

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	= 2019 calendar year, or tax year beginning $OCT~1~,~2019~$ and	ending S	<u>SEP 30, 2020</u>	
B (Check if pplicable	C Name of organization		D Employer identifie	cation number
	Addre				
	Name			39-20770	94
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
F	Final	2612 G ARTINGTON MILI DR	APT C	888-365-	
	termin ated			G Gross receipts \$	665,790.
	Ameno			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: DOCIA DEMOS		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1 7	ax-exe	empt status: X 501(c)(3) 501(c) ()	or 527		list. (see instructions)
J١	Nebsit	e: ► WWW.VIDAVOLUNTEER.ORG		H(c) Group exemptio	
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2008	M State of legal domicile: MN
Pa		Summary			
_	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}{ m \ \ PC}$	OSITIV	ELY IMPACT	THE QUALITY
Governance		OF LIFE IN UNDERSERVED COMMUNITIES			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
S S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	1
Vitie	6	Total number of volunteers (estimate if necessary)		6	351
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,808,707.	656,490.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,119.	6,916.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,651.	2,384.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,816,477.	665,790.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		444,757.	361,918.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,287,592.	548,017.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,732,349.	909,935.
	19	Revenue less expenses. Subtract line 18 from line 12		84,128.	-244,145.
Net Assets or			Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,091,248.	855,086.
t As	21	Total liabilities (Part X, line 26)		293,098.	301,081.
		Net assets or fund balances. Subtract line 21 from line 20		798,150.	554,005.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	
		Signature of officer		l Date	
Sig			ECMOD.	Date	
Her	е	LUCIA LEMUS, PRESIDENT & EXECUTIVE DIR	ECTOR		
			1	Date Check	PTIN
De!-		Print/Type preparer's name Preparer's signature TATIDEN BATTARD CDA TATIDEN BATTARD		02/05/21 self-employ	
Paid		LAUREN BALLARD, CPA LAUREN BALLARD,	CPA (41-0746749
-	Only	Firm's name CLIFTONLARSONALLEN LLP Firm's address 402 SOUTH KENTUCKY AVENUE, SUITE	. 600	Firm's EIN ▶	41-0/40/43
use	Only	LAKELAND, FL 33801-5354	3 000	Dhana na Q K	3-680-5600
N/a:	the I	RS discuss this return with the preparer shown above? (see instructions)		Prione no. 6 6	X Yes No
IVIA	, 16				144 155 1 100

Form	m 990 (2019) VIDA 39-	2077094	Page 2
Pai	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: TO PROMOTE HUMAN AND ANIMAL HEALTH BY BRINGING TOGETHER THE		
	STUDENTS, COMMUNITIES AND THE LOCAL HEALTHCARE SYSTEMS.	<u> </u>	<u> </u>
	DIODENIO, COMMONITIED AND THE ECCAE HEADINCARE DIDIEMS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		V N
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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 measur	ed by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	otal expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 704,168. including grants of \$) (Revenue \$		
	VIDA IS A NON PROFIT HUMANITARIAN ASSOCIATION WITH OFFICES I	.N	
	GUATEMALA, NICARAGUA AND COSTA RICA THAT HELPS TO EMPOWER IN	DIVIDUAL	S
	AND PROVIDES FREE MEDICAL, DENTAL, AND VETERINARY ASSISTANCE	TO NEED	Y
	COMMUNITIES TO IMPROVE QUALITY OF LIFE BY OFFERING VOLUNTEER		
	AROUND THE WORLD HANDS-ON, EYE-OPENING, MIND-ENRICHING EXPER		
	THE MAIN GOAL OF VIDA VOLUNTEER'S MEDICAL PROGRAM IS TO IMPR	OVE THE	
	OVERALL HEALTH AND WELL BEING OF CENTRAL AMERICAN COMMUNITIE		
	BRINGING VIDA'S PUBLIC HEALTH MOBILE CLINICS INTO THE RURAL		
	DRINGING VIDA D TODDIC MEADIN MODILE CHINICS INTO THE KOKAL	DETTING.	
	CONTINUED ON SCHEDULE O		
	CONTINUED ON SCHEDOLE O		
4b	(Code:) (Expenses \$) (Revenue \$)		
4c	\(\(\(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		,
40	(Code:) (Expenses \$) (Revenue \$)		·
4d	Other program services (Describe on Schedule O.)		
-	(Eynenses \$ including grants of \$) (Rayanua \$)	

704,168.

4e Total program service expenses ▶

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Form 990 (2019) VIDA 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 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		X
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		X
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pa	T IV Checklist of Required Schedules (continued)		T	T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			x
04 -	Schedule J	23		_^
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	04-		x
	Schedule K. If "No," go to line 25a	24a		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			۱
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			١
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٦,
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
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		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	300		
-	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?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	

Note: All Form 990 filers are required to complete Schedule O 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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
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 re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	110
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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	Х	
b	If "Yes," enter the name of the foreign country ► COSTA RICA, NICARAGUA, GUATEMALA			
	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		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
А		7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		<u>x</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	เงล		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI 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 changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5							
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5							
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		Х					
3	Did the organization delegate control over management duties customarily performed by or under the									
			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99				Х					
5	Did the organization become aware during the year of a significant diversion of the organization's asset				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 app									
	more members of the governing body?		7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto									
	persons other than the governing body?		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а										
b										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		. 9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Code.)								
		,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such cha									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	ı						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe								
	in Schedule O how this was done		120	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 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					
	Other officers or key employees of the organization		15b		Х					
	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 arrangem	ent 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	e its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	zation's								
	exempt status with respect to such arrangements?		16b							
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶MN , FL , GA , HI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501(c)(3)s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interest policy, a	nd finar	ncial						
	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 book LUCIA LEMUS $-\ 888-365-8432$	ks and records								
	2612 S ARLINGTON MILL DR, NO. APT C, ARLINGTON, VA	22206								

Form 990 (2019) VIDA 39-2077094 Page 7

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	sate		rector, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than o	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss pei id a d	rson i irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc-				- - - -		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THOTE TENTIO	line)	트	Ĕ	₩	ş.	풀'' 등	요			
(1) LUCIA LEMUS PRESIDENT & EXECUTIVE DIRECTOR	40.00	1		х				65 200	0	2 700
(2) HEATHER JOST	1.00			^				65,300.	0.	3,708.
SECRETARY	1.00	х		х				0.	0	0
(3) MICHELLE DE OBESO HERNANDEZ	1.00	Δ		^				0.	0.	0.
TREASURER	1.00	х		х				0.	0.	0
(4) DR. BRUCE M. OBERSTAIN	1.00	^		^				0.	0.	0.
ACADEMIC ADVISOR	1.00	х		Х				0.	0.	0.
(5) TISNA VELDHUIJZEN VAN ZANTEN	1.00	^		^				0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) MARIA ISABEL ECJEVERRI	1.00							0.	0.	<u></u>
BOARD MEMBER	1.00	х						0.	0.	0.
								•	•	•
		1								
		1								
		1								
]								
		1								
		<u> </u>				_				
		1								
		<u> </u>								
		4								
										E 000 (2242)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, (continued)

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	High R	ghes	it C	ompensated Employee	s (continued)				
	(A)	(B) Average			(C Pos	C) ition	1		(D)	(E)		_	(F)	
	Name and title	hours per		not c	heck	more	than d is both		Reportable compensation	Reportable compensation	,		stimate nount	
		week		cer an	id a d	irecto	or/trus	tee)	from	from related			other	
		(list any hours for	directo				_		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	.ee or (stee			nsatec		(W-2/1099-MISC)	(**-2/1099-14110	٦,		anizat	
		organizations	al trus!	onal tru		oloyee	Highest compensated employee						d relat	
		below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	ighest	Former				orga	anizati	ons
			=	=	0	~	Τ ω	-						
											\dashv			
											=			
											\dashv			
											\dashv			
							\vdash				\dashv			
1b	Subtotal								65,300.		0.		3,7	
	Total from continuation sheets to Part VI	I, Section A							0.		0.		2 7	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							<u> </u>	65,300.	200 of roportable	0.		3,7	08.
2	compensation from the organization	ot iimited to tri	ose	iiste	u ac	ove	e) WII	o re	eceived more than \$100,	Jou of reportable				0
													Yes	No
3	Did the organization list any former officer,	*		•	•	•		_	• •	•				7.7
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•	- 1	4		Х
5	Did any person listed on line 1a receive or a	,		•										
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .		·····		<u></u>	5		X
	tion B. Independent Contractors										—.			
1	Complete this table for your five highest co the organization. Report compensation for	•	-							•	ensat	ion tro	om	
	(A)		<u> </u>	, rium	.g **	10.11	<u> </u>		(B)			(0		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompe	nsatio	n
								_						
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				()						000	
												Form	990 (2019)

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Form 990 (2019) VIDA
Part VIII Statement of Revenue

		Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
				· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
νν 1	<u> </u>	Federated campaigns	1a					
		Membership dues	1b					
5 5		Fundraising events	1c					
fts,		Related organizations	1d					
Sir		Government grants (contributions)	1e					
utio		All other contributions, gifts, grants, and		656,490.				
ē₽		similar amounts not included above \dots		030,430.				
b l	_	Noncash contributions included in lines 1a-1f	1g \$		656 400			
O B	n	Total. Add lines 1a-1f			656,490.			
				Business Code				
<u>ဗ</u> ္ဗ								
Program Service Revenue	b							
o S u	С							
ev Sev	d							
P. G.	е							
		All other program service revenue \dots						
	g	Total. Add lines 2a-2f						
3		Investment income (including divide						
		other similar amounts)			5,601.			5,601.
4		Income from investment of tax-exem	pt bond p	roceeds				
5		Royalties						
		(1) Real	(ii) Personal				
6 :	а	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
7 :	а	Gross amount from sales of (i) S	ecurities	(ii) Other				
		assets other than inventory 7a		1,315.				
	b	Less: cost or other basis						
ο		and sales expenses 7b		0.				
en		Gain or (loss) 7c		1,315.				
<u>ا</u> ۾	d	Net gain or (loss)			1,315.			1,315.
- 1		Gross income from fundraising events (r		,				
₹		including \$	of					
		contributions reported on line 1c). S	ee					
		Part IV, line 18	8a					
		Less: direct expenses						
		Net income or (loss) from fundraising						
		Gross income from gaming activities		,				
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming ac						
		Gross sales of inventory, less returns		,				
	_	and allowances	I .					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of in						
		The sound of places in our sales of in		Business Code				
S 11	а	MISCELLANEOUS INCO	ME	900099	2,384.			2,384.
ă ¥	a b							
ella wer	c							
Be		All other revenue						
Σ		Total. Add lines 11a-11d		>	2,384.			
		Total revenue. See instructions			665,790.	0.	0.	9,300.

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Form 990 (2019) VIDA Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			<u> </u>	(D)
	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				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	66,301.	37,787.	28,514.	
6	Compensation not included above to disqualified	00,301.	37,707.	20,314.	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	245,664.	180,041.	65,623.	
8	Pension plan accruals and contributions (include			55,0201	
,	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44,355.	32,193.	12,162.	_
10	Payroll taxes	5,598.	3,346.	2,252.	
11	Fees for services (nonemployees):	·			
а	Management				
b	Legal	5,730.		5,730.	
С	Accounting	14,533.		14,533.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	123,819.	123,028.	791.	
12	Advertising and promotion	2,170.	2,170.		
13	Office expenses	38,975.	16,813.	22,162.	
14	Information technology	9,462.	1,792.	7,670.	
15	Royalties	20 161	4 020	16 100	
16	Occupancy	20,161.	4,032.	16,129.	
17	Travel	12,378.	6,189.	6,189.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	12,740.	6,370.	6,370.	
19	Conferences, conventions, and meetings	2,795.	1,677.	1,118.	
20 21	Payments to affiliates	4,175.	±,011•	1,110.	
22	Depreciation, depletion, and amortization	9,919.	2,589.	7,330.	
23	Insurance	3,322.	3,322.	.,5504	
24	Other expenses. Itemize expenses not covered	-,	-,		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRIP EXPENSES	220,077.	220,077.		
b	MEDICAL SUPPLIES	53,360.	53,360.		
С	SUBSCRIPTIONS	8,825.		8,825.	
d	LOGISTICS	3,488.	3,488.		
е	All other expenses	6,263.	5,894.	369.	
25	Total functional expenses. Add lines 1 through 24e	909,935.	704,168.	205,767.	0.
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)				
					Earm 990 (2010)

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VIDA

Form 990 (2019)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			532,677.	1	213,473.
	2	Savings and temporary cash investments			256,410.	2	357,903.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,069.	4	5,709.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
		controlled entity or family member of any of t	140,223.	5	140,414.		
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri		6			
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	249,710. 112,123.			
	b	Less: accumulated depreciation	146,869.	10c	137,587.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			1,091,248.	16	855,086.
	17	Accounts payable and accrued expenses			109,080.	17	14,436.
	18	Grants payable		124 054	18	005 150	
	19	Deferred revenue	134,054.	19	227,170.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
<u>ia</u> .		controlled entity or family member of any of t			40.064	22	42 720
_	23	Secured mortgages and notes payable to un			49,964.	23	43,720. 15,755.
	24	Unsecured notes and loans payable to unrela				24	15,755.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	•	· · · · · · · · · · · · · · · · · · ·		0.5	
	00	of Schedule D			293,098.	25	301,081.
	26	Total liabilities. Add lines 17 through 25	abaak bar	¥	293,090.	26	301,001.
S		Organizations that follow FASB ASC 958, of and complete lines 27, 28, 32, and 33.	cneck ner				
nce	27				798,150.	27	554,005.
<u>a</u>	27 28	***************************************			750,150.	28	334,003.
В	20	Organizations that do not follow FASB AS		nok boro		20	
Ē		and complete lines 29 through 33.	C 956, CH	ck fiere			
þ	29	Capital stock or trust principal, or current fun	nde			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
\SS	31					31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated Total net assets or fund balances			798,150.	32	554,005.
ž	33	Total liabilities and net assets/fund balances			1,091,248.	33	855,086.
	J	TOTAL HADINIES AND HEL ASSELS/TUTIO DAIGNIES			1,001,440 •	JJ	Form 990 (2019)

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Pai	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		5,7	
2	Protal expenses (must equal Part IX, column (A), line 25)				35.
3	Revenue less expenses. Subtract line 2 from line 1				<u>45.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	798	3,1	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	55	4,0	05.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Employer identification number Name of the organization 39-2077094 VIDA Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 I, Type II, 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 The potion 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 8 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 15 99.6 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
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13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	8105010.					
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
15 Public support percentage from 2018 Schedule A, Part II, line 14 15 99.6 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
stan hare. The exampleation qualifies as a publicly supported examination						
stop here. The organization qualifies as a publicly supported organization $lacktriangle$						
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
and stop here. The organization qualifies as a publicly supported organization						
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶∐					
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	% or					
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the						
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶∐					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u></u>					

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
3a		
3b		
Зс		
<u>4a</u>		
4b		
_		
4c		
5a		
F1.		
5b 5c		
- 50		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see	
	instructions).	, ,		,	

Schedule A (Form 990 or 990-EZ) 2019

ı uı	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
		s from 2018			
		s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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, I line 1; Part IV, Sect	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, ion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INC	COME
2015 AMOUNT: \$	11,109.
2016 AMOUNT: \$	9,159.
2017 AMOUNT: \$	565.
2018 AMOUNT: \$	4,651.
2019 AMOUNT: \$	2,384.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

39-2077094 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

VIDA

39-2077094

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.			
(a)	(b)	(c) Total contributions	(d)			
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
140.	Haine, addiess, and ZIF + +	\$	Person Payroll Noncash Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

VIDA

39-2077094

Partii	in thoricasti Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			

Name of or	rganization			Employer identification number
VIDA				39-2077094
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000	entry For o	01(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

Employer identification number 39-2077094 VIDA

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreating	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru-		
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
_	year		
4	Number of states where property subject to conservation ease	·	
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expanses included in monitoring inspecting handli	ing of violations, and enforcing concernati	an accoments duving the year
7	Amount of expenses incurred in monitoring, inspecting, handli \$\$\\$\$	ing of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	s satisfy the requirements of section 170/h	\\(\(\(\(\)\(\)\(\)\(\)
Ü			
9	In Part XIII, describe how the organization reports conservatio		
Ū	balance sheet, and include, if applicable, the text of the footnot	·	
	organization's accounting for conservation easements.	ote to the organization o mandar statemen	The trial describes the
Par		Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide 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 trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	,	,	<u>, , , , , , , , , , , , , , , , , , , </u>	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,311.		4,311.
b Buildings		140,432.	25,946.	114,486.
c Leasehold improvements				
d Equipment		104,967.	86,177.	18,790.
e Other				
Total Add lines 1a through 1e (Calumn (d) must agus	J. Farma OOO. Don't V. and in	mm (D) line 10e)	7	137 587.

Schedule D (Form 990) 2019

Part VII	J		
	Complete if the organization answered "Yes"		
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
•	ial derivatives		
2) Closely	/ held equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.)		
art VII	I Investments - Program Related.		
	Complete if the organization answered "Yes"		
	(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)			
<u>,,, </u>			
(8)			
(8) (9) (al. (Col. ((b) must equal Form 990, Part X, col. (B) line 13.)		
(8)			
(8) (9) al. (Col. (Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. (Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) al. (Col. (Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. (art IX	Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. (Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. + art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. + art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a)	Description	(b) Book value
(8) (9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coli	Other Assets. Complete if the organization answered "Yes"	Description	(b) Book value
(8) (9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coli	Other Assets. Complete if the organization answered "Yes" (a) (a)	Description	(b) Book value
(8) (9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coli	Other Assets. Complete if the organization answered "Yes" (a) (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	(b) Book value
(8) (9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Col(art X)	Other Assets. Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	(b) Book value
(8) (9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Cold (art X)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cold (art X (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(8) (9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Col. (art X) (1) Fec. (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(8) (9) al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col. art X (1) Fee (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(8) (9) al. (Col.) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cold art X (1) Fed (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cold (art X (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cold art X (1) Fee (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col. (art X (1) Fec. (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	
a Investment expenses not included on Form 990, Part VIII, line 7b	
1 00 (D 11 : D 1)(01)	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information.	
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

	9	•					_ , ,	
VII	DΑ						39-207709	4
Pa		eral Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
		990, Part I\			·			
1					ds to substantiate the amount of its gra			
	the grantees'	eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2			ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outsi	de the
2	United States		aa fallawina Dart	l line O table as	n he dunlicated if additional appear is n	aadad \		
3	(a) Region		(b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region		rity listed in (d)	(f) Total
	(4)		offices	èmplovees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
			in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
				contractors in the region	recipients located in the region)	of service	s) in the region	in the region
CENT	RAL AMERICA	AND		J				
THE	CARIBBEAN -					BASE OF OPE	RATIONS FOR	
ANTI	GUA & BARBU	JDA,				RECEIVING V	OLUNTEERS AND	
ARUE	BA, BAHAMAS,		3	8	PROGRAM SERVICES	COORDINATIN	G TRIPS	777,777.
3 a	Subtotal		3	8				777,777.
b	Total from cor							
	sheets to Parl		0	0				0.
С	Totals (add lin	nes 3a	3	٥				777 777

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

VIDA

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the f	oreign country,	recognized as tax-ex	empt		1
by the IRS, or for which	ch the grantee or cou	nsel has provided a sect	tion 501(c)(3) equivalency letter					
3 Enter total number of	other organizations of	or entities						

VIDA Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of cash disbursement (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2019 VIDA 39-2077094 Page 4

Part IV	Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

2019.05040 VIDA

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open To Public

Name of the organization

Inspection
Employer identification number

V	IDA						39	-20	770	94		
Part I Excess Bene	fit Transact	ions (section 50)1(c)(3), secti	ion 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ns on	ly).			
					art IV, line 25a or 25b							
1	(b)	Relationship betv				,,,	,			(d)	Corre	cted?
(a) Name of disqualified p	erson (°)	person and or			(0	c) Description of tran	sactio	n			es	No No
		•								 ' '	-	140
										+	-+	
										+-	-	
										-		
										+-		
2 Enter the amount of tax in	ncurred by the	organization mana	agers	or disc	qualified persons duri	ng the year under						
section 4958								> \$				
3 Enter the amount of tax,	if any, on line 2	, above, reimburse	ed by	the org	ganization			▶ \$				
Part II Loans to and	/or From In	terested Pers	ons.									
Complete if the o	rganization ans	wered "Yes" on F	orm 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
reported an amou	unt on Form 99	0, Part X, line 5, 6	, or 22	2.					-			
(a) Name of	(b) Relationship		(d) Lo	an to or	(e) Original	(f) Balance due	(g)) In	(h) Ap	proved	(i) W	ritten
interested person	with organizatio			n the ization?	principal amount	(-, = = = = = = = = = = = = = = = = = = =	defa		by bo	ard or littee?	agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
SONDRA ELIZONDO	EXECUTIV	PURCHASE		X	118,080.	140,414.	100	X	100	X	100	X
		, r ortoninist			110,000	110/111						
												_
												_
				-								
Total	<u></u>				\$	140,414.						
Part III Grants or As	sistance Be	nefiting Inter	este	d Per	sons.							
Complete if the o	rganization ans	wered "Yes" on F	orm 9	990, Pa	art IV, line 27.							
(a) Name of interested p	erson	(b) Relationship	betwe	en	(c) Amount of	(d) Type	of		(е) Purp	ose of	
		interested pers		d	assistance	assistan	ce			assista	ance	
		the organiza	ation									
								-				
	+							-+				
								-				
	+							_				

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	b) Relationship between interested (c) Amount of				
	person and the organization	transaction	transaction	òrganiz reven Yes	ues?	
				163	NO	
Part V Supplemental Information.						
Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).				
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:			
(A) NAME OF PERSON: SONDRA	ELIZONDO					
(B) RELATIONSHIP WITH ORGA	NIZATION: EXECUTIVE	DIRECTOR				
(C) PURPOSE OF LOAN: PURCH)DEDMV			
(C) FURFUSE OF LOAN: FURCH	ASE OF INITEREST IN B	OBINESS FAC	PERII			

SCHEDULE 0

Internal Revenue Service

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

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VIDA

Employer identification number 39-2077094

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE TYPES OF SERVICE-LEARNING EXPERIENCES WE OFFER ALLOW STUDENTS AND
VOLUNTEERS AROUND THE WORLD AN INTERACTIVE, CULTURAL, ENGAGING
ADVENTURE THAT WILL HELP THEM BECOME WELL-ROUNDED, CULTURALLY COMPETENT
PROFESSIONALS AND LIFE-LONG VOLUNTEERS.
OUR PROGRAM FOCUSES ON TWO IMPORTANT AREAS: PREVENTION AND TREATMENT.
WE PROMOTE HEALTHIER LIFE STYLES IN CENTRAL AMERICAN COMMUNITIES AND
FOR STUDENTS TO UNDERSTAND THE REGION'S DISEASES AND THE CONDITIONS
THAT MIGHT CAUSE THEM.
MANY PEOPLE IN CENTRAL AMERICA DO NOT RECEIVE REGULAR DENTAL CARE. BY
PARTNERING WITH COMMUNITIES IN NEED AND GLOBALLY-MINDED VOLUNTEERS, WE
ARE ABLE TO PROVIDE BASIC DENTAL CARE THROUGH OUR MISSION TRIPS TO
THOSE WHO WOULD OTHERWISE NOT RECEIVE ANY DENTAL ATTENTION.
VIDA CURRENTLY HELPS CONTROL ANIMAL OVERPOPULATION IN COMMUNITIES IN
GUATEMALA, NICARAGUA, AND COSTA RICA.
WE OFFER TWO DISTINCT VETERINARY PROGRAMS: PRE-VET AND ADVANCED VET.
THE PRE-VET PROGRAM IS FOR THOSE STUDENTS WITHOUT ANY PREVIOUS SURGICAL
TRAINING AND THE ADVANCED VET PROGRAM IS DESIGNED FOR UPPER LEVEL
VETERINARY STUDENTS AND RECENT GRADUATES.

THIS IS A HIGH QUALITY EDUCATIONAL PROGRAM FOR THOSE WHO WISH TO GAIN

CLINICAL AND PRACTICAL EXPERIENCE IN THE FIELD OF VETERINARY MEDICINE.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization VIDA Employer identification number 39 – 2077094

THE VIDA PROGRAM FOCUSES MAINLY ON THE STERILIZATION OF FELINES AND

CANINES IN FIELD CLINICS. PARTICIPANTS WILL ALSO GAIN EXPERIENCE

WORKING WITH LARGE ANIMALS. VOLUNTEERS WHO PARTICIPATE IN OUR PROGRAM

WILL HAVE AN INTERACTIVE EXPERIENCE THAT IS UNIQUE TO VIDA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 FORM IS REVIEWED BY THE BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER OF VIDA HAS A DUTY TO DISCLOSE TO THE BOARD (OR THE COMMITTEE THAT IS CONSIDERING THE RELEVANT DECISION) THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OR ACTION OF VIDA IN WHICH THE RESPONSIBLE PERSON HAS ANY CONFLICTS. THE DISCLOSURE REQUIRED MUST BE MADE, TO THE EXTENT POSSIBLE, PRIOR TO ANY CONSIDERATION BY THE BOARD OR COMMITTEE OF THE PROPOSED TRANSACTION OR ACTION. IF A RESPONSIBLE PERSON DOES NOT RECOGNIZE THE EXISTENCE OF A CONFLICT PRIOR TO THE BOARD'S DECISION REGARDING THE TRANSACTION, THAT PERSON HAS A DUTY TO DISCLOSE THE MATERIAL FACTS OF THE CONFLICT AS SOON AS IT IS RECOGNIZED. THE RESPONSIBLE PERSON WHO HAS A CONFLICT SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND SHALL RETIRE FROM THE ROOM DURING DELIBERATIONS, UNLESS INVITED BY THE BOARD OR COMMITTEE TO PARTICIPATE AFTER CONSIDERATION OF THE SIGNIFICANCE TO VIDA OF THE DISCLOSED CONFLICT. THE BOARD OR COMMITTEE MAY ALSO REQUEST THAT THE RESPONSIBLE PERSON PROVIDE ANY RELEVANT INFORMATION REGARDING THIS MATTER. ANY PROPOSED TRANSACTION OR ACTION IN WHICH THE BOARD HAS DETERMINED THE RESPONSIBLE PERSON HAS A SIGNIFICANT CONFLICT OF INTEREST IS TO BE APPROVED BY A MAJORITY OF ALL THE DIRECTORS THEN-SERVING WHO WOULD BE ENTITLED TO VOTE AND WHO ARE NOT INTERESTED DIRECTORS. THE APPROVAL MUST TAKE PLACE AT

37

Name of the organization **Employer identification number** VIDA 39-2077094 A MEETING AT WHICH QUORUM IS PRESENT-THAT IS, BY A SUPERMAJORITY OF THE ENTIRE BOARD (NOT INCLUDING A CONFLICTED DIRECTOR(S)), EVEN THOUGH THE NON-CONFLICTED DIRECTORS MAY CONSTITUTE LESS THAN A QUORUM. DELIBERATIONS BY THE BOARD REGARDING THE CONFLICT, AND ACTION TAKEN ON THE PROPOSED TRANSACTION OR ACTION, SHALL BE RECORDED IN BOARD MINUTES, PREPARED NO LATER THAN 60 DAYS AFTER THE MEETING AT WHICH DELIBERATIONS WERE HELD. VOTES OF EACH DIRECTOR IN SUPPORT OR IN OPPOSITION TO THE TRANSACTION OR ACTION SHALL BE NOTED. ALL RESPONSIBLE PERSONS ARE OBLIGATED TO NOTIFY THE BOARD IF THEY BELIEVE AN INDIVIDUAL DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE A CONFLICT, AND THE PROCEDURE SET OUT IN THIS POLICY SHALL BE EMPLOYED BY THE BOARD IN ALL SUCH INSTANCES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER FEES: PROGRAM SERVICE EXPENSES 123,028. 791. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 123,819. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 123,819.

2019.05040 VIDA

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

VIDA

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

39-2077094

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity			r Total incor	me End-of-year	r assets		ontrolling ntity	9
ASOCIACION VIDA VOLUNTEERS FOR INTERCULTURAL	TO POSITIVELY IMPACT THE							
AND DEFINITIVE ADVENTURES, 450 MTS SUR DE	QUALITY OF LIFE IN							
MCDONALD'S PLAZA DEL SOL CURRIDABAT, , SAN	UNDERSERVED COMMUNITIES	COSTA RICA		0. 28	9,166.	VIDA		
ASOCIACION VIDA VOLUNTARIOS GUATEMALA	TO POSITIVELY IMPACT THE							
ALDEA SANTA INES DEL MONTE PULCIANO, CASA NO	QUALITY OF LIFE IN							
, LA ANTIGUA, GUATEMALA	UNDERSERVED COMMUNITIES	GUATEMALA		0. 1	3,101.	VIDA		
FUNDACION VOLUNTARIOS PARA AVENTURAS DE	TO POSITIVELY IMPACT THE							
NICARAGUA, CALLE LIMON, DE LA GASOLINERA	QUALITY OF LIFE IN							
PUMA 4 CUADRAS AL SUR, CONTIGUO A ROLOP, ,	UNDERSERVED COMMUNITIES	NICARAGUA	3	,462.	5,978.	VIDA		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(9	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	ct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section		entity		ity?
				501(c)(3))			Yes	No
	1							
	1							
	1							
	1							

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

SEE PART VII FOR CONTINUATIONS

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile Direct controll	Direct controlling	ng Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	ear ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Page 2

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	--------------------	-------------------------------

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in	Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y	-		. 1a		
	Gift, grant, or capital contribution to related organization(s)						
	Gift, grant, or capital contribution from related organization(s)						
d	Loans or loan guarantees to or for related organization(s)				. 1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				. 1f		
g	Sale of assets to related organization(s)				. 1g		
	Purchase of assets from related organization(s)						
i	Exchange of assets with related organization(s)				. 1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
	Performance of services or membership or fundraising solicitations for related organ						
	Performance of services or membership or fundraising solicitations by related organ						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				. 10		
	-						
	Reimbursement paid to related organization(s) for expenses						
q	Reimbursement paid by related organization(s) for expenses				1q		
	Other transfer of cash or property to related organization(s)						
	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	<u>'ho must complete th</u> T	nis line, including covered re I	lationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	involved		
	Name of related organization	type (a-s)	Amount involved	Method of determining amount	iiivoiveu		
		, , , ,					
1)							
2)							
3)							
4۱							
•,							
5)							
3)							
016	2 00 10 10			Cahadi	ıla B (Form	00U) 3	A10

Schedule R (Form 990) 2019 VIDA 39-2077094 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

CHARITABLE ORGANIZATION

STATE OF MINNESOTA

(Pursuant to Minn. Stat. ch. 309)

ANNUAL REPORT FORM

Website Address: www.ag.state.mn.us/charity

SECTION A: Organization Information	
Legal Name of Organization VIDA	
Federal EIN: 39-2077094	Fiscal Year-End: 09302020
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: LUCIA LEMUS	Physical Address: LUCIA LEMUS
Contact Person 2612 S ARLINGTON MILL DR, NO. APT C	Contact Person 2612 S ARLINGTON MILL DR, NO. APT C
Street Address ARLINGTON, VA 22206	Street Address ARLINGTON, VA 22206
City, State, and ZIP Code 888-365-8432	City, State, and ZIP Code 888-365-8432
Phone Number LUCIA@VIDAVOLUNTEER.ORG	Phone Number LUCIA@VIDAVOLUNTEER.ORG
Email Address	Email Address
Organization's website: <u>WWW.VIDAVOLUNTEER.ORG</u>	
List all of the organization's alternate and former names (attach list if	Alternate Former
	Alternate Former
 List all names under which the organization solicits contributions (att VIDA 	ach list if more space is needed).
-	
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No
5. Total amount of contributions the organization received from Minnes	ota donors: \$
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.	
 Has the organization significantly changed its purpose(s) or program(Yes X No If yes, attach explanation. 	(s)?

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	. Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.							
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to						
	Name of Professional Fundraiser	Compensation						
	Street Address	City, State, and ZIP Cod	de					
	O. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold. 1. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No If yes, provide the following information for the five highest paid individuals:							
	Name and title	Compensation*	Other compensation					
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10)99-MISC (Box 7)	1					

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. \S 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME	
1.	Contributions Received	\$ 1
2.	Government Grants	\$ 2
3.	Program Service Revenue	\$ 3
4.	Other Revenue	4
5.	TOTAL INCOME	\$ 5
EXPE	ENSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$
8.	Fund-raising Expenses	\$ 8
9.	TOTAL EXPENSES	\$
10.	EXCESS or DEFICIT	\$ 10
	(Line 5 minus Line 9)	
ASSE	ETS	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	\$ 12
13.	Other Assets	\$ 13
14.	TOTAL ASSETS	\$ 14
LIAB	ILITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$ 16
17.	Other Liabilities	\$ 17
18.	TOTAL LIABILITIES	18
FUN	D BALANCE/NET WORTH	\$
(Line 1	4 minus Line 18)	

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to individuals in the o.e.				
"	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
"	trustees, and key employees				
6.	Compensation not included above, to disqualified				
"	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
-	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	. Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
L	not exceed 5% of total expenses (Line 25).				
a.	· · ·				
b.					
c.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and				
	fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the EXECUTIVE DIRECTOR (Title) and SECRETARY (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the (Board of Directors, Trustees, or Managing Group) adopted on the day of , 20 , approving the contents of the document, and do hereby certify that the _ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge. LUCIA LEMUS HEATHER JOST Name (Print) Name (Print) Signature Signature EXECUTIVE DIRECTOR SECRETARY Title Title

Date

Date

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For the	2019 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ $$ 2019 $$ and endir	g S	EP 30, 2020	
	Check if applicable:	C Name of organization		D Employer identifie	cation number
	Address	VIDA			
	Name change	Doing business as		39-20770	94
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) 2612 S ARLINGTON MILL DR Room APT		E Telephone number	
L	☐return/ termin-			888-365-	
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	665,790.
누	return □Applica	ARLINGTON, VA 22206		H(a) Is this a group re	
L	tion pending	F Name and address of principal officer: LUCIA LEMUS SAME AS C ABOVE		for subordinates	·····= =
_	Tay aya	mpt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	527	H(b) Are all subordinates in	list. (see instructions)
		SE NWW. VIDAVOLUNTEER. ORG	321	H(c) Group exemptio	` ,
		,	Vear		State of legal domicile: MN
		Summary	. I Gai (or formation. 2000 N	1 State of legal dofficile. 1111
		Briefly describe the organization's mission or most significant activities: TO POST	TIV	ELY IMPACT	THE OUALITY
Governance		OF LIFE IN UNDERSERVED COMMUNITIES			~ -
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of	more	than 25% of its net ass	
o ve	3 1	Number of voting members of the governing body (Part VI, line 1a)			<u> </u>
		Number of independent voting members of the governing body (Part VI, line 1b)			5
Activities &	5 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			1
Ξ	6 7	Total number of volunteers (estimate if necessary)			351
Act	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b N	Net unrelated business taxable income from Form 990-T, line 39			0.
	l			Prior Year	Current Year
9	8 (Contributions and grants (Part VIII, line 1h)		1,808,707.	656,490.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Se.	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,119.	6,916.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,651.	2,384.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,816,477.	665,790.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		444,757.	0. 361,918.
e s	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) □ otal fundraising expenses (Part IX, column (D), line 25) □ 0 •		0.	0.
EXE	1 47 6			1,287,592.	548,017.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,732,349.	909,935.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		84,128.	-244,145.
		nevertue less experises. Subtract line 16 from line 12	Bar	ginning of Current Year	End of Year
Assets or	20 T	otal assets (Part X, line 16)	Dei	1,091,248.	855,086.
Asse	21 1	Total liabilities (Part X, line 26)		293,098.	301,081.
Net		Net assets or fund balances. Subtract line 21 from line 20		798,150.	554,005.
_	art II	Signature Block		,	301,000
Und	ler penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	nts, and to the best of my	knowledge and belief, it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which pr			,
Sig	n	Signature of officer		Date	
He	I	LUCIA LEMUS, PRESIDENT & EXECUTIVE DIRECT	'OR		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d [LAUREN BALLARD, CPA LAUREN BALLARD, CPA	A 0	2/05/21 self-employ	P01451787
Pre	· –	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
Use	Only	Firm's address > 402 SOUTH KENTUCKY AVENUE, SUITE 60	0		
		LAKELAND, FL 33801-5354		Phone no.86	3-680-5600
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
9320	001 01-20-	20 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2019)

	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
-	TO PROMOTE HUMAN AND ANIMAL HEALTH BY BRINGING TOGETHER THE EFFORTS OF	
	STUDENTS, COMMUNITIES AND THE LOCAL HEALTHCARE SYSTEMS.	
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	NO
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 \$ 704,168. including grants of \$) (Revenue \$	
	VIDA IS A NON PROFIT HUMANITARIAN ASSOCIATION WITH OFFICES IN	
	GUATEMALA, NICARAGUA AND COSTA RICA THAT HELPS TO EMPOWER INDIVIDUALS	
	AND PROVIDES FREE MEDICAL, DENTAL, AND VETERINARY ASSISTANCE TO NEEDY	
	COMMUNITIES TO IMPROVE QUALITY OF LIFE BY OFFERING VOLUNTEERS FROM	
	AROUND THE WORLD HANDS-ON, EYE-OPENING, MIND-ENRICHING EXPERIENCES.	
	THE MAIN GOAL OF VIDA VOLUNTEER'S MEDICAL PROGRAM IS TO IMPROVE THE	—
	OVERALL HEALTH AND WELL BEING OF CENTRAL AMERICAN COMMUNITIES BY	—
	BRINGING VIDA'S PUBLIC HEALTH MOBILE CLINICS INTO THE RURAL SETTING.	
	CONTINUED ON SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		—
4c	(Code:) (Expenses \$)
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 704,168.	
	Form 990 (2	2019)

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Form 990 (2019) VIDA 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 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		X
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		X
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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22 22 23 24 25 25 25 25 25 25 26 26					
Yes No Yes Y			7094	P	age 4
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 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part IV in 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization marks an acrow account often than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization marks an acrow account often than a refunding escrow at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction what a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with an disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with an organization specific person or payobe-EZ? If "Yes," complete Schedule I, Part II 25b Did the	Par	TIV Checklist of Required Schedules (continued)		I	
Part IX, column (A), line 27 if "Yes," complete Schedule I, Part I and III 22 3 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensate om the organization receive and a bid 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 II will have been been seen and the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b				Yes	No
23 bit 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? " "Yes," complete Schedule J 24a bit 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? ! "Yes," rawer lines 24b through 24d and complete Schedule K, It" No." go to line 25a 25a 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 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 25b Is the organization exercise that it engaged in an excess benefit transaction with a solicy all the year? If "Yes," complete Schedule L, Part I 25b It the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part IV 26b It is a proprietable from or payables to any current vince programization payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 27c Was the organization receive or farmily member of any of these persons? If "Yes," complete Schedule L, Part IV 28d Was the organization receive contributions of art, historical treasures, or other similar assets, or qu	22				٠.,
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Schedule / 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 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L. Part I 25a 2 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L. Part I 35a 2 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 organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I 92b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II 92b Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 92b Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 92b Did the organization receive or thin business tra	23				
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d		24d		
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-E2? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finduling an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X and 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X 28b X 29b X 28c X 35% controlled entity for one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29b X 29b X 29b X 29b X 29c X 29b X 29b X 29c X 29b X 29b X 29c X 29b X 29c X 29b X 29c X 29b X 29c X 29	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 31 Did the organization eliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule P, Part II, III, or IV, and Part V, Iine 1 34 Did the organization related to any ta	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b 27 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 27 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 27 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 27 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 27 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 27 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 27 28 28 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 29 20 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 34 29 25 25 25 25 25 25 25 25 25 25 25 25 25		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a 28b 28		Schedule L, Part I	25b		X
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Schedule N, Part II 32			31		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		X
·	38				
			38	X	

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						_
			_		Yes	No	
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c			

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Form 990 (2019) VIDA
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Ti Ctatemente riogaranig Ctrief inte i mingo ana rax Compilarios (continuea)		V	Nia
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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	Х	
b	If "Yes," enter the name of the foreign country ► COSTA RICA, NICARAGUA, GUATEMALA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		Х
	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_		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
C	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
D	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part VI 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 changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	5								
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5								
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		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
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										
	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	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•								
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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?	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.									
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 that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		Х						
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 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						
	Other officers or key employees of the organization	15b		Х						
	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		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶MN , FL , GA , HI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble						
-	for public inspection. Indicate how you made these available. Check all that apply.	,								
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial							
	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									
	LUCIA LEMUS - 888-365-8432									
	2612 S ARLINGTON MILL DR, NO. APT C, ARLINGTON, VA 22206									

Form 990 (2019) VIDA 39-2077094 Page 7

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	sate		rector, or trustee.	
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than o	one	Reportable	Reportable 	Estimated
	hours per week	box offi	oox, unless person is both an officer and a director/trustee)			s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc-				- - - -		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THOTE TENTIO	line)	트	Ĕ	₩	ş.	풀'' 등	요			
(1) LUCIA LEMUS PRESIDENT & EXECUTIVE DIRECTOR	40.00	1		х				65 200	0	2 700
(2) HEATHER JOST	1.00			^				65,300.	0.	3,708.
SECRETARY	1.00	х		х				0.	0	0
(3) MICHELLE DE OBESO HERNANDEZ	1.00	Δ		^				0.	0.	0.
TREASURER	1.00	х		х				0.	0.	0
(4) DR. BRUCE M. OBERSTAIN	1.00	^		^				0.	0.	0.
ACADEMIC ADVISOR	1.00	х		Х				0.	0.	0.
(5) TISNA VELDHUIJZEN VAN ZANTEN	1.00	^		^				0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) MARIA ISABEL ECJEVERRI	1.00							0.	0.	<u></u>
BOARD MEMBER	1.00	х						0.	0.	0.
								•	•	•
		1								
		1								
		1								
]								
		1								
		<u> </u>				_				
		1								
		<u> </u>								
		4								
										E 000 (2242)

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Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, (continued)

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	High R	ghes	it C	ompensated Employee	s (continued)				
	(A)	(B) Average	(C) Position					(D)	(E)		_	(F)		
	Name and title	hours per		not c	heck	more	than d is both		Reportable compensation	Reportable compensation	,		stimate nount	
		week		cer an	id a d	irecto	or/trus	tee)	from	from related			other	
		hours for $\begin{bmatrix} \frac{\pi}{2} \\ \end{bmatrix}$ avgorization AV 2/1								organizations (W-2/1099-MIS			pensa om th	
		related	.ee or (stee			nsatec		(W-2/1099-MISC)	(**-2/1099-14110	٦,		anizat	
		organizations	al trus!	onal tru		loyee	compe						d relat	
		below line)	udividu	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			=	=	0	~	Τ ω	-						
											\dashv			
											=			
											\dashv			
											\dashv			
							\vdash				\dashv			
1b	Subtotal								65,300.		0.		3,7	
	Total from continuation sheets to Part VI	I, Section A							0.		0.		2 7	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							<u> </u>	65,300.	200 of roportable	0.		3,7	08.
2	compensation from the organization	ot iimitea to tri	ose	iiste	u ac	ove	e) WII	o re	eceived more than \$100,	Jou of reportable				0
													Yes	No
3	Did the organization list any former officer,	*		•	•	•		_	• •	•				7.7
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•	- 1	4		Х
5	Did any person listed on line 1a receive or a	,		•										
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .		·····		<u></u>	5		X
	tion B. Independent Contractors										—.			
1	Complete this table for your five highest co the organization. Report compensation for	•	-							•	ensat	ion tro	om	
	(A)		<u> </u>	, rium	.g **	10.11	<u> </u>		(B)			(0		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompe	nsatio	n
								\dashv						
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				()						000	
												Form	990 (2019)

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Form 990 (2019) VIDA
Part VIII Statement of Revenue

		Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
				· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
νν 1	<u> </u>	Federated campaigns	1a					
		Membership dues	1b					
5 5		Fundraising events	1c					
Fts.		Related organizations	1d					
Sir		Government grants (contributions)	1e					
utio		All other contributions, gifts, grants, and		656,490.				
ē₽		similar amounts not included above \dots		030,430.				
b l	_	Noncash contributions included in lines 1a-1f	1g \$		656 400			
O B	n	Total. Add lines 1a-1f			656,490.			
				Business Code				
<u>ဗ</u> ္ဗ								
Program Service Revenue	b							
o S u	С							
ev Sev	d							
P. G.	е							
		All other program service revenue \dots						
	g	Total. Add lines 2a-2f						
3		Investment income (including divide						
		other similar amounts)			5,601.			5,601.
4		Income from investment of tax-exem	pt bond p	roceeds				
5		Royalties						
		(1) Real	(ii) Personal				
6 :	а	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
7 :	а	Gross amount from sales of (i) S	ecurities	(ii) Other				
		assets other than inventory 7a		1,315.				
	b	Less: cost or other basis						
ο		and sales expenses 7b		0.				
en		Gain or (loss) 7c		1,315.				
<u>ا</u> ۾	d	Net gain or (loss)			1,315.			1,315.
- 1		Gross income from fundraising events (r		,				
₹		including \$	of					
		contributions reported on line 1c). S	ee					
		Part IV, line 18	8a					
		Less: direct expenses						
		Net income or (loss) from fundraising						
		Gross income from gaming activities		,				
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming ac						
		Gross sales of inventory, less returns		,				
	_	and allowances	I .					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of in						
		The sound of places in our sales of in		Business Code				
S 11	а	MISCELLANEOUS INCO	ME	900099	2,384.			2,384.
ă ¥	a b							
ella wer	c							
Be		All other revenue						
Σ		Total. Add lines 11a-11d		>	2,384.			
		Total revenue. See instructions			665,790.	0.	0.	9,300.

932009 01-20-20

Form 990 (2019) VIDA Part IX Statement of Functional Expenses

D	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	66 201	27 707	20 514	
_	trustees, and key employees	66,301.	37,787.	28,514.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	245,664.	180,041.	65,623.	
7 8	Other salaries and wages	443,004.	100,041.	03,043.	
0	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	44,355.	32,193.	12,162.	
0	Other employee benefits Payroll taxes	5,598.	3,346.	2,252.	
1	Fees for services (nonemployees):	3,330.	3,340.	2,252.	
' a	Management				
b		5,730.		5,730.	
		14,533.		14,533.	
d					
e					
f	Investment management fees				
g					
•	column (A) amount, list line 11g expenses on Sch O.)	123,819.	123,028.	791.	
12	Advertising and promotion	2,170.	2,170.		
3	Office expenses	38,975.	16,813.	22,162.	
4	Information technology	9,462.	1,792.	7,670.	
5	Royalties				
6	Occupancy	20,161.	4,032.	16,129.	
7	Travel	12,378.	6,189.	6,189.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	12,740.	6,370.	6,370.	
0	Interest	2,795.	1,677.	1,118.	
1	Payments to affiliates	2 212	0.500		
2	Depreciation, depletion, and amortization	9,919.	2,589.	7,330.	
3	Insurance	3,322.	3,322.		
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) TRIP EXPENSES	220,077.	220,077.		
a	MEDICAL SUPPLIES	53,360.	53,360.		
b	SUBSCRIPTIONS	8,825.	33,300.	8,825.	
Ç	LOGISTICS	3,488.	3,488.	0,043.	
d		6,263.	5,894.	369.	
	All other expenses	909,935.	704,168.	205,767.	C
<u>:5</u> :6	Joint costs. Complete this line only if the organization	,,,,,,,,	,04,100.	203,1010	
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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VIDA

Form 990 (2019)
Part X | Balance Sheet

Part :	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			532,677.	1	213,473
	2	Savings and temporary cash investments		256,410.	2	357,903	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			15,069.	4	5,709
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	140,223.	5	140,414		
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	249,710.			
	b	Less: accumulated depreciation	10b	112,123.	146,869.	10c	137,587
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line				12	
1	13	Investments - program-related. See Part IV, line			13		
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		15			
1	16	Total assets. Add lines 1 through 15 (must eq			1,091,248.	16	855,086
1	17	Accounts payable and accrued expenses		ı	109,080.	17	14,436
	18	Grants payable	124 254	18	005 450		
1	19	Deferred revenue			134,054.	19	227,170
- 1	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
န္မ 2	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
<u>a</u>		controlled entity or family member of any of the	-	·····	40.064	22	42 500
4	23	Secured mortgages and notes payable to unre			49,964.	23	43,720
	24	Unsecured notes and loans payable to unrelate	•			24	15,755
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D		ı	202 000	25	301,081
2	26	Total liabilities. Add lines 17 through 25			293,098.	26	301,081
တ္က		Organizations that follow FASB ASC 958, ch	eck nere				
ے ا ق	7	and complete lines 27, 28, 32, and 33.			798,150.	07	554,005
<u>ala</u>	27	Net assets without donor restrictions			190,130.	27	334,003
9 2 8	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, cne	ck nere			
<u></u> 2		and complete lines 29 through 33.				00	
si 2	29	Capital stock or trust principal, or current funds				29	
388	30	Paid-in or capital surplus, or land, building, or e				30	
ا ب	31	Retained earnings, endowment, accumulated i			798,150.	31	554,005
- 1	32	Total net assets or fund balances			1,091,248.	32	855,086
3	33	Total liabilities and net assets/fund balances			1,031,440.	33	Form 990 (201

Form 990 (2019) VIDA 39-2077094 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>90.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>35.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3 -			<u>45.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	798	3,1	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8		8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10	55	4,0	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	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?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	ısis,			
	consolidated basis, or both:				
	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 of the action of the	ıdit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedu	ıle O.			
За	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?	L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		I	orm	990	(2019)

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

2019

Open to Public Inspection

Nam								Employer identification number		
Pa	rt I	VIDA Reason for Public C		All organizations must co	mploto th	ic part \ Sc	o inetruction		9-2077094	_
							e instructions	5.		_
	organ 	ization is not a private found	•	•	•	,	I\/ A\/:\			
1	H	A church, convention of chu					I)(A)(I).			
2	H	A school described in secti					-			
3	\mathbb{H}	A hospital or a cooperative					•	V:::\ Fatar	the beenitel's name	
4		A medical research organiza	ation operated in cor	njunction with a nospital	described	III sectio	n 1/U(a)(1)(A)(III). Enter	the nospital's name,	
_		city, and state:		la a a a a a a a a a a a a a a a a a a					- at to	_
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmentai u	nit describe	ea in	
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov	•				• •			
7	X	An organization that normal	•	ntial part of its support fr	om a gove	ernmental i	unit or from tl	ne general p	oublic described in	
	section 170(b)(1)(A)(vi). (Complete Part II.)									
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college	
		or university or a non-land-g	rant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								_
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, members	hip fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support f	from gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the or	ganization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section	509(a)(3). (Check the box in	
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled I	by its supp	orted orga	anization(s), t	ypically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting	
		organization. You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)	
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and	l an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information	about the supporte							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions))
										_

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.)

Se	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	2100800.	1947224.	1551701.	1808707.	656,490.	8064922.
2	Tax revenues levied for the organ-						
	ization'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	2100800.	1947224.	1551701.	1808707.	656,490.	8064922.
	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.						8064922.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2100800.	1947224.	1551701.	1808707.	656,490.	8064922.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	573.	1,023.	1,904.	3,119.	5,601.	12,220.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	11,109.	9,159.	565.	4,651.	2,384.	27,868.
11	Total support. Add lines 7 through 10						8105010.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.51 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.62 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
k	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	i ere. Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
k	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	<u> </u>
	organization meets the "facts-and-circ	cumstances" test.	Γhe organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s >
					Sche	dule A (Form 990	or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	•
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))						
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2018. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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	За		
	- Oa		
	26		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
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	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental	
Part IV, Section A, I line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, ion 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, 3, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INC	
	44.400
2015 AMOUNT: \$	11,109.
2016 AMOUNT: \$	9,159.
2017 AMOUNT: \$	565.
2018 AMOUNT: \$	4,651.
2019 AMOUNT: \$	2,384.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

VIDA

Employer identification number 39-2077094

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	vised	l funds	(b) Fun	ds 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 v	-					
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing	
Da	impermissible private benefit?						
Par				" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization		ly).				
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a coi	nserva	
	day of the tax year.						Held at the End of the Tax Year
a	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				re		
•	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year ▶ Number of states where property subject to conservation eas	oment is leasted					
5	Does the organization have a written policy regarding the peri		—	on handling of			
3	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons			
Ū	b	narialing of violations	, and	a critorollig cons	oi vatio	ii casc	mente daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year
-	> \$			oromig comes rul			is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(า)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	J					
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,
	provide 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	asures, or other simila	ar as	sets for financial	gain, p	orovide	•
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:			
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	,	,	, ,				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		4,311.		4,311.			
b Buildings		140,432.	25,946.	114,486.			
c Leasehold improvements							
d Equipment		104,967.	86,177.	18,790.			
e Other							
Total Add lines 1a through 1e (Calumn (d) must agus	137 587.						

Schedule D (Form 990) 2019

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)	Part VII Investments - Other Securities.			
1) Financial derivatives 2) Closely held equity interests 3) Other (A) (B) (B) (C) (C) (B) (B) (C) (B) (B) (C) (C) (B) (B) (C) (C) (C) (B) (B) (C) (C) (C) (C) (B) (B) (C) (C) (B) (B) (C) (C) (B) (B) (C) (C) (B) (B) (C) (B) (B) (C) (C) (B) (B) (B) (B) (B) (C) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
2 Closely held equity interests		(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
Solution				
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IS				
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete IV the Part Y th	` '			
E P	• •			
(G) (G) (H) Obal. (Ou. (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) (7) (8) (9) Part X 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) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (9) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (9) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) Book value (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	• •			
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New Street Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e 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) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part X Other Liabilities.	15.)	······	<u> </u>
(a) Description of liability (b) Book value (c) Federal income taxes (d) Federal income taxes (d) Federal income taxes (e) Federal income taxes (f) Federal income taxes (g) Federal income taxes (on Form 990. Part IV line	11e or 11f. See Form 990. Part X. line 25.	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(a) Description of liability	550,1 41117, 1110	2 222 · 3 333, i dit / i iii 23.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	., , , , , , , , , , , , , , , , , , ,			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	, ,			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			

Schedule D (Form 990) 2019

Pa	rt XI Reconciliation of Revenue per Audited Financia	l Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	nts	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	I Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С				
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. I. Irt XII Reconciliation of Expenses per Audited Financia	ine 12.)	nor Poturn	
Га			per neturn.	
	Complete if the organization answered "Yes" on Form 990, Par			
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:			
a				
b				
C				
d	, , , , , , , , , , , , , , , , , , , ,		0.	
e				
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a				
b C			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.			
	irt XIII Supplemental Information.	. IIIIe 16. <i>j</i>		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV. lines 1b and 2b: Part \	/. line 4: Part X. line 2: Part X	
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	,	.,,,	,
		,		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

VII	DΑ						39-207709	4
Pa		General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
		Form 990, Part IV			22	·· 9-		
1	For gr			maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the gra	antees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2		rantmakers. Desc I States.	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and oth	ner assistance outsi	de the
3			ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activis a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
CENT	TRAL AI	MERICA AND						
PHE	CARIB	BEAN -				BASE OF OPE	RATIONS FOR	
ITNA	GUA &	BARBUDA,				RECEIVING V	OLUNTEERS AND	
ARUE	BA, BAI	HAMAS,	3	8	PROGRAM SERVICES	COORDINATIN	G TRIPS	777,777.
	0.11	1-1	3	8				777 777
	Subto		3	0				777,777.
	sheets	rom continuation to Part I	0	0				0.
С	Totals and 3h	(add lines 3a	3	8				777,777.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

VIDA

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	nsel has provided a sect	recognized as charities by the fiction 501(c)(3) equivalency letter					

Part III Grants and Other Assistanc Part III can be duplicated if ac			tes. Complete it	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_							

Schedule F (Form 990) 2019 VIDA 39-2077094 Page 4

	(Form 990) 2019	VIDA	
Part IV	Foreign Form	ıs	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization	VIDA									39	-20	770		on nu	mber
	ne organizatio						5b, c	or Form S	90-EZ, Pa	art V, I	ine 40	D.	(4)	Corre	
(a) Name of disqualifie	qualified person		•		•	illed	(c) l	Descripti	on of tran	sactio	n				No.
														_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person (c) Description of transaction (c) Description of transaction (d) Cc Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of loan or form 990 for 22. (c) Description of transaction (c) Description of transaction (d) Cc Yes (d) Cc Yes (e) Original principal amount of form log long transaction or committee? again and the organization? of loan or committee? again amount or committee? again amount on form 990 for 2 again amount or committee? again amount or committee? again amount or committee? again amount or committee?	+														
														-	
2 Enter the amount of ta	ax incurred by	the o	rganization mana	agers	or disc	ualified persons d	urinc	the vea	r under						
	•		•	•		· ·	_				> \$				
3 Enter the amount of ta											> \$				
Dout II Loono to o	nd/or Ero	lm+	overted Deve												
						D-+1/ E 00		000 .	S 4 B / Po-	- 00					
•	•					, Part V, line 38a o	r For	m 990, F	art IV, Iin	e 26; (or if th	e orga	nizatio	n	
						(e) Original		(f) Balan	ce due	(a) In	(h) Ap	proved	(i) V	Vritten
` ,						. , .		(1) = a	00 000			by bo	ard or nittee?		ement?
										Yes		Yes	No	Yes	_
SONDRA ELIZONI	OEXECU	TIV	PURCHASE		X	118,080	•	140	<u>,414.</u>		Х		X		X
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	Assistance	e Ber	efitina Intere	este	d Per	sons.	\$	140	, <u>414.</u>						
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							of		(d) Type	of		(e) Purp	ose o	f
			interested pers the organiza		d	assistance			assistan	ce		;	assista	ance	
		_	trie Organiza	LIOII				-			_				
		_									_				
		+									\dashv				
		+									-				

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

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	ation's
	person and the organization	transaction	transaction	reven	ues?
		on transaction transaction organical transac	163	NO	
			RSONS:		
Part V Supplemental Information.			1		
Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).			
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:		
(A) NAME OF PERSON: SONDRA	ELIZONDO				
(B) RELATIONSHIP WITH ORGA	NIZATION: EXECUTIVE	DIRECTOR			
)DEDMV		
(C) FURFUSE OF LOAN: FURCH	ASE OF INITEREST IN B	OBINESS FAC	PERII		

SCHEDULE 0

Internal Revenue Service

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

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VIDA

Employer identification number 39-2077094

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE TYPES OF SERVICE-LEARNING EXPERIENCES WE OFFER ALLOW STUDENTS AND
VOLUNTEERS AROUND THE WORLD AN INTERACTIVE, CULTURAL, ENGAGING
ADVENTURE THAT WILL HELP THEM BECOME WELL-ROUNDED, CULTURALLY COMPETENT
PROFESSIONALS AND LIFE-LONG VOLUNTEERS.
OUR PROGRAM FOCUSES ON TWO IMPORTANT AREAS: PREVENTION AND TREATMENT.
WE PROMOTE HEALTHIER LIFE STYLES IN CENTRAL AMERICAN COMMUNITIES AND
FOR STUDENTS TO UNDERSTAND THE REGION'S DISEASES AND THE CONDITIONS
THAT MIGHT CAUSE THEM.
MANY PEOPLE IN CENTRAL AMERICA DO NOT RECEIVE REGULAR DENTAL CARE. BY
PARTNERING WITH COMMUNITIES IN NEED AND GLOBALLY-MINDED VOLUNTEERS, WE
ARE ABLE TO PROVIDE BASIC DENTAL CARE THROUGH OUR MISSION TRIPS TO
THOSE WHO WOULD OTHERWISE NOT RECEIVE ANY DENTAL ATTENTION.
VIDA CURRENTLY HELPS CONTROL ANIMAL OVERPOPULATION IN COMMUNITIES IN
GUATEMALA, NICARAGUA, AND COSTA RICA.
WE OFFER TWO DISTINCT VETERINARY PROGRAMS: PRE-VET AND ADVANCED VET.
THE PRE-VET PROGRAM IS FOR THOSE STUDENTS WITHOUT ANY PREVIOUS SURGICAL
TRAINING AND THE ADVANCED VET PROGRAM IS DESIGNED FOR UPPER LEVEL
VETERINARY STUDENTS AND RECENT GRADUATES.

THIS IS A HIGH QUALITY EDUCATIONAL PROGRAM FOR THOSE WHO WISH TO GAIN

CLINICAL AND PRACTICAL EXPERIENCE IN THE FIELD OF VETERINARY MEDICINE.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization VIDA Employer identification number 39 – 2077094

THE VIDA PROGRAM FOCUSES MAINLY ON THE STERILIZATION OF FELINES AND

CANINES IN FIELD CLINICS. PARTICIPANTS WILL ALSO GAIN EXPERIENCE

WORKING WITH LARGE ANIMALS. VOLUNTEERS WHO PARTICIPATE IN OUR PROGRAM

WILL HAVE AN INTERACTIVE EXPERIENCE THAT IS UNIQUE TO VIDA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 FORM IS REVIEWED BY THE BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER OF VIDA HAS A DUTY TO DISCLOSE TO THE BOARD (OR THE COMMITTEE THAT IS CONSIDERING THE RELEVANT DECISION) THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OR ACTION OF VIDA IN WHICH THE RESPONSIBLE PERSON HAS ANY CONFLICTS. THE DISCLOSURE REQUIRED MUST BE MADE, TO THE EXTENT POSSIBLE, PRIOR TO ANY CONSIDERATION BY THE BOARD OR COMMITTEE OF THE PROPOSED TRANSACTION OR ACTION. IF A RESPONSIBLE PERSON DOES NOT RECOGNIZE THE EXISTENCE OF A CONFLICT PRIOR TO THE BOARD'S DECISION REGARDING THE TRANSACTION, THAT PERSON HAS A DUTY TO DISCLOSE THE MATERIAL FACTS OF THE CONFLICT AS SOON AS IT IS RECOGNIZED. THE RESPONSIBLE PERSON WHO HAS A CONFLICT SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND SHALL RETIRE FROM THE ROOM DURING DELIBERATIONS, UNLESS INVITED BY THE BOARD OR COMMITTEE TO PARTICIPATE AFTER CONSIDERATION OF THE SIGNIFICANCE TO VIDA OF THE DISCLOSED CONFLICT. THE BOARD OR COMMITTEE MAY ALSO REQUEST THAT THE RESPONSIBLE PERSON PROVIDE ANY RELEVANT INFORMATION REGARDING THIS MATTER. ANY PROPOSED TRANSACTION OR ACTION IN WHICH THE BOARD HAS DETERMINED THE RESPONSIBLE PERSON HAS A SIGNIFICANT CONFLICT OF INTEREST IS TO BE APPROVED BY A MAJORITY OF ALL THE DIRECTORS THEN-SERVING WHO WOULD BE ENTITLED TO VOTE AND WHO ARE NOT INTERESTED DIRECTORS. THE APPROVAL MUST TAKE PLACE AT

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization VIDA	Employer identification number 39-2077094
A MEETING AT WHICH QUORUM IS PRESENT-THAT IS, BY A SUPERMA	
ENTIRE BOARD (NOT INCLUDING A CONFLICTED DIRECTOR(S)), EVE	
NON-CONFLICTED DIRECTORS MAY CONSTITUTE LESS THAN A QUORUM	
BY THE BOARD REGARDING THE CONFLICT, AND ACTION TAKEN ON T	THE PROPOSED
TRANSACTION OR ACTION, SHALL BE RECORDED IN BOARD MINUTES,	PREPARED NO
LATER THAN 60 DAYS AFTER THE MEETING AT WHICH DELIBERATION	IS WERE HELD. THE
VOTES OF EACH DIRECTOR IN SUPPORT OR IN OPPOSITION TO THE	TRANSACTION OR
ACTION SHALL BE NOTED. ALL RESPONSIBLE PERSONS ARE OBLIGAT	ED TO NOTIFY THE
BOARD IF THEY BELIEVE AN INDIVIDUAL DIRECTOR OR OFFICER HA	AS FAILED TO
DISCLOSE A CONFLICT, AND THE PROCEDURE SET OUT IN THIS POL	ICY SHALL BE
EMPLOYED BY THE BOARD IN ALL SUCH INSTANCES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CO	NFLICT OF
INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE F	PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	123,028.
MANAGEMENT AND GENERAL EXPENSES	791.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	123,819.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	123,819.

2019.05040 VIDA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

VIDA

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

39-2077094

(a)	(b)	(c)	(d)		(e)		(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	r Total inco	me End-of-y	ear assets	Direct o	ontrolling	9
of disregarded entity		foreign country)				entity		
ASOCIACION VIDA VOLUNTEERS FOR INTERCULTURAL	TO POSITIVELY IMPACT THE							
AND DEFINITIVE ADVENTURES, 450 MTS SUR DE	QUALITY OF LIFE IN							
MCDONALD'S PLAZA DEL SOL CURRIDABAT, , SAN	UNDERSERVED COMMUNITIES	COSTA RICA		0.	289,166.	VIDA		
ASOCIACION VIDA VOLUNTARIOS GUATEMALA	TO POSITIVELY IMPACT THE							
ALDEA SANTA INES DEL MONTE PULCIANO, CASA NO	QUALITY OF LIFE IN							
, LA ANTIGUA, GUATEMALA	UNDERSERVED COMMUNITIES	GUATEMALA		0.	13,101.	VIDA		
FUNDACION VOLUNTARIOS PARA AVENTURAS DE	TO POSITIVELY IMPACT THE							
NICARAGUA, CALLE LIMON, DE LA GASOLINERA	QUALITY OF LIFE IN							
PUMA 4 CUADRAS AL SUR, CONTIGUO A ROLOP, ,	UNDERSERVED COMMUNITIES	NICARAGUA	3	,462.	5,978.	VIDA		
	1							
	1							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had o	ne or more	related tax-exer	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charit	y Dire	ct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	on	entity		ity?
		,,		501(c)(3))			Yes	No
	1							
	7							
	7							
	7							
	1							
	1							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>l</i>			1a	
					1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	
	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	
	Performance of services or membership or fundraising solicitations by related organ				1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	
0	Sharing of paid employees with related organization(s)				10	
	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
					1r	
	· · · · · · · · · · · · · · · · · · ·				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer the answer the answer the answer the angle of the above is a second of		ils line, including covered rela	ationships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	rolyod	
	Name of related organization	type (a-s)	Amount involved	Method of determining amount inv	oiveu	
(1)						
(- /						
(2)						
(3)						
(4)						
(5)						
(6)						
932163	09-10-19	4.2		Schedule	R (Form	990) 2019

<u>Schedule R (Form 990) 2019</u> VIDA 39-2077094 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

2019.05040 VIDA

Information Return of U.S. Persons With **Respect to Certain Foreign Corporations**

OMB No. 1545-0123

(Rev. December 2019) Department of the Treasury

► Go to www.irs.gov/Form5471 for instructions and the latest information. Information furnished for the foreign corporation's annual accounting period (tax year required by

Attachment

Sequence No. 121 2019, and ending SEP 30, 2020 section 898) (see instructions) beginning OCT 1 Internal Revenue Service A Identifying number Name of person filing this return VIDA 39-2077094 Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) **B** Category of filer (See instructions. Check applicable box(es)): 2612 S ARLINGTON MILL DR, NO. APT C 2 3 4 City or town, state, and ZIP code C Enter the total percentage of the foreign corporation's voting stock ARLINGTON, VA 22206 50.00 you owned at the end of its annual accounting period OCT 1 SEP Filer's tax year beginning and ending 30 2020 D Check box if this is a final Form 5471 for the foreign corporation Check if any excepted specified foreign financial assets are reported on this form (see instructions) Person(s) on whose behalf this information return is filed: (4) Check applicable box(es) (3) Identifying number (1) Name (2) Address Shareholder Officer Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. b(1) Employer identification number, if any 1a Name and address of foreign corporation 00 - 0000000MECEMAR, SA 450 MTS SUR DE MCDONALD'S PLAZA DEL SOL CURRIDA b(2) Reference ID number (see instructions) SAN JOSE 82603CR COSTA RICA Country under whose laws incorporated COSTA RICA Date of e Principal place of business h Functional currency Principal g Principal business activity business activity incorporation SAN JOSE REAL ESTATE code number 09/12/10COSTA RICA 531390 COSTA RICA, COLON Provide the following information for the foreign corporation's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in the United States **b** If a U.S. income tax return was filed, enter: NONE (ii) U.S. income tax paid (i) Taxable income or (loss) (after all credits) Name and address of foreign corporation's statutory or resident agent Name and address (including corporate department, if applicable) of in country of incorporation person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different NONE LUCIA LEMUS 2606B S ARLINGTON MILL RD ARLINGTON VA 22206-3360 Schedule A Stock of the Foreign Corporation (b) Number of shares issued and outstanding (a) Description of each class of stock (i) Beginning of annual (ii) End of annual accounting period accounting period

LHA For Paperwork Reduction Act Notice, see instructions.

VIDA 39-2077094

Form 5471 (Rev. 12-2019) Page **2**

	ign Cor				
Part I U.S. Shareholders of Foreig	n Corp	oration (see instructions)			
(a) Name, address, and identifying number of shareholder	Note:	cription of each class of stock held by shareholder. This description should match the corresponding escription entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
Part II Direct Shareholders of For	eign Co	prporation (see instructions)		T	
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.		(b) Description of each class of stock held Note: This description should match the description entered in Schedule A,	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period

Form 5471 (Rev. 12-2019) Page **3**

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

	•		Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	I I		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold			
	3 Gross profit (subtract line 2 from line 1c)			
e.	4 Dividends			
ncome	5 Interest	-		
<u>=</u>	6a Gross rents	6a		
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized	. 8a		
	b Foreign currency transaction gain or loss - realized	. 8b		
	9 Other income (attach statement)			
	10 Total income (add lines 3 through 9)	10		
	11 Compensation not deducted elsewhere	11		
	12a Rents			
	b Royalties and license fees	12b		
ns	13 Interest	13		
矣	14 Depreciation not deducted elsewhere			
Deductions	15 Depletion			
Ď	16 Taxes (exclude income tax expense (benefit))	. 16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit))	17		
	18 Total deductions (add lines 11 through 17)	. 18		
	19 Net income or (loss) before unusual or infrequently occurring items, and			
ne	income tax expense (benefit) (subtract line 18 from line 10)	. 19		
et Income	20 Unusual or infrequently occurring items	20		
무	21a Income tax expense (benefit) - current			
Š	b Income tax expense (benefit) - deferred			
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	. 22		
	23a Foreign currency translation adjustments	23a		
Otner Comprehensive Income	b Other			
otner prehen	c Income tax expense (benefit) related to other comprehensive income	23c		
ر mo	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
Ŏ	line 23c)	24		

VIDA

Form 5471 (Rev. 12-2019)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	uooounting portou	uooounting poriou
2a		2a		
b	Less allowance for bad debts	2b	()	()
3	Derivatives	3	,	,
4	Inventories	4		
5	Other current assets (attach statement)	5		
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	((
10a	Depletable assets	10a		
b	Less accumulated depletion	10b	((
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
C	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	((
13	Other assets (attach statement)	13		
14	Total assets	14		
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22		
23	Less cost of treasury stock	23	((
24	Total liabilities and shareholders' equity	24		

Schedule G Other Information

SCI	diedule G Other Information			
			Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign			
	partnership?			X
	If "Yes," see the instructions for required statement.			
2	During the tax year, did the foreign corporation own an interest in any trust?			X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from			
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign			
	branches (see instructions)?			Х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).			
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign			
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion			
	payment made or accrued to the foreign corporation (see instructions)?			Х
	If "Yes," complete lines 4b and 4c.			
b	Enter the total amount of the base erosion payments	> \$		
C	Enter the total amount of the base erosion tax benefit	> \$		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not			
	allowed under section 267A?			X
	If "Yes," complete line 5b.			
b	Enter the total amount of the disallowed deductions (see instructions)	▶ \$		
91233	12-16-19 4.8	Form 5471 /	20v 12	2010)

Form 5471 (Rev. 12-2019)

Schedule G Other Information (continued)

<u> </u>	Continued)	1	
_		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		- V
	to any amounts listed on Schedule M?		X
	If "Yes," complete lines 6b, 6c, and 6d.		
D	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions) \$ \$	-	
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions) \$\Bigsim \frac{1}{2} in the detail of the de	-	
a	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in		
_	its computation of FDDEI (see instructions) \$\subsetence between the following properties of the followin	_	v
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		x
40	was in effect before January 5, 2009?		_
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		x
	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		_
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars \$ \\$	-	
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
10	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		x
1/10	section 1.358-6(b)(2))? Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
144	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		х
	If "Yes," go to line 14b.		1
h	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section	-	
10	4 707 4 407 VOVD		х
	1./8/4-12(a)(9)? If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	2011 1 0011 10		х
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
••	section 901(m)?		х
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		х
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		Х
	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)		
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		х
	If "Yes," enter the amount		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward		
	to the current tax year (see instructions)?		Х
	If "Yes," enter the amount		

Form 5471 (Rev. 12-2019) Page **6**

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of	U.S. shareholder >	Identifying number				
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tie	er foreign corporation				
	(see instructions)		1a			
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporation		1b			
C	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter resu	ult from Worksheet A)	1c			
d	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result fron	n Worksheet A)	1d			
е	Section 954(e) Subpart F Foreign Base Company Services Income (enter result for	rom Worksheet A)	1e			
f	Other subpart F income (see instructions)		1f			
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instr		2			
3	Section 245A eligible dividends (see instructions)		3			
4	Factoring income		4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax re					
5	Dividends received (translated at spot rate on payment date under section 989(b))(1))	5			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	3	6			
					Yes	No
Was a	ny income of the foreign corporation blocked?					
Did an	y such income become unblocked during the tax year (see section 964(b))?					
If the an	ewer to either question is "Yes," attach an explanation.					
				- 4 4		

SCHEDULE J (Form 5471) (Rev. December 2019)

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

through 13)

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

								ang nameo	
VII	DA .						39-	2077094	
Name	of foreign corporation			EIN (if any)	Rei	ference ID number			
MEC	CEMAR, SA			00-000	0000	32603CR			
а	Separate Category (Enter code - see instructions.)			•	<u>'</u>	•		PAS	
b	If code 901j is entered on line a, enter the country code for the	sanctioned country (se	e instructions)						
	rt I Accumulated E&P of Controlled Foreign Co								
	Check the box if person filing return does not have all U.S. sha	reholders' information	to complete amount fo	r columns (e)(i), (e)(ii), ((e)(iv), and (e)(x) thro	ugh (e)(xii) (see in:	structio	ns).	
Impo	ortant: Enter amounts in functional currency.	(a)		(c)	(d)		riously Taxed E&P (see instructio		
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit and Deduction for Suspended Taxes	(i) Section 9 Inclusio	n `´	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))	
1a	Balance at beginning of year (as reported on prior								
	year Schedule J)								
b	Beginning balance adjustments (attach statement)								
c	Adjusted beginning balance (combine lines 1a and 1b)								
2a	Reduction for taxes unsuspended under anti-splitter rules								
b	Disallowed deduction for taxes suspended under								
	anti-splitter rules								
_3	Current year E&P (or deficit in E&P)								
4	E&P attributable to distributions of previously taxed								
	E&P from lower-tier foreign corporation								
_5a	E&P carried over in nonrecognition transaction								
b	Reclassify deficit in E&P as hovering deficit after								
	nonrecognition transaction								
6	Other adjustments (attach statement)								
7	Total current and accumulated E&P (combine lines								
	1c through 6)								
8	Amounts reclassified to section 959(c)(2) E&P from								
	section 959(c)(3) E&P								
9	Actual distributions								
10	Amounts reclassified to section 959(c)(1) E&P								
	from section 959(c)(2) E&P								
11	Amounts included as earnings invested in U.S. property								
	and reclassified to section 959(c)(1) E&P (see instructions)								
12	Other adjustments (attach statement)								
13	Hovering deficit offset of undistributed								
	posttransaction E&P (see instructions)								
14	Balance at beginning of next year (combine lines 7				1				

Parl	Part I Accumulated E&P of Controlled Foreign Corporation (continued)												
					•	E&P (see ins	tructions)						
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	lr Ir	tion 245A(e)(2) nclusion n 959(c)(1)(A))	(vi) Secti		(vii) Section 96 Inclusion (section 959(c	1	(viii) Section 951(a)(1)(A) Inclu (section 959(c)(1	sion	(ix) Earnings Invest in Excess Passive Ass (section 959(c)(1)(E	ed sets 3))	(x) Section 965(a) Inclusion (section 959(c)(2))
10													
<u>1a</u> b													
2a													
b													
3													
4													
5a													
b													
6													
7													
8													
9													
10													
11													
12													
_13													
14													
				E&P (see ins	tructions)					↓ .	(f)		
	(xi) Section 965(b)(4)(4)(4)(4)(5)(5)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	(xii) Section 9 Inclusion (section 959(d		(xiii) Section 2 Inclusion (section 95)	on	(xiv) Se (sectio	ection 959(e) n 959(c)(2))		Section 964(e)(4) Inclusion ction 959(c)(2))	951 (s	(xvi) Section 951(a)(1)(A) Inclusion (section 959(c)(2))		Total Section 964(a) E&P ombine columns (a), (b), (c), and (e)(i) through (e)(xvi))
1a													
b													
С													
2a													
b													
_ 3												_	
4												_	
5a												<u> </u>	
b													
6												-	
8												-	
9												\vdash	
10												\vdash	
11												\vdash	
12												\vdash	
14												\vdash	
14		I				I		I		I		1	

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))	•	•	
Import	ant: Enter amounts in functional currency.			
1	Balance at beginning of year	•	1	
2	Additions (amounts subject to future recapture)		2	
3	Subtractions (amounts recaptured in current year)	>	3	
4	Balance at end of year (combine lines 1 through 3)		4	

Schedule J (Form 5471) (Rev. 12-2019)

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OIMR	NO.	1545-0	123

(Rev. December 2019)

► Go to www.irs.gov/Form5471 for instructions and the latest information. Information furnished for the foreign corporation's annual accounting period (tax year required by

Department of the Treasury Internal Revenue Service section 898) ((see instructions) beginning OCT 1	. , 2019, and ending	g SEP 30, 202	O Sequence No.	121						
Name of person filing this return A Identifying number											
VIDA		39-2077	39-2077094								
Number, street, and room or suite no. (or P.O. box num	ber if mail is not delivered to street address)		B Category of filer (See instructions. Check applicable box(es)):								
2612 S ARLINGTON MILI	L DR, NO. APT C		1 2 3	4 5 X							
City or town, state, and ZIP code		C Enter the total p	ercentage of the foreign c	corporation's voting st	ock						
ARLINGTON, VA 22206			e end of its annual accou	nting period 100	0.00 %						
Filer's tax year beginning OCT 1	,2019 , and ending	SEP 30	,2020								
D Check box if this is a final Form 5471 for the	-										
E Check if any excepted specified foreign finalF Person(s) on whose behalf this information		see instructions)									
r reison(s) on whose behalf this information	n return is med.			(4) Check applicab	le hox(es)						
(1) Name	(2) Address		(3) Identifying number	Shareholder Officer	Director						
				5,11001							
Important: Fill in all applicable lines a unless otherwise indicated		be in English. All amou	ints must be stated in	U.S. dollars							
1a Name and address of foreign corporation			b(1) Employer identif	fication number, if any	,						
ASOCIACION VIDA VOI		CULTURAL AN	00-000	000							
450 MTS SUR DE MCDO	ONALD'S PLAZA DEL S	SOL CURRIDA		mber (see instruction	s)						
SAN JOSE			82604CR								
COSTA RICA			c Country under v	vhose laws incorporat ICA	ed						
d Date of e Principal place of b	ousiness f Principal business activity	g Principal business ac	ctivity	h Functional currency	y						
incorporation SAN JOSE	code number C	CHARITABLE									
COSTA RICA	813000		COSTA	RICA, COL	iON						
2 Provide the following information for the	• •		h If a II C income toy	raturn was filed onter							
a Name, address, and identifying number o NONE	i branch office of agent (if any) in the off	neu States	b If a U.S. income tax	(ii) U.S. incom							
110112			(i) Taxable income or (lo	(after all c							
c Name and address of foreign corporation	's statutory or resident agent	d Name and address	(including corporate depa) with custody of the bool	artment, if applicable)	0f foreign						
in country of incorporation			e location of such books a								
NONE		LUCIA LEM	IIC								
NONE			RLINGTON MI	ויזי אט							
	ARLINGTON VA 22206-3360										
Schedule A Stock of the For	eign Corporation		T								
				ares issued and outsta							
(a) Desc	cription of each class of stock		(i) Beginning of annua accounting period	al (ii) End of a accounting	annual neriod						
			accounting poriou	accounting							
LHA For Paperwork Reduction Act Notice,	see instructions.			Form 5471 (Re	ev. 12-2019)						

VIDA 39-2077094

Form 5471 (Rev. 12-2019) Page **2**

Schedule B Shareholders of Foreign Corporation												
Part I U.S. Shareholders of Foreign Corporation (see instructions)												
(a) Name, address, and identifying number of shareholder	(b) Desc Note:	ription of each class of stock held by shareholder. This description should match the corresponding escription entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)							
	-				-							
				+	-							
Part II Direct Shareholders of Fore	eign Co	rporation (see instructions)		_	_							
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.		(b) Description of each class of stock held Note: This description should match the description entered in Schedule A, c	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period							
	ŀ											
	ŀ											
	İ											

Form 5471 (Rev. 12-2019) Page **3**

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

	•		Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	I I		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold			
	3 Gross profit (subtract line 2 from line 1c)			
e.	4 Dividends			
ncome	5 Interest	-		
<u>=</u>	6a Gross rents	6a		
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized	. 8a		
	b Foreign currency transaction gain or loss - realized	. 8b		
	9 Other income (attach statement)			
	10 Total income (add lines 3 through 9)	10		
	11 Compensation not deducted elsewhere	11		
	12a Rents			
	b Royalties and license fees	12b		
ns	13 Interest	13		
矣	14 Depreciation not deducted elsewhere			
Deductions	15 Depletion			
Ď	16 Taxes (exclude income tax expense (benefit))	. 16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit))	17		
	18 Total deductions (add lines 11 through 17)	. 18		
	19 Net income or (loss) before unusual or infrequently occurring items, and			
ne	income tax expense (benefit) (subtract line 18 from line 10)	. 19		
et Income	20 Unusual or infrequently occurring items	20		
무	21a Income tax expense (benefit) - current			
Š	b Income tax expense (benefit) - deferred			
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	. 22		
	23a Foreign currency translation adjustments	23a		
Otner Comprehensive Income	b Other			
otner prehen	c Income tax expense (benefit) related to other comprehensive income	23c		
ر mo	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
Ŏ	line 23c)	24		

VIDA

Form 5471 (Rev. 12-2019)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period	
1	Cash	1	uooounting portou	docounting ported
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	()	()
3	Derivatives	3	,	,
4	Inventories	4		
5	Other current assets (attach statement)	5		
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	((
10a	Depletable assets	10a		
b		10b	((
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
C	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	(()
13	Other assets (attach statement)	13		
14	Total assets	14		
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а		20a		
b		20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22		
23	Less cost of treasury stock	23	(()
24	Total liabilities and shareholders' equity	24		

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	103	X
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)?		X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		Х
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments		
C	Enter the total amount of the base erosion tax benefit		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		Х
	If "Yes," complete line 5b.		
b	Enter the total amount of the disallowed deductions (see instructions)		
233	1 12-16-19 F7 - FA74		0011

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Form 5471 (Rev. 12-2019)

Schedule G Other Information (continued)

	(continued)		
•	In the Characteristic Form E474 electric and control of interesting in control of the control of	Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		Х
	to any amounts listed on Schedule M?		
_	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions) **Section 1.5		
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions) \$\bigs\\$ \qquad \qqq \q		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in		
_	its computation of FDDEI (see instructions) \$		v
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		v
	was in effect before January 5, 2009?		X
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		Х
	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars \$		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method Desired a series is a series in the series and the series is a series in the series in the series in the series is a series in the series in		
	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		v
44-	section 1.358-6(b)(2))?		X
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		Х
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		
	If "Yes," go to line 14b.		
_ b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		х
	1.7874-12(a)(9)?		
10	If "Yes," see instructions and attach statement. During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
16			х
	section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		-25
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
17			х
18	section 901(m)? During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
10	foreign taxes that were previously suspended under section 909 as no longer suspended?		х
19	D. I		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)		
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		Х
_0	If "Yes," enter the amount		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward		
	to the current tax year (see instructions)?		Х
	If "Yes," enter the amount		

Form 5471 (Rev. 12-2019) Page **6**

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of	U.S. shareholder >	Identifying number				
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tie	er foreign corporation				
	(see instructions)		1a			
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporation		1b			
C	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter resu	ult from Worksheet A)	1c			
d	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result fron	n Worksheet A)	1d			
е	Section 954(e) Subpart F Foreign Base Company Services Income (enter result for	rom Worksheet A)	1e			
f	Other subpart F income (see instructions)		1f			
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instr		2			
3	Section 245A eligible dividends (see instructions)		3			
4	Factoring income		4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax re					
5	Dividends received (translated at spot rate on payment date under section 989(b))(1))	5			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	3	6			
					Yes	No
Was a	ny income of the foreign corporation blocked?					
Did an	y such income become unblocked during the tax year (see section 964(b))?					
If the an	ewer to either question is "Yes," attach an explanation.					
				- 4 4		

SCHEDULE J (Form 5471)

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

(Rev. December 2019) Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Identifying number

Λ TD	A A						39-	2077094
Name o	f foreign corporation			EIN (if any)	R	Reference ID number		
ASO	CIACION VIDA VOLUNTEERS FOR INTE	ERCULTURAL A	AND D	00-000	0000	82604CR		
a 5	Separate Category (Enter code - see instructions.)			•	•	•		PAS
	f code 901j is entered on line a, enter the country code for the s							
Par	t I Accumulated E&P of Controlled Foreign Co	rporation	•					
	Check the box if person filing return does not have all U.S. share	reholders' information			(e)(iv), and (e)(x) thr	ough (e)(xii) (see in:	structio	ns).
Impo	rtant: Enter amounts in functional currency.	(a)	(b)	(c)	(d)	(e) Previously	Taxed	E&P (see instructions)
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	E&P Not Taxed Undistributed Earnings (post-1986 and pre-2018 section pre-2018 section (pre-1987)		Hovering Defici and Deduction for Suspended Taxes	(I) Section 9	า	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))
1a	Balance at beginning of year (as reported on prior							
	year Schedule J)							
b	Beginning balance adjustments (attach statement)							
с	Adjusted beginning balance (combine lines 1a and 1b)							
2a	Reduction for taxes unsuspended under anti-splitter rules							
b	Disallowed deduction for taxes suspended under							
	anti-splitter rules							
3	Current year E&P (or deficit in E&P)							
4	E&P attributable to distributions of previously taxed							
	E&P from lower-tier foreign corporation							
5a	E&P carried over in nonrecognition transaction							
b	Reclassify deficit in E&P as hovering deficit after							
	nonrecognition transaction							
6	Other adjustments (attach statement)							
7	Total current and accumulated E&P (combine lines							
	1c through 6)							
8	Amounts reclassified to section 959(c)(2) E&P from							
	section 959(c)(3) E&P							
9	Actual distributions							
10	Amounts reclassified to section 959(c)(1) E&P							
	from section 959(c)(2) E&P							
11	Amounts included as earnings invested in U.S. property							
	and reclassified to section 959(c)(1) E&P (see instructions)							
12	Other adjustments (attach statement)							
13	Hovering deficit offset of undistributed							
	posttransaction E&P (see instructions)							
14	Balance at beginning of next year (combine lines 7							
	through 13)							

Parl	Part I Accumulated E&P of Controlled Foreign Corporation (continued)													
	(e) Previously Taxed E&P (see instructions)													
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	l l	(v) Section 245A(e)(2) Inclusion (section 959(c)(1)(A))		(VI) Section 959(e)		(vii) Section 964(e)(4) Inclusion (section 959(c)(1)(A))		i) Section (i)(A) Inclusion (i) 959(c)(1)(A)) (ix) Earnings Invest in Excess Passive As: (section 959(c)(1)(I)		ed sets 3))	(x) Section 965(a) Inclusion (section 959(c)(2))	
1a														
b														
2a														
b														
3														
4														
5a														
b														
6														
7														
8														
9														
10														
11														
12														
_13														
14												_		
						E&P (see ins	tructions)			1		┨.	(f)	
	(xi) Section 965(b)(4)(a (section 959(c)(2))	(xii) Section 9 Inclusion (section 959(d		(xiii) Section 2 Inclusion (section 95)	on	(xiv) Se (sectio	ection 959(e) n 959(c)(2))		Section 964(e)(4) Inclusion ction 959(c)(2))	951 (s	(xvi) Section (a)(1)(A) Inclusion ection 959(c)(2))	(cc	Total Section 964(a) E&P ombine columns (a), (b), (c), and (e)(i) through (e)(xvi))	
1a														
b														
С														
2a														
b														
_ 3														
4												_		
5a												1		
b												-		
6												-		
7												1		
8												\vdash		
9												\vdash		
10												\vdash		
11												\vdash		
12												\vdash		
14												\vdash		
14		I				I		I		1		1		

001100				<u> </u>
Part	Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))			
Impor	tant: Enter amounts in functional currency.			
1	Balance at beginning of year	•	1	
2	Additions (amounts subject to future recapture)	•	2	
3	Subtractions (amounts recaptured in current year)	\blacktriangleright	3	
4	Balance at end of year (combine lines 1 through 3)	>	4	

Schedule J (Form 5471) (Rev. 12-2019)

Information Return of U.S. Persons With **Respect to Certain Foreign Corporations**

OMB No. 1545-0123

(Rev. December 2019)

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury Internal Revenue Service	Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning OCT 1, 2019, and ending SEP 30, 2020 Sequence N									chment uence No. 1	121		
Name of person filing this return						A Identifying number							
VIDA Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)						39-2077094 B Category of filer (See instructions. Check applicable box(es)):							
2612 S ARLINGTON MILL DR, NO. APT C						1 2 3 4 5 X							
City or town, state, and ZIP code ARLINGTON, VA 22206						C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %							
	OCT 1		,2019 , and en	nding \$	SEP	30		,20	20				
D Check box if this is a final													
E Check if any excepted specF Person(s) on whose behal				orm (se	e mstr	uctions)							
(1) Name	i una imormation re	(2) Address					(3)	(3) Identifying number		(4) Chec	k applicable Officer	box(es) Director	
Important: Fill in all apunless other 1a Name and address of form	rwise indicated.	d schedule	es. All information	must ½	be in E	English. All amou			e stated in				
ASOCIACION VIDA VOLUNTARIOS GUATEMALA ALDEA SANTA INES DEL MONTE PULCIANO, CASA NO. 3 LA ANTIGUA GUATEMALA						00-000000 b(2) Reference ID number (see instructions) 82605GT							
						С							
						incipal business a ITABLE	I business activity ABLE GUATEMALA, QUETZAL						
2 Provide the following info	ormation for the for	eign corpo	ration's accounting p	eriod st	tated a	bove.							
a Name, address, and identifying number of branch office or agent (if any) in the United NONE					ed Sta	tes		b If a U.S. income tax retu			(ii) U.S. income tax paid		
							(i) 1	(i) Taxable income or (loss)			(after all credits)		
c Name and address of foreign corporation's statutory or resident agent in country of incorporation						Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different							
						LUCIA LEMUS 2606B S ARLINGTON MILL RD ARLINGTON VA 22206-3360							
Schedule A Stock	of the Forei	gn Corp	poration										
							(b) Number of shares issued and outstanding			ding			
(a) Description of each class of stock						(i) Beginning of annual accounting period				(ii) End of annual accounting period			
							-						
							1						

LHA For Paperwork Reduction Act Notice, see instructions.

VIDA 39-2077094

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Schedu						
Part I	U.S. Shareholders of Foreign	n Corpo	oration (see instructions)			
(a) Name, address, and identifying number of shareholder		(b) Desc Note :	ription of each class of stock held by shareholder. This description should match the corresponding escription entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
Part II	Direct Shareholders of Fore	eign Co	rporation (see instructions)		1	
	Direct Shareholders of Fore (a) Name, address, and identifying number of areholder. Also include country of incorporation or formation, if applicable.	eign Co	(b) Description of each class of stock held Note: This description should match the description entered in Schedule A, co	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
	(a) Name, address, and identifying number of areholder. Also include country of incorporation or	eign Co	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual

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Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

	•		Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	l l		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold			
	3 Gross profit (subtract line 2 from line 1c)			
e.	4 Dividends			
ncome	5 Interest	-		
<u>=</u>	6a Gross rents	6a		
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized	. 8a		
	b Foreign currency transaction gain or loss - realized	. 8b		
	9 Other income (attach statement)			
	10 Total income (add lines 3 through 9)	10		
	11 Compensation not deducted elsewhere	11		
	12a Rents			
	b Royalties and license fees	12b		
ns	13 Interest	13		
矣	14 Depreciation not deducted elsewhere			
Deductions	15 Depletion			
Ď	16 Taxes (exclude income tax expense (benefit))	. 16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit))	17		
	18 Total deductions (add lines 11 through 17)	. 18		
	19 Net income or (loss) before unusual or infrequently occurring items, and			
ne	income tax expense (benefit) (subtract line 18 from line 10)	. 19		
et Income	20 Unusual or infrequently occurring items	20		
무	21a Income tax expense (benefit) - current			
Š	b Income tax expense (benefit) - deferred			
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	. 22		
	23a Foreign currency translation adjustments	23a		
Otner Comprehensive Income	b Other			
Other prehen	c Income tax expense (benefit) related to other comprehensive income	23c		
ر mo	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
Ŏ	line 23c)	24		

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VIDA

Form 5471 (Rev. 12-2019)

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual	(b) End of annual
1	Cash	1	accounting period	accounting period
1 2a	T 1	2a		
2a b		2b	1	1
_	Less allowance for bad debts	3)	<u> </u>
3 4	Derivatives Investories	4		
5	Inventories Other current access (attach ctatement)	5		
6	Other current assets (attach statement)	6		
7	Loans to shareholders and other related persons	7		
8	Investment in subsidiaries (attach statement) Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	1	1
	Depletable assets	10a		1
	Less accumulated depletion	10b	1	1
11	Land (net of any amortization)	11		1
12	Intangible assets:			
a	Goodwill	12a		
b	Organization costs	12b		
C	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	(
13	Other assets (attach statement)	13	,	,
14	Total assets	14		
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22		
23	Less cost of treasury stock	23	((
24		24		

Schedule G Other Information

			N1 -
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	Yes	No X
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)?		Х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		X
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments		
	Enter the total amount of the base erosion tax benefit		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		Х
	If "Yes," complete line 5b.		
b	Enter the total amount of the disallowed deductions (see instructions)		
233	1 12-16-19		

Form 5471 (Rev. 12-2019)

Schedule G Other Information (continued)

	Continuedy		_
_		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		х
	to any amounts listed on Schedule M?		_
L	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
_	eligible income (FDDEI) (see instructions) States the amount of gross income deciral from a ligance of property to the foreign payment that the filer included		
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in		
7	its computation of FDDEI (see instructions) Purior the towner was the facility connections a participant in any cost charge expressions.		Х
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
8 9	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		
9			х
10	was in effect before January 5, 2009? If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		22
10	B 18 8 8 400 7 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		x
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars \$\infty\$ \$\		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
12	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		х
14a			
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		Х
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9)?		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)		37
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
	If "Yes," enter the amount		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward		v
	to the current tax year (see instructions)?		X
	If "Yes," enter the amount \$\rightarrow\$ \$		

Form 5471 (Rev. 12-2019) Page **6**

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of	U.S. shareholder >	Identifying number				
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tie	er foreign corporation				
	(see instructions)		1a			
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporation		1b			
C	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter resu	ult from Worksheet A)	1c			
d	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result fron	n Worksheet A)	1d			
е	Section 954(e) Subpart F Foreign Base Company Services Income (enter result for	rom Worksheet A)	1e			
f	Other subpart F income (see instructions)		1f			
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instr		2			
3	Section 245A eligible dividends (see instructions)		3			
4	Factoring income		4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax re					
5	Dividends received (translated at spot rate on payment date under section 989(b))(1))	5			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	3	6			
					Yes	No
Was a	ny income of the foreign corporation blocked?					
Did an	y such income become unblocked during the tax year (see section 964(b))?					
If the an	ewer to either question is "Yes," attach an explanation.					
				- 4 4		

SCHEDULE J (Form 5471)

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

Attach to Form 5471.

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Identifying number

Λ TD	A A						39-	2077094
Name o	f foreign corporation			EIN (if any)	F	Reference ID number		
ASO	CIACION VIDA VOLUNTARIOS GUATEMA	ALA		00-000	0000	82605GT		
a 9	Separate Category (Enter code - see instructions.)					>		PAS
	f code 901j is entered on line a, enter the country code for the s							
Par	t I Accumulated E&P of Controlled Foreign Co	rporation	·					
	Check the box if person filing return does not have all U.S. sha	reholders' information			(e)(iv), and (e)(x) thr	ough (e)(xii) (see in	structio	ns).
Impo	rtant: Enter amounts in functional currency.	(a)	(b)	(c)	(d)		Taxed	E&P (see instructions)
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Defic and Deductior for Suspended Taxes	1 (I) Section S	n	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))
1a	Balance at beginning of year (as reported on prior							
	year Schedule J)							
b	Beginning balance adjustments (attach statement)							
с	Adjusted beginning balance (combine lines 1a and 1b)							
2 a	Reduction for taxes unsuspended under anti-splitter rules							
b	Disallowed deduction for taxes suspended under							
	anti-splitter rules							
3	Current year E&P (or deficit in E&P)							
4	E&P attributable to distributions of previously taxed							
	E&P from lower-tier foreign corporation							
5a	E&P carried over in nonrecognition transaction							
b	Reclassify deficit in E&P as hovering deficit after							
	nonrecognition transaction							
6	Other adjustments (attach statement)							
7	Total current and accumulated E&P (combine lines							
	1c through 6)							
8	Amounts reclassified to section 959(c)(2) E&P from							
	section 959(c)(3) E&P							
9	Actual distributions							
10	Amounts reclassified to section 959(c)(1) E&P							
	from section 959(c)(2) E&P							
11	Amounts included as earnings invested in U.S. property							
	and reclassified to section 959(c)(1) E&P (see instructions)							
12	Other adjustments (attach statement)							
13	Hovering deficit offset of undistributed							
	posttransaction E&P (see instructions)							
14	Balance at beginning of next year (combine lines 7							
	through 13)							

Parl	Accumulated	E&P of Controlled	Foreig	gn Corporatio	on (contin	ued)							r age z
	(e) Previously Taxed E&P (see instructions)												
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))		ction 245A(e)(2) Inclusion on 959(c)(1)(A))	(vi) Secti	on 959(e) 59(c)(1)(A))	(vii) Section 96 Inclusion (section 959(c	า	(viii) Section 951(a)(1)(A) Inclu (section 959(c)(1	ısion	(ix) Earnings Invest in Excess Passive As (section 959(c)(1)(I	sets	(x) Section 965(a) Inclusion (section 959(c)(2))
1a													
b													
С													
2a													
b													
3													
4													
5a													
b													
6													
7													
8													
9													
10													
11													
12													
13													
14													
				(e) Previo	usly Taxed	E&P (see ins	tructions)					╽ .	(f)
	(xi) Section 965(b)(4)(4)(4)(4)(5)(5)(5)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	(xii) Section 9 Inclusion (section 959(c		(xiii) Section 2 Inclusi (section 95	on	(xiv) Se (section	ection 959(e) on 959(c)(2))		Section 964(e)(4) Inclusion ction 959(c)(2))	951 (s	(xvi) Section (a)(1)(A) Inclusion ection 959(c)(2))	(C	Fotal Section 964(a) E&P ombine columns (a), (b), (c), and (e)(i) through (e)(xvi))
1a													
b													
С													
2a													
b													
3													
4													
5a													
b													
6													
7													
8													
9													
10													
11													
12													
13													
14									<u> </u>				<u> </u>

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))			
Import	ant: Enter amounts in functional currency.			
1	Balance at beginning of year	•	1	
2	Additions (amounts subject to future recapture)	•	2	
3	Subtractions (amounts recaptured in current year)		2	
3	Subtractions (amounts recaptured in current year)			
4	Balance at end of year (combine lines 1 through 3)	•	4	

Schedule J (Form 5471) (Rev. 12-2019)

Information Return of U.S. Persons With **Respect to Certain Foreign Corporations**

OMB No. 1545-0123

(Rev. December 2019)

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by Department of the Treasury

Attachment

Internal Revenue Service section 898)	(see instructions) beginning OCT	1 , 2019 , and endin	g SEP 30, 202	O Sequence N	_{0.} 121			
Name of person filing this return	, , , ,	A Identifying num	ber					
VIDA		39-2077	094					
Number, street, and room or suite no. (or P.O. box num	nber if mail is not delivered to street address)		B Category of filer (See instructions. Check applicable box(es)):					
2612 S ARLINGTON MIL	L DR, NO. APT C		1 2 3					
City or town, state, and ZIP code		C Enter the total p	ercentage of the foreign o					
ARLINGTON, VA 22206			e end of its annual accou	nting period 1	00.00 %			
Filer's tax year beginning OCT 1	,2019 , and ending	SEP 30	,2020					
D Check box if this is a final Form 5471 for t	<u> </u>	(:						
E Check if any excepted specified foreign finF Person(s) on whose behalf this informatio		(see instructions)						
				(4) Check applic	cable box(es)			
(1) Name	(2) Address		(3) Identifying number	Shareholder Offic	1 ' '			
Important:		–						
Important: Fill in all applicable lines a unless otherwise indicate		t be in English. All amou	nts must be stated in	U.S. dollars				
1a Name and address of foreign corporation FUNDACION VOLUNTAR	1	DE NICARAG	b(1) Employer identition 0 0 - 0 0 0 0		any			
CALLE LIMON, DE LA MASAYA								
NICARAGUA				vhose laws incorpo	orated			
d Date of e Principal place of b	business f Principal	g Principal business ac	<u> </u>	h Functional curre	ency			
incorporation MASAYA NICARAGUA	business activity code number 813000	CHARITABLE		AGUA, ORG	0			
2 Provide the following information for the	foreign corporation's accounting period	stated above.	•	•				
a Name, address, and identifying number of	of branch office or agent (if any) in the U	nited States	b If a U.S. income tax	return was filed, er	nter:			
NONE			(i) Taxable income or (lo		ome tax paid Il credits)			
c Name and address of foreign corporation in country of incorporation	's statutory or resident agent	person (or persons	(including corporate depa) with custody of the bool e location of such books a	ks and records of t	hé foreign			
NONE			US RLINGTON MII VA 22206-31					
Schedule A Stock of the For	reign Corporation							
			` '	res issued and out				
(a) Desc	cription of each class of stock		(i) Beginning of annua accounting period		of annual ing period			
LHA For Paperwork Reduction Act Notice,	see instructions.			Form 5471	(Rev. 12-2019)			

VIDA 39-2077094

Form 5471 (Rev. 12-2019)

Schedule B | Shareholders of Foreign Corporation

Scriedule B Shareholders of Foreig					
Part I U.S. Shareholders of Foreign	n Corpo	Oration (see instructions)		(-DAI)	T
(a) Name, address, and identifying number of shareholder	Note:	ription of each class of stock held by shareholder. This description should match the corresponding sscription entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
					-
					1
]
					-
					1
					1
					1
					1
Part II Direct Shareholders of Fore	aign Co	rnoration (and instructions)			
dit ii Direct Shareholders of Fore		(see instructions)			1
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.		(b) Description of each class of stock held Note: This description should match the description entered in Schedule A, of the control of the control of t	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
	}				
	-				
	}				
	ļ				
	}				
	Γ				

Form 5471 (Rev. 12-2019) Page **3**

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

	•		Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	l l		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold			
	3 Gross profit (subtract line 2 from line 1c)			
e.	4 Dividends			
ncome	5 Interest	-		
<u>=</u>	6a Gross rents	6a		
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized	. 8a		
	b Foreign currency transaction gain or loss - realized	. 8b		
	9 Other income (attach statement)			
	10 Total income (add lines 3 through 9)	10		
	11 Compensation not deducted elsewhere	11		
	12a Rents			
	b Royalties and license fees	12b		
ns	13 Interest	13		
矣	14 Depreciation not deducted elsewhere			
Deductions	15 Depletion			
Ď	16 Taxes (exclude income tax expense (benefit))	. 16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit))	17		
	18 Total deductions (add lines 11 through 17)	. 18		
	19 Net income or (loss) before unusual or infrequently occurring items, and			
ne	income tax expense (benefit) (subtract line 18 from line 10)	. 19		
et Income	20 Unusual or infrequently occurring items	20		
무	21a Income tax expense (benefit) - current			
Š	b Income tax expense (benefit) - deferred			
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	. 22		
	23a Foreign currency translation adjustments	23a		
Otner Comprehensive Income	b Other			
Other prehen	c Income tax expense (benefit) related to other comprehensive income	23c		
ر mo	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
Ŏ	line 23c)	24		

39-2077094

VIDA Form 5471 (Rev. 12-2019)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period	
1	Cash	1_		
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	(()
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement)	5		
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	((
10a	Depletable assets	10a		
	Less accumulated depletion	10b	((
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
C	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	(()
13	Other assets (attach statement)	13		
14	Total assets	14		
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22		
23	Less cost of treasury stock	23	((
24	Total liabilities and shareholders' equity	24		

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SCI	ledule G Other Information			
			Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign			
	partnership?			X
	If "Yes," see the instructions for required statement.			
2	During the tax year, did the foreign corporation own an interest in any trust?			X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from			
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign			
	branches (see instructions)?			Х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).			
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign			
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion			
	payment made or accrued to the foreign corporation (see instructions)?			Х
	If "Yes," complete lines 4b and 4c.			
b	Enter the total amount of the base erosion payments	> \$		
C	Enter the total amount of the base erosion tax benefit	> \$		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not			
	allowed under section 267A?			X
	If "Yes," complete line 5b.			
b	Enter the total amount of the disallowed deductions (see instructions)	▶ \$		
912331	12-16-19 75	Earm 5471 (20v 12	2010)

39-2077094

Form 5471 (Rev. 12-2019)

Schedule G Other Information (continuo

	(Continued)		
•	In the Class Chick Force 5474 electric and forcing the board in the Class Continue of the Cont	Yes	No
оа	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		х
	to any amounts listed on Schedule M?		
	If "Yes," complete lines 6b, 6c, and 6d.		
D	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions) \$	-	
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)	_	
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in		
	its computation of FDDEI (see instructions)	_	
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		
	was in effect before January 5, 2009?		X
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		X
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars 🕨 \$	_	
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		X
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year > \$		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9) ?		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		Х
	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)		
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
	If "Yes," enter the amount		
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward		
	to the current tax year (see instructions)?		X
	If "Yes," enter the amount		

Form 5471 (Rev. 12-2019)
Page 6

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of	J.S. shareholder ►	Identifying number				
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier	foreign corporation				
	(see instructions)		1a			
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations		1b			
C	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result	t from Worksheet A)	1c			
d	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from N	Worksheet A)	1d			
е	Section 954(e) Subpart F Foreign Base Company Services Income (enter result fro	om Worksheet A)	1e			
f	Other subpart F income (see instructions)		1f			
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instru		2			
3	Section 245A eligible dividends (see instructions)		3			
	Factoring income		4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax retu					
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))	5			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits		6			
					Yes	No
Was a	y income of the foreign corporation blocked?					
Did an	such income become unblocked during the tax year (see section 964(b))?					
If the an	wer to either question is "Yes," attach an explanation.					
				- 4 4		

SCHEDULE J (Form 5471) (Rev. December 2019)

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

Internal Revenue Service

Name of person filing Form 5471

Department of the Treasury

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

ATT	A						39-	2077094
Name o	f foreign corporation			EIN (if any)		Reference ID number		
FUN	DACION VOLUNTARIOS PARA AVENTURA	AS DE NICARA	AGUA		000000	82606NU		
а	Separate Category (Enter code - see instructions.))	-	PAS
b l	f code 901j is entered on line a, enter the country code for the s	anctioned country (se	e instructions)				>	
Par	t I Accumulated E&P of Controlled Foreign Co	rporation						
	Check the box if person filing return does not have all U.S. share	reholders' information	to complete amount fo	r columns (e)(i), (e)	(ii), (e)(iv), and (e)(x)	through (e)(xii) (see i	nstructio	ns).
Impo	rtant: Enter amounts in functional currency.	(a) (b)		(c)	(d)		y Taxed	E&P (see instructions)
		Previously Taxed (post-1986 and pre-2018 section (pre-		Pre-1987 E&P N Previously Taxe (pre-1987 sectio 959(c)(3) balance	d and Deduct on for Suspend	ion (1) Section	on `´	(ii) Section 965(b)(4)(A) (section 959(c)(1)(A))
1a	Balance at beginning of year (as reported on prior							
	year Schedule J)							
b	Beginning balance adjustments (attach statement)							
С	Adjusted beginning balance (combine lines 1a and 1b)							
2a	Reduction for taxes unsuspended under anti-splitter rules							
b	Disallowed deduction for taxes suspended under							
	anti-splitter rules							
3	Current year E&P (or deficit in E&P)							
4	E&P attributable to distributions of previously taxed							
	E&P from lower-tier foreign corporation							
5а	E&P carried over in nonrecognition transaction							
b	Reclassify deficit in E&P as hovering deficit after							
	nonrecognition transaction							
6	Other adjustments (attach statement)							
7	Total current and accumulated E&P (combine lines							
	1c through 6)							
8	Amounts reclassified to section 959(c)(2) E&P from							
	section 959(c)(3) E&P							
9	Actual distributions							
10	Amounts reclassified to section 959(c)(1) E&P							
	from section 959(c)(2) E&P							
11	Amounts included as earnings invested in U.S. property							
	and reclassified to section 959(c)(1) E&P (see instructions)							
12	Other adjustments (attach statement)							
13	Hovering deficit offset of undistributed							
	posttransaction E&P (see instructions)							
14	Balance at beginning of next year (combine lines 7							
	through 12)							1

Parl	Part I Accumulated E&P of Controlled Foreign Corporation (continued)													
	(e) Previously Taxed E&P (see instructions)													
	(iii) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))		tion 245A(e)(2) nclusion on 959(c)(1)(A))	(vi) Secti		(vii) Section 96 Inclusion (section 959(c	1	(viii) Section 951(a)(1)(A) Inclu (section 959(c)(1	ision	(ix) Earnings Invest in Excess Passive As (section 959(c)(1)(E	ed sets 3))	(x) Section 965(a) Inclusion (section 959(c)(2))	
1a														
ia b														
C														
2a														
b														
3														
4														
5a														
b														
6														
7														
8														
9														
10														
11														
12														
_13														
14												_		
						E&P (see ins	tructions)					↓ _	(f)	
	(xi) Section 965(b)(4)(4)(4)(c)(section 959(c)(2))	(xii) Section 9 Inclusion (section 959((xiii) Section 2 Inclusi (section 95	on	(xiv) Se (sectio	ection 959(e) n 959(c)(2))		Section 964(e)(4) Inclusion ction 959(c)(2))	951 (s	951(a)(1)(A) Inclusion (0		Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(xvi))	
1a														
b														
с														
2a														
b														
_ 3												<u> </u>		
4												1		
5a												-		
b												-		
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7												\vdash		
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10 11												\vdash		
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14												\vdash		
14						l		I				1		

Part	II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))	•	•	
Import	ant: Enter amounts in functional currency.			
1	Balance at beginning of year	•	1	
2	Additions (amounts subject to future recapture)		2	
3	Subtractions (amounts recaptured in current year)	>	3	
4	Balance at end of year (combine lines 1 through 3)		4	

Schedule J (Form 5471) (Rev. 12-2019)