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 Open to Public

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

Inspection

B c	heck if	C Name of organization		D Employer identifi	cation number			
Y	Addre	ss VIDA						
	¬Name			39-2	077094			
	_ chang ∏Initial	- J	/ouito					
	lreturn □Final	1 2612 G ADITNOTON MILI DD ADT		E Telephone numbe	365-8432			
	⊒return termir	_		G Gross receipts \$	2,112,482.			
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22206						
	⊒return ∏Applio			H(a) Is this a group re				
	⊥tion pendi	SAME AS C ABOVE						
		empt status:	527					
		te: > WWW.VIDAVOLUNTEER.ORG] 327	1	list. (see instructions)			
			Voor	H(c) Group exemption	M State of legal domicile: MN			
	rt I	Summary	I Gai	or formation. 2000 F	VI State of legal doffliche, 1114			
		Briefly describe the organization's mission or most significant activities: TO POST	TΤV	ELY TMPACT	THE OUALITY			
Governance	'	OF LIFE IN UNDERSERVED COMMUNITIES						
nar	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its not a	ecate			
ver	3	Number of voting members of the governing body (Part VI, line 1a)		ı] 3			
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a)			3			
Ø V		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			1			
iţie		Total number of volunteers (estimate if necessary)			1209			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.			
	"	Net unrelated business taxable income norm of our 990-1, line 34	<u> </u>	Prior Year	Current Year			
-	8	Contributions and grants (Part VIII, line 1h)		2,147,862.	2,100,800.			
ne	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		509.	573.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,030.	11,109.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,152,401.	2,112,482.			
		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.			
(A	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		538,592.	503,602.			
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)						
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,592,750.	1,543,103.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,131,342.	2,046,705.			
		Revenue less expenses. Subtract line 18 from line 12		21,059.	65,777.			
or es	13	Trevende 1633 expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	100	823,171.	838,765.			
Ass Ba	21	Total liabilities (Part X, line 26)		337,616.	287,433.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		485,555.	551,332.			
Pa	irt II	Signature Block	_		332,332			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of m	v knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pro			,			
			•					
Sign	า	Signature of officer		Date				
Her		LUCIA LEMUS, EXECUTIVE DIRECTOR						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	I	LAUREN BALLARD LAUREN BALLARD	lo	3/20/17 if self-employ	P01451787			
Prep		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749			
	Only	Firm's address 402 SOUTH KENTUCKY AVENUE, SUITE 6	00					
	•	LAKELAND, FL 33801		Phone no. 86	3-680-5600			
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO POSITIVELY IMPACT THE QUALITY OF LIFE IN UNDERSERVED COMMUNITIES	
	WHILE OFFERING VOLUNTEERS A LIFE CHANGING EXPERIENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	.∐ 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 \$ 1,700,756. 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 \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}	
4e	Total program service expenses ► 1,700,756. Form 990	(2015)
	- FOIII 990	(2010)

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Form 990 (2015) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		х
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
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			37
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 111		
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	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,	47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		-22
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

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Form 990 (2015) VIDA Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_ _
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	
		F	000	(2015)

Form **990** (2015)

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Form 990 (2015) VIDA Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1096. Enter-0-if not applicable 1a 0 0 0 0 0 0 0 0 0		Check if Schedule O Contains a response of note to any line in this Part V					
b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable						Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If the provide of the calendar year ending with or within the year covered by this return 4 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unreated business gross income of \$1,000 or more during the year? 3 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 accountry? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry in a foreign country, such as a bank account, securities account, or other financial accountry over, a financial accountry in a foreign country (such as a bank account, securities account, or other financial accountry over, a financial accountry or the financial accountry over, a financial accountry or the financial accountry over, a financial accountry or the financial accountry or a prohibitorial or the organization and accountry or a prohibitorial or a bank account securities account or other financial accountry or a prohibitorial or accountry or the financial accountry or a prohibitorial or accountry or accountry or accountry or the financial accountry or accountr			-	_			
dispatchingly wirmings to prize wirmers? a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b if "Yes," his st filed a Form 990-F1 for this year? If Wo," to line 80, provide an explanation in Schedule 0 b if "Yes," as if the degral part output you have a bank account, by provide an explanation in Schedule 0 b if "Yes," and a file of Form 990-F1 for this year? If Wo," to line 80, provide an explanation in Schedule 0 b If "Yes," and 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, expurised and accounts) b If "Yes," and the return 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). was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If "Yes," in line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," in line Sa or 5b, did the organization file Form 889-7. c If "Yes," in line Sa or 5b, did the organization file Form 889-7. b If "Yes," indicate the number of Foreign Sa organization and party to goods and services provided to the payor? b If "Yes," indicate the number of Form 8892 filed during the year c If the organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Form 8892 filed during the year c If the organization receive a payment in excess of \$75 made party as a contribution of organization file a Form 1098-0? b If the organization received a contribu							
2a Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year and ending with or within the year covered by this nature. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С						
file for the calendary year ending with or within the year covered by this return 2a 1			i		1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did the veganization have unrelated business gross income of \$1,000 or more during the year? 32 Did The veganization have unrelated business gross income of \$1,000 or more during the year? 32 Did The veganization have unrelated business gross income of \$1,000 or more during the year or the unrelated press of the transparent of the unrelated press of the unrelated pres	2a			1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30		· · · · · · · · · · · · · · · · · · ·				v	
3a 3b 1f "Yes," has it filed a Form 990-T or this year? If "No," to line 3b, provide an explanation in Schedule O 3b 3b 4a 4x 4x 4x 4x 4x 4x 4x	b				2b		
b if "Yes," has it filled a Form 99.0⊤ for this year/ if "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); b if "Yes," enter the name of the foreign country. ▶ COSTA_RICA, NICARAGUA, GUATEMALIA 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? 5b I did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," in line 5a or 5b, did the organization file Form 8898-17? 6c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a bid the organization series a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 organizations that may receive deductible contributions under section 170(c). b If "Yes," indict the organization or this who charity the donor of the value of the goods or services provided? 1 of the organization series applied to the organization and partly for goods and services provided to the payor? 7 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 of the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 10 of the organi	0-				0-		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (PAR). 5 b If "Yes," enter the name of the foreign country: PCOSTA RICA, NICARAGUA, GUATEMALA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 c If "Yes," to line 5a or 5b, did the organization file Form 8886 T? 6 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? 6 If "Yes," to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 To Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 To If If "Yes," indicate the number of Forms 8282 filed during the year 8 Did the organization organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 1 If If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization for every any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If If the organization received a contribution of qualified infelletual property, did the organization file a Form 1098 C? 8 Sponsoring organization se							
financial account in a foreign country (such as a bank account, securities account, or other financial account?) b (if "Yes," either the name of the foreign country; ► COSTA, NICARAGUA, GUATEMALA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accountry (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b) Cid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them ent tax deductible accharitable contributions any contributions that may receive deductible accharitable contributions any contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor? 7 Organization sthat may receive deductible contributions under section 170(c). a bid the organization sthat may receive deductible contributions under section 170(c). b) If "Yes," did the organization notify the donor of the value of the goods or services provided? c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d) If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 or If I did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 or If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 organization forganization make any taxable distribution sunder section 4966? 9 o		· · · · · · · · · · · · · · · · · · ·			30		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		sponsoring organization have excess business holdings at any time during the year?			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а				9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 13c c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			l 1				
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12s 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c	р		, ,				
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Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			1 1		ıza		
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					120		
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 c Enter the amount of reserves on hand 13c 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	d	-			ıoa		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	h						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 14b 15 Hr "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Hr "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Hr "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Hr "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Hr "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Hr "Yes," has it filed a Form 720 to report these payments?	D	· · · · · · · · · · · · · · · · · · ·	_{13h}				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	•		-				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-		14a		X
	ט	11 100, That it filed a 1 offit 120 to report these payments: 11 140, provide an explanation in schedule	J J			990	(2015

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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 in 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								
		1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	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 bo	dy 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		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done		12c						
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 approve	al 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		X				
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization'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								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	, ,	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, ar	nd 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 b	ooks and records:							
	LUCIA LEMUS - 888-365-8432								
	2612 S ARLINGTON MILL DR. NO. APT C. ARLINGTON. VI	A 22206							

Form **990** (2015)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B)			(C Pos	C) ition	1		(D) Reportable	(E)	(F) Estimated	
Name and mue	Average hours per week	box	not c , unle cer ar	heck ss pe	more rson	than is bot	h an	compensation from	Reportable compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) CURTIS LARSEN PRESIDENT	1.00	$ _{\mathbf{x}}$		х				0.	0.	0	
(2) HEATHER JOST	1.00	1		^				0.	0.		
SECRETARY	1100	$ \mathbf{x} $		х				0.	0.	(
(3) BAHAVI PATEL	1.00										
FREASURER		X		Х				0.	0.	(
(4) 6288LUCIA LEMUS EXECUTIVE DIRECTOR	40.00	-		x				46,864.	0.	10,639	
EARCOITVE DIRECTOR				21				40,004.	•	10,05.	
		_									
		┨									
		_									
		\vdash									
		-									

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

ı a	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, and	a Hi	ıgne	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MI	on d ns	an com	(F) stimate nount other pensa om the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WII		org and	anizat d relat anizati	ion ed
			<u> </u>											
			<u> </u>											
			-											
			-											
			_											
1b	Sub-total	<u> </u>	<u> </u>						46,864.		0.	1	0,6	
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)							▶	46,864.		0.	1	0,6	0. 39.
2	Total number of individuals (including but r compensation from the organization							no re	eceived more than \$100),000 of reportab	ole			C
3	Did the organization list any former officer,	, director, or tru	uste	e, ke	ey er	nplo	oyee	, or l	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si								her compensation from			3		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		X
	rendered to the organization? If "Yes," com								ed organization or indiv			5		Х
1	ction B. Independent Contractors Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ing v	vith	or w	ithir	n the organization's tax (B)	year.		(C	2)	
	Name and business	address	NC	INC	E				Description of s	services	С	compe		n
2	Total number of independent contractors (\$100,000 of compensation from the organi	-	ot li	mite	d to	tho	se li:	sted	d above) who received n	nore than				
	. ,	· •												

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Form 990 (2015)

VIDA

Pa	rt VI					
		Check if Schedule O contains a response or note to	o any line in this Part VIII			<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b				
Ğ,Ĕ		c Fundraising events 1c				
ifts ar A		d Related organizations 1d				
a,°, E		e Government grants (contributions)				
Sig		f All other contributions, gifts, grants, and				
ž ž	'	similar amounts not included above 11 2,100,	800.			
걸	_					
Ν	9	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	2 100 800.			
<u> </u>	- 11	Busines				
ø)	0.0	_	s Code			
<u>Xi</u>	2 a					
Ser	b					
ž ž	C					
gra Re	d	·				
Program Service Revenue	e					
_		f All other program service revenue				
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest, and				
	3	other similar amounts)	▶ 573.			573.
	4	Income from investment of tax-exempt bond proceeds	··· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			3,31
	5					
	3	Royalties (ii) Per				
	6 -		SUITAL			
		a Gross rents				
		b Less: rental expenses				
		Rental income or (loss)				
		d Net rental income or (loss)	Name			
	/ a	a Gross amount from sales of (i) Securities (ii) Of	tner			
		assets other than inventory				
	D	b Less: cost or other basis				
	_	and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)	🕨			
Other Revenue	8 a	a Gross income from fundraising events (not including \$ of				
Вě		contributions reported on line 1c). See				
ē		Part IV, line 18a				
₽		b Less: direct expenses b				
		c Net income or (loss) from fundraising events	▶			
	9 a	a Gross income from gaming activities. See				
		Part IV, line 19 a				
		b Less: direct expenses b				
		c Net income or (loss) from gaming activities	▶			
	10 a	a Gross sales of inventory, less returns				
		and allowancesa				
		b Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Busines				44 400
		a MISCELLANEOUS INCOME 9999	999 11,109.			11,109.
	b	b				
	С					
		d All other revenue	. 11 100			
		e Total. Add lines 11a-11d				11 (00
	12	Total revenue. See instructions.	<u> </u>	0.	0.	11,682.

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Form 990 (2015)

VIDA

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 35,665. 28,401. 7,264. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 373,442. 297,384. 76,058. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,791. 18,574. 3,783. Other employee benefits 9 60,458. 15,463. 75,921. Payroll taxes 10 Fees for services (non-employees): 11 a Management 18,868. 16,981. 1,887. Legal 11,767. 10,590. 1,177. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 386,098. 347,488. 38,610 column (A) amount, list line 11g expenses on Sch O.) 14,700. 14,700. Advertising and promotion 12 79,025. 4,491. 74,534. Office expenses 13 2,704. 17,096. 14,392. 14 Information technology Royalties 15 34,531. 6,906. 27,625. 16 Occupancy 20,650. 20,650. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,808. 12,808. Conferences, conventions, and meetings 19 16,263. 16,263. 20 Payments to affiliates 21 16,634. 20,793. 4,159. Depreciation, depletion, and amortization 22 9,245. 9,245. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 773,117. 773,117. TRIP EXPENSES MEDICAL SUPPLIES 100,643. 100,643. LOGISTICS 16,893. 16,893. 10,454. 9,404. SUBSCRIPTIONS AND CONTR 1,050. 152. 152. e All other expenses 2,046,705. 1,700,756. 345,949. 0. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2015)
Part X Balance Sheet

VIDA

<u>Part</u>	Х	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			290,599.	1	328,562
	2	Savings and temporary cash investments			221,766.	2	224,224
	3	Pledges and grants receivable, net			13,943.	3	22
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
<u>ن</u>		employees' beneficiary organizations (see instr).	ete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net			780.	7	2,373
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	367,167.			
	b	Less: accumulated depreciation		83,583.	296,083.	10c	283,584
1	11	Investments - publicly traded securities			11		
1	12	Investments - other securities. See Part IV, line	l1			12	
1	13	Investments - program-related. See Part IV, line	11			13	
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	823,171.	16	838,765		
1	17	Accounts payable and accrued expenses	64,442.	17	60,240		
1	18	Grants payable			101	18	
1	19	Deferred revenue			124,380.	19	91,965
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
<u>s</u> 2	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			140 504	22	425 000
- 2	23	Secured mortgages and notes payable to unrela			148,794.	23	135,228
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			227 (16	25	207 422
- 2	26	Total liabilities. Add lines 17 through 25			337,616.	26	287,433
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			485,555.		EE1 222
	27	Unrestricted net assets			400,000.	27	551,332
Pa 2	28	Temporarily restricted net assets				28	
<u> </u>	29					29	
로		Organizations that do not follow SFAS 117 (A					
S		and complete lines 30 through 34.					
ser 3	30	Capital stock or trust principal, or current funds				30	
8 3	31	Paid-in or capital surplus, or land, building, or ed		_		31	
y	32	Retained earnings, endowment, accumulated in			// 05 555	32	EE1 222
١,	33	Total net assets or fund balances		ı	485,555.	33	551,332
3	34	Total liabilities and net assets/fund balances			823,171.	34	838,765

Form **990** (2015)

Form 990 (2015) VIDA 39-2077094 Page **12**

Pai	t XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	2 2 3 4 5 6 7		6,7 5,7	82. 05. 77. 55.		
8	Prior period adjustments	9			0.		
9 10	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9					
10	column (B))	10	55	1.3	32.		
Pai	t XIII Financial Statements and Reporting	10		_, _			
	Check if Schedule O contains a response or note to any line in this Part XII						
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	0.		Yes	No		
2a			2a		Х		
	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?						
С	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: X Separate basis Consolidated basis Both consolidated and separate basis 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?						
3а	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b	000	(0045)		
			Form	990	(2015)		

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 39-2077094 VIDA

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.					
he (organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(ii	ii).					
4		A medical research organiz					-	the hospital's name,				
		city, and state:	•					•				
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a go	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (C		· ·	•	, ,						
6		A federal, state, or local gov	-	nental unit described in	section 17	70(b)(1)(A)	(v).					
	X		~					public described in				
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)							
9		An organization that norma			•	contributio	ons membership fees a	nd gross receipts from				
_		activities related to its exem										
		income and unrelated busin										
		See section 509(a)(2). (Cor		(least coolier of the tarry in				a				
10		An organization organized a	. ,	ively to test for public sa	afetv. See	section 50)9(a)(4).					
11		An organization organized a	•	•	•			purposes of one or				
		more publicly supported or	· ·	•	•		•					
		lines 11a through 11d that										
а		Type I. A supporting orga	• •			•	, ,	giving				
		the supported organization	· ·	•	•	-						
		organization. You must c	omplete Part IV, Se	ections A and B.				•				
b		Type II. A supporting orga	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	ving				
		control or management o	· ·					-				
		organization(s). You mus			•			•				
С		Type III functionally inte			in connec	tion with, a	and functionally integrate	ed with,				
		its supported organization	-				• •	·				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.						
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following information	about the supporte	ed organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization in your	(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support (see instructions)	other support (see instructions)				
				, , , , , ,	Yes	No	instructions)	ilistructions)				
_	_											

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,089,116.	3,702,674.	2,196,818.	2,147,862.	2,100,800.	12,237,270.
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	2,089,116.	3,702,674.	2,196,818.	2,147,862.	2,100,800.	12,237,270.
	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.						12,237,270.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	2,089,116.	3,702,674.	2,196,818.	2,147,862.	2,100,800.	12,237,270.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	81.	153.	500.	509.	573.	1,816.
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.)			21,038.	4,030.	11,109.	36,177.
11							12,275,263.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I			olumn (f))		14	99.69 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	99.78 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the orga	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a ¡	publicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction:	s ▶□
						dula A (Earm 000	000 57 0045

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Total
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	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						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectic	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (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		
	- Ou		
	3b		
	3с		
	30		
	4a		
	4b		
	4D		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	_ =		
	9с		
	10a		
	iva		
	10b		
۰ ۵	90 or 90	n_E7	2015

Pai	rt IV Supporting Organizations (continued)			
	, i i i i i i i i i i i i i i i i i i i		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)			
		1a		
b		1b		
		1c		
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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			
	,, , , ,	3		
<u>Sec</u>	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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions) r		
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			
	· · · · · · · · · · · · · · · · · · ·	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			
-		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	· · · · · · · · · · · · · · · · · · ·	3a		
b				
	OLUS SUDDOTTED OFGANIZATIONS CITEMAS E DESCRIDE IN PAIT VI THE FOIE DIAVED BY THE OFGANIZATION IN THIS FEDARO	Rh I		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations							
1										
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A - Adjusted Net Income (A) Prior Year (B) Curre (option)										
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	y-integral	ed Type III supporting org	anization (see						
	instructions).			·						

Schedule A (Form 990 or 990-EZ) 2015

Par	Try Type III Non-Functionally Integrated 5	ບອ(a)(3) Supporting Orga	anizations _(continued)	1
Secti	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported organization	IS	
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 the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Doub VII o	ŭ
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME	
2013 AMOUNT: \$ 21,038.	
2014 AMOUNT: \$ 4,030.	
2015 AMOUNT: \$ 11,109.	
	_

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Nam	e of the organization VIDA		Employer identification number 39-2077094
Pai		d Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, line		or 71000ameter in the
	3.ga	(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 v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor of		•
Pai			
1	Purpose(s) of conservation easements held by the organization	·	,
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abov	•	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	har Similar Assats
Pai			ner Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
ıa	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	,	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		L ¢
	(i) Revenue included on Form 990, Part VIII, line 1		. .
0		pource or other similar assets for financial	
2	If the organization received or held works of art, historical treating amounts required to be reported under SEAS 1.		gain, provide
_	the following amounts required to be reported under SFAS 1:		• •
a	Revenue included on Form 990, Part VIII, line 1		
<u>a</u>	Assets included in Form 990, Part X		P Þ

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

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 VIDA							39-20			
Pai	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth	er Sim	ilar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at are a s	significan	it use of its	collection	n item	าร
	(check all that apply):										
а	Public exhibition	d	ш	Loan or exc	hange progr	ams					
b	Scholarly research	е	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizat	ion's exe	mpt pur	pose in Pai	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			L	Yes		_ No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered	"Yes" or	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets no	t include	d _	_		_
	on Form 990, Part X?							L	Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:				_			
									Amount	<u> </u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance								_		_
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liab	ility?	L	Yes	Ļ	∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line	10.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	e years back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administe	ered for t	the organ	nization	-		
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	D, Part I	V, line 11a. S	See Form 990	0, Part X	, line 10.				
	Description of property	(a) Cost or o		(b) Cost	or other		.ccumula		(d) Bool	k valu	ie
		basis (investr	nent)		(other)	de	preciatio	n			•
1a	Land				8,622.						22.
b	Buildings			27	1,883.		29,9	907.	24	1,9	76.
С	Leasehold improvements			_							
d	Equipment			8	6,662.		53,	676.	3:	2,9	86.
_	Othor	I		I		1		1			

Schedule D (Form 990) 2015

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

283,584.

Dort VIII Investments Other Counties				2011034 Page
Part VII Investments - Other Securities.	on Form 000 D "	/ line 11h C F 222	Dort V. line 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV (b) Book value			d of year market value
- 1 1	(b) Book value	(C) Method of V	aluation. Cost of end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	5 000 D III	/ II	D 1 1 1 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value			d-of-year market value
	(b) Dook value	(C) Welliod of V	Valuation. Oost of end	u-or-year market value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		m 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(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.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Par		ion of Revenue per Audited Financ		er Return	-
		e organization answered "Yes" on Form 990, P		1.1	2 112 402
1	· ·	and other support per audited financial statem	ents	1	2,112,482.
2		line 1 but not on Form 990, Part VIII, line 12:			
		losses) on investments			
b		use of facilities			
C		ar grants			
d		t XIII.)			0.
	Add lines 2a through 2				2,112,482.
3		line 1 Form 990, Part VIII, line 12, but not on line 1:			2,112,402
4		not included on Form 990, Part VIII, line 7b	40		
a			- I		
b	Add lines 4a and 4b	t XIII.)	· · · · · · · · · · · · · · · · · · ·	4c	0.
5		es 3 and 4c. (This must equal Form 990, Part I,		···· — —	2,112,482.
		ion of Expenses per Audited Finan			
		e organization answered "Yes" on Form 990, P	- · · · · · · · · · · · · · · · · · · ·	, , , , , ,	
1		sses per audited financial statements		11	2,046,705.
2		line 1 but not on Form 990, Part IX, line 25:			
		use of facilities	2a		
b		3			
c					
d		t XIII.)			
		2d	•	2e	0.
3		line 1			2,046,705.
4		Form 990, Part IX, line 25, but not on line 1:			· ·
а		not included on Form 990, Part VIII, line 7b	4a		
		t XIII.)			
		,		4c	0.
5		ines 3 and 4c. (This must equal Form 990, Part			2,046,705.
	rt XIII Supplemen				
	-	uired for Part II, lines 3, 5, and 9; Part III, lines I, lines 2d and 4b. Also complete this part to p		line 4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2	:			
ГНІ	E ORGANIZATI	ON HAS ADOPTED THE STAN	DARD FOR ACCOUNTING F	OR UN	CERTAIN TAX
208	SITIONS. THE	STANDARD PRESCRIBES A	RECOGNITION THRESHOLD	AND I	MEASUREMENT
PR]	INCIPLES FOR	THE FINANCIAL STATEMEN	T RECOGNITION AND MEA	SUREM	ENT OF TAX
208	SITIONS TAKE	N OR EXPECTED TO BE TAK	EN ON A TAX RETURN TH	AT ARI	E NOT
CEF	RTAIN TO BE	REALIZED.			

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.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

	5 57 till	o organization					Employer lacitum	oution number
VII	DA						39-207709	4
Pa		General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ		
	'	Form 990, Part IV	/, line 14b.					
1	For g	rantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
	the g	rantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes No
2			ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
•		d States.	la a dalla colona Dand	. I. line O telele e		\		
3					an be duplicated if additional space is r		(ity lieted in (d)	(f) Total
	(6	a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d) gram service,	(f) Total expenditures
			in the region	independent contractors	services, investments, grants to		specific type	for and investments
				contractors in region	recipients located in the region)	of service	ce(s) in region	in region
CENT	rral A	MERICA AND		irregion				
THE	CARIE	BBEAN -				BASE OF OPE	RATIONS FOR	
ANT]	IGUA 8	BARBUDA,				RECEIVING V	OLUNTEERS AND	
ARUE	BA, BA	AHAMAS,	3	24	PROGRAM SERVICES	CO-ORDINATI	NG TRIPS	1,939,472.
3 a	Sub-t	otal	3	24				1,939,472.
b		from continuation						
		s to Part I	0	0				0.
С		s (add lines 3a		_				
	and 3	(h)	ı 3	24				1 939 472.

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by									
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
3 Enter total number of other organizations or entities									

VIDA

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 (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

39-2077094 Page 4 Schedule F (Form 990) 2015 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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 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; do not file with Form 990) _____ Yes 🗓 Yes 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) 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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)

Instructions for Form 5713; do not file with Form 990)

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

Schedule F (Form 990) 2015

6

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE O

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization VIDA	39-2077094
THE VIDA PROGRAM FOCUSES MAINLY ON THE STERILIZATION OF F	ELINES AND
CANINES IN FIELD CLINICS. PARTICIPANTS WILL ALSO GAIN EXP	PERIENCE
WORKING WITH LARGE ANIMALS. VOLUNTEERS WHO PARTICIPATE IN	OUR PROGRAM
WILL HAVE AN INTERACTIVE EXPERIENCE THAT IS UNIQUE TO VID)A.
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 FORM IS REVIEWED BY THE BOARD MEMBERS PRIOR TO FI	LING.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, C	CONFLICT OF
INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC.