
												Yes	No	
3	Did the organization list any employee on line 1a? If "Ye									ed	3			
4	For any individual listed on									rom the				
	organization and related or	ganızatıons	greater	than \$	150,00	10° If "	Yes," co	mplete	e Schedule J for sucl	h individual	4		Х	
5	Did any person listed on lir						-		-		===			
Section	for services rendered to the in B. Independent Contract		one ii t	es, cc	mpiet	e Sone	dule J 1	or suc	n person		5	<u> </u>	Χ	
1	Complete this table for you		st compe	ensate	d inde	pende	nt contra	actors	that received more ti	nan \$100,000 of				
	compensation from the org										ax year.			
	Name ar	(A) ad business	address	<u> </u>					(B) Description of se	ervices	Compe	C) ensatio	n	
								<u> </u>						
													-	
	Total number of reduce 1			:		Luc · ·		<u> </u>						
2	Total number of independe received more than \$100,0							e liste	a above) who					

Part	VIII					D . 1 (1)			
		Check if Schedule O co	ntains a res	onse	or note to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
5 5	1a	Federated campaigns .		1a			Tevende		512 514
Contributions, Giffs, Grants and Other Similar Amounts				1b					
Ω,E				1c					
ar A		Related organizations		1d					
S, G		Government grants (contri		1e	141,914				
Sign		All other contributions, gifts	•						
but	•	similar amounts not includ	_	1f	99,659				
24	a	Noncash contributions include:		ــــــــــــــــــــــــــــــــــــــ					
30	_	Total. Add lines 1a-1f		•		241,573			
		rount to the training to the t		· ·	Business Code				
ĕ	2a								
Ξ	b								
Se	С							******	
am Ve	d								
Program Service Revenue	е								
چ	f	All other program service r	revenue		,				
	g	Total. Add lines 2a-2f	•						
	3	Investment income (includ	ling dividend	ls, inte	rest, and				
		other similar amounts)			▶	15	15		ļ
	4	Income from investment of tax-exempt bond p			proceeds •				
	5	Royalties			▶				
			(ı) Re	al	(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)					·		
	d	Net rental income or (loss)			, ▶				
	7.	Cross amount from solon	(ı) Secu	rities	(II) Other				
	/a	Gross amount from sales of assets other than] i			
		inventory							
	b	Less cost or other basis							
		and sales expenses]			
	С	Gain or (loss)							
	d	Net gain or (loss)			. •				
	8a	Gross income from fundra	ısıng events						
ne		(not including \$							
len		of contributions reported of	n line 1c).						
Re'						3			1
Other Revenue		Less direct expenses .							
ᅙ		Net income or (loss) from t		events		1,564			
	9a	Gross income from gaming	-		ł			-	
		See Part IV, line 19		-]			
		· ·	• • • •						
		Net income or (loss) from		rities				, , <u>, -</u>	
	10a	Gross sales of inventory, le							
		returns and allowances .		а					
		Less cost of goods sold		· b			_ 		
	<u> </u>	Net income or (loss) from s		ntory					
	44:	Miscellaneous Re	venue		Business Code				-
	11a				-				
	b				-	<u> </u>			
	C	All sales see							ļ
			• • • • • •						
		Total. Add lines 11a-11d					· · · · · · · · · · · · · · · · · · ·	_	
	12	Total revenue. See instruc	ctions · ·			243,152	15		

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	anizations must com	olete column (A)	
	Check if Schedule O contains a response or note to				··
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	8,883	8,883		- <u>-</u>
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	239,711	239,711		·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,677	28,677		
10	Payroll taxes	800	800		
11	Fees for services (non-employees)			3.5.4.5	
а	Management	16,442		16,442	······································
þ	Legal				
С	Accounting	6,471	6,471		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	2 055		2 055	
	(A) amount, list line 11g expenses on Schedule O.)	3,955		3,955	
12	Advertising and promotion	114 12,478	114		
13	Office expenses	•	•	9.069	
14	Information technology	9,069	<u> </u>	9,069	
15	Royalties · · · · · · · · · · · · · · · · · · ·	8,599		6,899	
16	Occupancy		1,403	0,099	
17	Travel	1,403	1,403		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,193	1 102		
19	Conferences, conventions, and meetings	1,193	1,193		
20 24	Interest				
21 22	Payments to affiliates	11,288			
22 23	Depreciation, depletion, and amortization	2,078		2,078	
	Insurance	2,070		2,010	
24	Other expenses, Itemize expenses not covered				•
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
				1	
•	(A) amount, list line 24e expenses on Schedule O.) STAFF APPRECIATION	2,750		2,750	
a b	UNEARNED SERVICES EXP	1,534		1,534	
C		3,717		3,717	
ď	EMPLOYEE REIMBURSEMENT	3,717		3,717	
	All other expenses				
е 25	All other expenses	359,162	299,730	46,444	-
25 26	Total functional expenses. Add lines 1 through 24e	333, 102	233,130	40,444	
LU	Joint costs. Complete this line only if the organization			i	
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	ľ			
FDA					5 000

VISITORS SERVICES CENTER I 52-0906685 Page **11** Form 990 (2017) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 8,673 54,648 Cash -- non-interest-bearing 1 Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net Accounts receivable, net ... 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 9 10 a Land, buildings, and equipment, cost or 251,996 other basis Complete Part VI of Schedule D 10a 108,020 55,234 143,976 **b** Less accumulated depreciation . 10b 11 Investments -- publicly traded securities 11 12 12 Investments -- other securities. See Part IV, line 11 13 13 Investments -- program-related. See Part IV, line 11 14 14 99,347 120,796 15 15 230,678 16 251,996 16 Total assets. Add lines 1 through 15 (must equal line 34) 55,720 56,070 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 24 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 55,720 **26** 56,070 Total liabilities. Add lines 17 through 25 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. 195,926 174,958 Unrestricted net assets 27 27 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶

FDA 17 99011 BWF 990

complete lines 30 through 34.

33 Total net assets or fund balances

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Retained earnings, endowment, accumulated income, or other funds

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

Form 990 (2017)

195,926

251,996

30

31

32

33

34

174,958

230,678

Page	1	2

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,152
2	Total expenses (must equal Part IX, column (A), line 25)	2			,162
3	Revenue less expenses. Subtract line 2 from line 1	3			,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		174,	, 958
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		136,	, 978
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		195,	,926
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				_Ш_
				Yes	No
1	Accounting method used to prepare the Form 990.			. ,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		· ·		1. 1
	Schedule O.				ļ
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				. [
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?	•	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				}
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	27 / 7	1 _		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N./A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			'	
0-	Schedule O				
Jа	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				,
L.	the Single Audit Act and OMB Circular A-133?	• •	3a		X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	NT / 70			ĺ
-0.4	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N/A		000	
DA	17 99012 BWF 990 Form Software Copyright 1996 – 2018 HRB Tax Group, Inc		Form	330 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

VISITORS SERVICES CENTER INC

Employer identification number 52-0906685

Pa	rt	Reason	for Public Chari	ty Status (All organizations	s must comp	olete this par	t.) See instructions			
he c	rģ			cause it is (For lines 1 throug						
1	Γ	A church, conve	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Γ		pol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	Γ			rvice organization described			1 1 2			
4	Γ	ľ		ated in conjunction with a hos			•	ter the hospital's name		
•	ш	city, and state.	and or game and or open	noo ni oo njanonon viini a noo	JP.1141 0000111			ior the mospital of manie,		
5	Г		onerated for the hene	fit of a college or university of	wned or one	erated by a c	novernmental unit descr	ihed in		
•	ᆫ	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.)								
c	_			•	al.m ===at===	470/5/4//	11/-1			
6	b			r governmental unit describe				Laulalia		
7	X			a substantial part of its supp	on from a go	overnmentai	unit or from the genera	ii public		
			ection 170(b)(1)(A)(vi).	• •						
8	\vdash	=		on 170(b)(1)(A)(vi). (Complet	· ·					
9	L	_	=	described in section 170(b)(1			· 	-		
		or university or	a non-land-grant colle	ege of agriculture (see instruc	tions). Enter	the name, c	ity, and state of the coll	ege or		
		university		4.		1	<u> </u>			
10				(1) more than $33^{1/3}\%$ of its	• •			*		
		receipts from ac	ctivities related to its ex	empt functionssubject to c	ertaın excep	tions, and (2	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 Jun	e 30, 1975 See section 509	(a)(2). (Com	nplete Part III	l.)			
11	L	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	L	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 org	anizations described in sect	tion 509(a)(1	1) or section	n 509(a)(2). See sectio i	n 509(a)(3).		
		Check the box	ın lınes 12a through 12	d that describes the type of s	supporting of	rganizātion a	and complete lines 12e,	12f, and 12g.		
а		Type I. A sup	porting organization of	perated, supervised, or contr	olled by its s	supported or	ganization(s), typically t	y giving		
		the supported	d organization(s) the po	ower to regularly appoint or e	lect a majori	ity of the dire	ectors or trustees of the			
				complete Part IV, Sections						
b				supervised or controlled in co		th its suppor	ted organization(s), by t	naving		
				orting organization vested in t						
				e Part IV, Sections A and C	•					
c		· ·	•	supporting organization ope		nection with	and functionally integra	ated with		
				structions). You must compl				alog viiii,		
d		_		ed. A supporting organization				anization(s)		
				e organization generally mus						
				must complete Part IV, Sec						
е								u		
		_	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.							
f		-	er of supported organiz		porting orge	ai ii Zalioi ii				
g				the supported organization(s	e)			<u> </u>		
		ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(V) Amount of monotony	(Vi) Amount of other		
''		organization	(11) E114	(described on lines 1–10	listed	in your	(V) Amount of monetary support (see instructions)	support (see instructions)		
				above (see instructions))		document?				
A)					Yes	No No	-			
~, В)										
C)										
C) D)	۸									
D) E)										
<u>⊂)</u> 'otal			y chade the			<u> </u>				
vial			1' "	the state of the s	1	I	1			

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

Schedule A (Form 990 or 990-EZ) 2017

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.)

	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	346,545	452,811	363,130	247,351	241,573	1,651,410	
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 · · · · · · · · · · · · · · · · · ·	346,545	452,811	363,130	247,351	241,573	1,651,410	
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)	-	-	-				
6	Public support. Subtract line 5 from line 4.		,				1,651,410	
Sec	tion B. Total Support	1						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	346,545	452,811	363,130	247,351	241,573	1,651,410	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11	18	7	8	1,579	1,623	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	** *-		,			1,653,033	
12	Gross receipts from related activities, etc. (se	e instructions)				12		
13	First five years. If the Form 990 is for the organization	ganization's first,	second, third, foi	urth, or fifth tax y	ear as a section	501(c)(3)		
	organization, check this box and stop here						▶∏	
Sec	tion C. Computation of Public Sur	port Percent	tage		_ , _ , , , , , , , , ,			
14	Public support percentage for 2017 (line 6, co	olumn (f) divided	by line 11, colun	nn (f))		14	99.90%	
15	Public support percentage from 2016 Schedu	ule A, Part II, line	14			15	87.52%	
16a								
b	33 ¹ /3% support test 2016. If the organization stop here. The organization qu	ation did not chec alifies as a public	k a box on line to the supported org	13 or 16a, and lin anization	ie 15 is 33 ¹ /3%	or more, check	▶ 🔲	
17a	10%-facts-and-circumstances test 201 10% or more, and if the organization meets the Part VI how the organization meets the "facts"	he "facts-and-cir	cumstances" tes	t, check this box	and stop here	. Explain in	nization 🕨 🔲	
b	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts-organization meets the "facts-and-circumsta	s-and-circumstar	nces" test, check	this box and ste	op here. Explain	in Part VI how th	ne . m	
18	Private foundation. If the organization did no							
FDA		pyright 1996 – 2018				A (Form 990 or		

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

		02-0906685
Pa		is or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise	
	funds are the organization's property, subject to the organization's exclusive legal control?	∐Yes ∐No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u	sed
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes	
	conferring impermissible private benefit?	Yes No
Pai		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	H H	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified transferred t	organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	LYes LNo
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing const	ervation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?	∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	tatement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research public service, provide the following amounts relating to these items	in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	. ▶ \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	- · · ·
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	. • \$

Par	t III Organizations Mai	ntaining Collec	tions of Art, I	Historical Treasur	res, c	or Other Similar	Assets	(conti	nued)
3	Using the organization's acquisit								
	collection items (check all that ap	oply)							
а	Public exhibition		d	Loan or exchange	progra	ams			
b	Scholarly research		е	Loan or exchange Other					
C	Preservation for future genera	itions		_					
4	Provide a description of the orga	inization's collections	and explain how	they further the organiz	zation's	s exempt purpose in I	Part		
	XIII.								
5	During the year, did the organiza	ition solicit or receive	donations of art,	historical treasures, or o	other s	similar			_
	assets to be sold to raise funds r	ather than to be mai	ntained as part of	the organization's colle	ction?		. Yes	ì	∐ No
Par	t IV Escrow and Custo Complete if the organiza	_		t IV, line 9, or reported	an am	nount on Form 990, P	art X, line 2	21	
1a	Is the organization an agent, trus	tee, custodian or oth	er intermediary fo	r contributions or other	asset	s not			
	ıncluded on Form 990, Part X?						Yes	,	No
b	If "Yes," explain the arrangement	in Part XIII and com	plete the following	table			_		
						Am	ount		
C	Beginning balance				1c				
d	Additions during the year			•	1d				
е	Distributions during the year .			• • • • • • • • • • • • • • • • • • • •	1e				
f	ū	• • • • • • • • • • • • • • • • • • • •		•	1f				—
2a	Did the organization include an a					-	U Yes	;	ᄓ
b	If "Yes," explain the arrangement		ere if the explanat	ion has been provided	on Pa	art XIII			ப_
Pai	Endowment Funds								
	Complete if the organiza				. 1.	N.T	() =		
4.	Paginning of year halance	(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years back	(e) Four	ears I	эаск
1a b	Beginning of year balance . Contributions				-				
_	<u> </u>				-				
С	Net investment earnings,								
d	gains, and losses Grants or scholarships								
	Other expenditures for			<u> </u>					
е									
f	facilities and programs Administrative expenses					<u>.</u>			
-	End of year balance		_						
g 2	Provide the estimated percentag	o of the current year	and balance (line	1a solumn (a)) hold a					
a	Board designated or quasi-endo		%	rg, column (a)) neld as	5				
b	Permanent endowment								
c	Temporarily restricted endowmer		%						
•	The percentages on lines 2a, 2b,	-							
За	Are there endowment funds not	•		nat are held and admin	istered	I for the			
	organization by	p	g					Yes	No
	(i) unrelated organizations	• • •					3a(i)		"
	(ii) related organizations						3a(ii)		\vdash
b	If "Yes" on line 3a(ii), are the rela	ted organizations list					3b		<u> </u>
4	Describe in Part XIII the intended	_							
Pa	rt VI Land, Buildings,								
				art IV, line 11a. See Fo	rm 99	0, Part X, line 10.			
	Description of property		t or other basis	(b) Cost or other) Accumulated	(d) Book	value	
		(11	nvestment)	basis (other)	`	depreciation	. ,		
1a	Land			6,210		-		6,	,210
b	Buildings			110,275	5	79,629		30,	646
C	Leasehold improvements			83,898		5,120		78,	,778
d	Equipment \dots .			51,613	3	23,271		28,	, 342
<u>e</u>	Other								
Total	. Add lines 1a through 1e. (Colum	n (d) must equal For	m 990, Part X, co	umn (B), line 10c.) .				143,	976

Part VII	Investments — Other Securities Complete if the organization answered "Yes		ine 11b. See Form 990. Part X. line 12	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
(1) Financial d	derivatives			
(2) Closely-he	eld equity interests	_		
(3) Other				
(A)				
(B)				
(C)				<u></u>
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12)		<u> </u>	
Part VIII	Investments — Program Related		0 5 0	
	Complete if the organization answered "Yes		T	<u></u>
,	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year ma	
(4)				onor vario
(1)				
(3)			 	
(4)				
(5)				
(6)			<u> </u>	
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		·	
	Complete if the organization answered "Yes	s" on Form 990, Part IV, li	ine 11d See Form 990, Part X, line 15.	
		escription		(b) Book value
(1) OTHER	R ASSETS			99,34
(2)		-		
(3)				
(4)			-	
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line	15.)		99,34
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	· · · · · · · · · · · · · · · · · · ·	ine 11e or 11f See Form 990, Part X, line	25.
1.	(a) Description of liability	(b) Book value		•
	ncome taxes			
(2)		<u> </u>	_	
(3)			4	
(4)			4	
(5)		· · · · · · · · · · · · · · · · ·	_	
(6)			4	
(7)			<u> </u>	
(8)	 	 	4	
(9)		-	-	
	(b) must equal Form 990, Part X, col (B) line 25)	1-1-1-11	<u> </u>	
	uncertain tax positions. In Part XIII, provide the			
organization's	liability for uncertain tax positions under FIN 4	o (ASC 740). Check here	e if the text of the footnote has been provi	ded in Part XIII

Pai	TXI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	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		!
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	」
С	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	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expens	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	
С	Other losses	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 IX, line 25, 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	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Par	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		ine 4, Part X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information	
		·	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization VISITORS SERVICES C	ENTED INC	•			Employer id	dentification number
Part I Fundraising Activi			uzation or	aguared "Voe" on Form		2007
Form 990-EZ filers are n				iswered tes on rount:	750, Fait IV, little 17.	
1 Indicate whether the organization				wing activities. Check a	Il that apply.	
a Mail solicitations		е	Solic	itation of non-governme	nt grants	
b Internet and email solicitations	;	f	Solic	itation of government gra	ants	
c Phone solicitations		g	Spec	ial fundraising events		
d n-person solicitations			_			
2a Did the organization have a writte	en or oral agreeme	ent with ar	ny individi	ual (including officers, di	rectors, trustees,	`
or key employees listed in Form 9	990, Part VII) or er	ntity in cor	nection v	vith professional fundrais	sing services?	···· Yes 🛛 No
b If "Yes," list the 10 highest paid in	ndividuals or entitie	es (fundra	isers) pur	suant to agreements un	der which the fundrais	er is to be
compensated at least \$5,000 by t	the organization.					
(i) Name and address of individual			fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		ustody strol of	from activity	(or retained by) fund	
		contributions?		HOTH activity	raiser listed in col. (i) organization
		Yes	No			
1						
				_		
2			1			'
				-		
3		1				
4						
		ļ		-		
5						
6						
		1				
7						
8						
9						
40						
10						
	L	<u> </u>	1			
Total						
3 List all states in which the organize or licensing.	cation is registered	or licens	ea to \$011	cit contributions of has t	een notified it is exem	pt from registration
or neeriang.						

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.

		g. 222 . 222. p. c g. 22. c				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Be	2	Less Contributions				
	3	Gross income (line 1 minus				
	_	line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary. Add lines 4 thro	-			
Ds	11 [1]	Net income summary. Subtract line 10 free Gaming. Complete if the organiza			>	
ГС		than \$15,000 on Form 990-EZ, line 6		Form 990, Fan IV, line 18	r, or reported more	
				(b) Pull tabs/instant	(a) Other server	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
æ		_				
_	1	Gross revenue				
Se	2	Cash prizes · · · · · · · · · · · · · · · · · · ·				
Direct Expenses	3	Noncash prizes				
Orect E	4	Rent/facility costs · · · ·				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)			
	_	Not compare an annual College	t	(-I)		
_	8	Net gaming income summary. Subtract lin	ne / from line 1, column	(d) · · · · · · · · · · ·	···· · · <u>· · · · · · · · · · · · · · ·</u>	
9	En	iter the state(s) in which the organization co	onducts gaming activities			
а		the organization licensed to conduct gamin				Yes No
b	lf "	'No," explain				
	_					
10a	10/4	ere any of the organization's gaming because	no rovokad evenended	or torrespond of divining of	<u> </u>	Пу. П.
b		ere any of the organization's gaming license 'Yes," explain	es revokea, suspendea, (or terminated during the	tax year?	··· Yes No
	_					

Sched	fule G (Form 990 or 990-EZ) 2017 VISITORS SERVICES CENTER I 52-0906685	Page 3	3
11	Does the organization conduct gaming activities with nonmembers? Y	es 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?	es No	
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	%	έ.
b	An outside facility 13b	%	<u>-</u> -
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?	Ves 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	Garning manager information		
10	Gaming manager information		
	Name		
			-
	Gaming manager compensation > \$		
	Description of services provided		
			_
	☐ Director/officer ☐ Employee ☐ Independent contractor		
4-	Mandatan distributions		
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?	Yes No	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	tes ∏ NO	
	spent in the organization's own exempt activities during the tax year >\$		
Part		lines 9	-
	9b, 10b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	cə ə,	
	, , , , , , , , , , , , , , , , , , ,		-

SCHEDULE 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.

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

OMB No 1545-0047
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

52-0906685

VISITORS SERVICES CENTER INC

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

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

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

PART I SUMMARY LINE 1 CONTINUED: - SOCIETY. WE CONTINUE TO BE THE ONLY ORGANIZATION IN THE NATION'S CAPITOL THAT PROVIDES VITAL SERVICESTO OUR NEEDIEST CITIZENS. OUR GOAL IS TO REDUCE THE 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 FRANSITION 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.