

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning OCT 1, 2018 and ending SEP 30,

Inspection

Α	For the	= 2018 calendar year, or tax year beginning OCT $=$ 1, $=$ 2018 and ending	SEP 30, 2019	9
	Check if	C Name of organization		ification number
_ 8	applicabl	e:	D Employer identification number 39 - 2077094 39 - 2077094 39 - 2077094 39 - 2077094 39 - 2077094 39 - 2077094 39 - 2077094 39 - 2077094 39 - 2077094 40 - 22206 40 - 22206 40 - 22206 5	
	Addre	SS VTDA		
F	Name			2077094
H	Initial	*		
H	return Final	, ,		
	termin	-		
	Amen			
H				
_	-			
			ear of formation; 2006	M State of legal domicile; MIN
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Governance				
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ò	3			
<u>es</u>	5			
Activities &	6			
Act	7 a			
_	b	Net unrelated business taxable income from Form 990-T, line 38		-
ē	8			
en	9	, , , , , , , , , , , , , , , , , , , ,	C ABOVE OIL(s)(3)	
Revenue	10			
_	יין	Γ		
	13			
	14			
Se	15			-
Expenses	16a	A I	0	. 0.
ă	. b	· · · · · · · · · · · · · · · · · · ·		1 22 - 22
Ш	''			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
_		Revenue less expenses. Subtract line 18 from line 12	-6,079	. 84,128.
s or	9			
sets	20	Total assets (Part X, line 16)		
Net Assets	21	Total liabilities (Part X, line 26)		
			714,022	<u>. 798,150.</u>
	art II			
				ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.	
		Cincolana at affican	Data	
Sig	n	,	Date	
Hei	re			
			I Data I	DTIN
_		Print/Type preparer's name Preparer's signature	l if	
Paid			<u> </u>	11 0516510
	parer			41-0/46/49
Use	Only			62 600 5600
_		Number and street (or P.O. too. if mails not delivered to street address) Room(suite E Telephone number 2612 S ARLINGTON MILL DR 2612 S ARLINGTON MILL DR 2612 S ARLINGTON VA 22206 Control Value Value		
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		∆ Yes No

4d	Other program	services	(Describe	in Schedule	Ο.))
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(Expenses \$ including grants of \$

Total program service expenses ▶ 1,455,983.

) (Revenue \$

Form **990** (2018)

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Form 990 (2018) VIDA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		l x
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a		14a	Х	1
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a	>	
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 71	
15		4-		_▼
40	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	ا ا		\
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Par	990 (2018) VIDA 39-2077 rt IV Checklist of Required Schedules (continued)	094	P	age 4
ı aı	Officerial of frequired ochedules (continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	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	,,		v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	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?	200		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		-22
		38	х	
Par	Note. All Form 990 filers are required to complete Schedule O	1 30	-2	

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

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

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2 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 return	าร?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a	X	
b	If "Yes," enter the name of the foreign country: ▶ COSTA RICA, NICARAGUA, GUA				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				,,
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7.		х
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of qualified interlectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the grant in a propriet in male and touchle distributions under cartier 10000		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
а	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.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	L			
	officer, director, trustee, or key employee?			.	2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			г	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 95			· Г	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?			5		X
6	Did the organization have members or stockholders?			.	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			.	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, 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	r by th	e following:				
а	The governing body?			L	8a	X	
b	Each committee with authority to act on behalf of the governing body?			.	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached and the section of the section	hed a	t the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	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 characteristics.	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	e filing the form?	L	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			L			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			.	12a	X	
b	$Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	flicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ "	es," a	escribe				
	in Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			.	13		X
14	Did the organization have a written document retention and destruction policy?			.	14		X
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			L			
	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 arrangement	nent w	ith a	L			
	taxable entity during the year?			Ļ	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			ļ			
	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 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)s (only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest policy, a	nd f	inanci	al	
	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 boo	ks an	d records				
	LUCIA LEMUS - 888-365-8432		2006				
	2612 S ARLINGTON MILL DR NO. APT C ARLINGTON VA	- 77	フロん				

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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)	(B)			(C	C)			(D)	(E)	(F)
Name and Title	Average hours per	box	Position (do not check mot box, unless personal)			than o	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	officer of the policy of the p	Key employee	Highest compensated snat-		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CURTIS LARSEN	1.00								0	
PRESIDENT (2) HEATHER JOST	1.00	Х		Х				0.	0.	0
SECRETARY	1.00	Х		x				0.	0.	0
(3) MICHELLE DE OBESO HERNANDEZ	1.00	Δ		^				0.	0.	<u> </u>
TREASURER	1.00	х		х				0.	0.	0
(4) DR. BRUCE M. OBERSTAIN	1.00									
ACADEMIC ADVISOR		Х		Х				0.	0.	0
(5) LUCIA LEMUS EXECUTIVE DIRECTOR	40.00	-		x				64,350.	0.	3,861
								3273333		37002
		-								

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Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck) than c	one	Reportable	Reportable			stimate	
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	- 1	ar	nount	of
		week (list any	<u> </u>	CCI aii		1 0010	7,1143		from	from related	- 1		other	
		hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	e or 0	stee			satec		(W-2/1099-MISC)	(***27 1099-14110	0,		anizat	
		organizations	truste	nstitutional trustee		yee	mper		(** 2) 1000 (***)			-	d relat	
		below	idual	tution	l la	Key employee	est co loyee	Jer.				orga	anizati	ons
		line)	Indj	Insti	Officer	Key 6	Highest compensated employee	Former						
		1												
		+												
		+												
1b	Sub-total	•				•		<u> </u>	64,350.		0.		3,8	61.
	Total from continuation sheets to Part V								0.		0.		-	0.
	Total (add lines 1b and 1c)								64,350.		0.		3,8	61.
2	Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
											1		Yes	No
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the s	•							· · · · · · · · · · · · · · · · · · ·	-				77
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or	•				•		elate	ed organization or individ	lual for services		_		v
Sec	rendered to the organization? If "Yes." cortion B. Independent Contractors	nplete Schedule	9 <i>J f</i>	or st	ıch <u>r</u>	oers	on .					5		X
1	Complete this table for your five highest co	mponeated inc	lono	ndo	ot co	ntro	actor	rc th	ast received more than \$	100 000 of comp	oncat	ion fr		
•	the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·	CIISAI	1011 110	וווכ	
	(A)	trio odioridai y	Jui C	, i i dii	<u>19 W</u>	1011	J1 VV1	<u> </u>	(B)	Jan.		((2)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С		nsatio	n
								_						
								\dashv						
	Takal musah an at hada a da a da a da a	San and the salt of the salt o						1	ata a calvada a series de la calvada a series	11				
2	Total number of independent contractors (ot IIr	nited	ı to i	thos ()		tea	above) who received mo	ore than				
	\$100,000 of compensation from the organ	ızatiori 🟲										Form	990 /	2010)

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Form 990 (2018) VIDA
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S (0	1.0	Enderstad compaigns	1a			Tovolido	Tovolido	312 - 314
ants		Federated campaigns						
G Jou		Membership dues						
fts, Ar		Fundraising events						
igi		Related organizations	······					
ns, Sim		Government grants (contribution						
utio er (т	All other contributions, gifts, grants		000 707				
ribi		similar amounts not included abov		808,707.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1			1,808,707.			
<u>S</u>	<u>n</u>	Total. Add lines 1a-1f						
	_			Business Code				
ice	2 a							
erv ue	b							
n S /en	С.							_
ıraı Re	d							_
Program Service Revenue	e							_
ъ	•	All other program service rever	nue					
_			di dalam da disasan					
	3	Investment income (including of			3,119.			3,119.
		other similar amounts)			3,119.			3,119.
	4	Income from investment of tax						_
	5	Royalties	(i) Real					
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	р	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
9		Net gain or (loss)Gross income from fundraising		·················· P				
		including \$	of					
Other Revenu		contributions reported on line	,					
FΡ		Part IV, line 18						
)th	b	Less: direct expenses	b					
0	С	Net income or (loss) from funda	raising events	_				
	9 a	Gross income from gaming act						
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ng activities	<u></u>				
	10 a	Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales		<u></u>				
		Miscellaneous Revenue		Business Code				4 651
		MISCELLANEOUS IN		900099	4,651.			4,651.
	b							
	c							
		All other revenue			4,651.			
	e 12	Total. Add lines 11a-11d			1,816,477.	0.	0.	7,770.
	12	Total revenue. See instructions		=	<u> </u>	ı	0.	1,110.

Form 990 (2018) VIDA Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	69,181.	30 374	29,807.	
_	trustees, and key employees	09,101.	39,374.	29,007.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	308,749.	214,695.	94,054.	
7 Ω	Other salaries and wages	300,743.	214,UJJ•	J=,UJ=•	
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	60,873.	43,418.	17,455.	
9	Other employee benefits	5,954.	3,522.	2,432.	
0	Payroll taxes	3,334.	3,322.	2,432.	
1	Fees for services (non-employees):				
a		3,366.		3,366.	
b		13,922.		13,922.	
_	Accounting	15,522.		15,522.	
d	B (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
e	Investment management fees				
f g					
9	column (A) amount, list line 11g expenses on Sch 0.)	312,910.	312,303.	607.	
2	Advertising and promotion	5,307.	5,307.	0071	
3	Office expenses	61,192.	27,614.	33,578.	
4	Information technology	14,656.	2,828.	11,828.	
5	Royalties				
6	Occupancy	25,324.	5,065.	20,259.	
7	Travel	33,588.	16,794.	16,794.	
8	Payments of travel or entertainment expenses	,	, -	- , -	
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,982.	4,991.	4,991.	
0	Interest	5,594.	3,356.	2,238.	
1	Payments to affiliates	·	-		
2	Depreciation, depletion, and amortization	14,769.	4,916.	9,853.	
3	Insurance	13,020.	11,903.	1,117.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	TRIP EXPENSES	640,269.	640,269.		
a b	MEDICAL SUPPLIES	102,038.	102,038.		
c	LOGISTICS	17,367.	17,367.		
d	SUBSCRIPTIONS	13,041.	, , , , , ,	13,041.	
	All other expenses	1,247.	223.	1,024.	
5 5	Total functional expenses. Add lines 1 through 24e	1,732,349.	1,455,983.	276,366.	С
6	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 (2018)
Part X | Balance Sheet

VIDA

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			462,500.	1	532,677.
	2	Savings and temporary cash investments			269,464.	2	256,410
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,497.	4	15,069
	5	Loans and other receivables from current and fo					·
	_	trustees, key employees, and highest compensa		' ' ' I			
		Part II of Schedule L		· ·	129,088.	5	140,223
	6	Loans and other receivables from other disqualif			,	_	•
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Down and a superior and a defended a language				9	
		Land, buildings, and equipment: cost or other	I I			_	
		basis. Complete Part VI of Schedule D	10a	261,257.			
	b	Less: accumulated depreciation		114,388.	141,376.	10c	146,869
	11	Investments - publicly traded securities				11	-
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	1,020,925.	16	1,091,248		
	17	Accounts payable and accrued expenses	96,159.	17	109,080		
	18	Grants payable		18			
	19	Deferred revenue			155,383.	19	134,054
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to current and former					
ii ti		key employees, highest compensated employee	s, and d	isqualified persons.			
Liabilities					FF 264	22	10.051
_	23	Secured mortgages and notes payable to unrela			55,361.	23	49,964
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			306,903.	25	202 000
	26	Total liabilities. Add lines 17 through 25		N V	300,903.	26	293,098
		Organizations that follow SFAS 117 (ASC 958		here 🕨 🛕 and			
ses	0.7	complete lines 27 through 29, and lines 33 and			714,022.	07	798,150
ano	27	Unrestricted net assets			/14,022•	27 28	750,150
Bal	28 29	Temporarily restricted net assets				29	
nd	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A:		chock horo		29	
F			3C 936)	, check here			
SO	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds		F		30	
set	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
7		Total net assets or fund balances			714,022.	33	798,150
ž	33						

Form **990** (2018)

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Form 990 (2018)

VIDA

Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,73		
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71	<u>4,0</u>	<u> 22.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	79	8,1	<u>50.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Pa	rt I	Reason for Public C	Charity Status (All organizations must co	mplete th	s part.) Se	e instructions.	
he	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti						
3		A hospital or a cooperative					i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	rnmental i	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe		1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org				ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	olete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distr	bution rec	uirement and an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f		er the number of supported o						
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		Tappers (coo menachens)
ota	ıl							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2147862.	2100800.	1947224.	1551701.	1808707.	9556294.
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	2147862.	2100800.	1947224.	1551701.	1808707.	9556294.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						9556294.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2147862.	2100800.	1947224.	1551701.	1808707.	9556294.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	509.	573.	1,023.	1,904.	3,119.	7,128.
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.)	4,030.	11,109.	9,159.	565.	4,651.	29,514.
11	Total support. Add lines 7 through 10						9592936.
12	• • • • • • • • • • • • • • • • • • • •	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	99.62 %
15	Public support percentage from 2017	Schedule A, Part	I, line 14			15	99.50 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check th	is box and stop h	iere. Explain in Pai	t VI how the orgar	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the)
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(-,	() =	(-)	(4)	(-,	(-)
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) organiza	ation,
_	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I		•	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2018. If the						7 is not
L	more than 33 1/3%, check this box ar						▶
K	33 1/3% support tests - 2017. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
30		
4a		
- iu		
4b		
4c		
5a		
5b		
5c		
6		
0		
7		
8		
-		
9a		
Oh		
9b		
9c		
35		
10a		
10b		

Pai	art IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	т —
			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	1		
Sec	the supported organization(s). ction D. All Type III Supporting Organizations			
	ouen zerriii typo in cappotanig otganiizatione		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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			
<u> </u>	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
a	e complete zerom			
b	The semple seems	(
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.	y (see instructions,	Yes	No
a			163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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	on 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		d Type III supporting oras	anization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2018

· ui	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	}	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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					
2014 AMOUNT: \$ 4,030.					
2015 AMOUNT: \$ 11,109.					
2016 AMOUNT: \$ 9,159.					
2017 AMOUNT: \$ 565.					
2018 AMOUNT: \$ 4,651.					

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Employer identification number

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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

VIDA

39-2077094

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

Name of organization

Employer identification number

VIDA

39-2077094

art II Nonc	ash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
a) o. om irt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ =		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =			
		S	1

Name of organization **Employer identification number** VIDA 39-2077094 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 39-2077094

	VIDA			39-2077094
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	nds 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	writing that the assets held in donor advis	ed funds	
Ū	are the organization's property, subject to the organization's	S .		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
Ü	for charitable purposes and not for the benefit of the donor or			
		, , , ,	comerning	Yes No
Par		rapization answered "Vas" on Form 900	Part IV line 7	
			raitiv, iiiie i	•
1	Purpose(s) of conservation easements held by the organization	`		tout loved over
	Preservation of land for public use (e.g., recreation or e	· —	•	
	Protection of natural habitat	Preservation of a cer	tified historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		I .	
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	•	ıre	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing cons	servation ease	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easemen	ts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, a	nd balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organizat	on's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and bala	nce sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheral	nce 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	C 958), to report in its revenue statement	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec			
	relating to these items:	,	, ,	3
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
				\$
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under SFAS 11		. gani, providi	•
•	Revenue included on Form 990, Part VIII, line 1			\$
			_	
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990	··········	Schedule D (Form 990) 2018
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	1/1 D. / 200 201 1/1 D. A						-	0 20	77004	. 0
Sche Pa r	dule D (Form 990) 2018 VIDA † III Organizations Maintaining C	ollections of Ar	t. Hist	orical Tre	asures o	r Other			77094	
3	Using the organization's acquisition, accession									
Ü	(check all that apply):	in, and other record	3, 011001	carry or the i	Ollowing that	arc a sigi	illicant uc	30 01 113 0	Oncotion ito	1113
а	Public exhibition	(ı 🗆	Loan or exc	hange progra	ams				
b	Scholarly research				nango progn					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ev further th	ne organizatio	on's exem	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit o									
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang					"Yes" on F	orm 990.	Part IV. I		
	reported an amount on Form 990, Par			3			,	,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contributions	s or other as:	sets not in	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ıstodial acco	unt liability	/?	🗀	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	the organization ar	swered	"Yes" on Fo	rm 990, Part					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	d) Three ye	ears back	(e) Four ye	ars back
1a										
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	•	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	red for the	organiza	tion		
	by:								Ye	es No
	(i) unrelated organizations								3a(i)	+-
									3a(ii)	+-
_	If "Yes" on line 3a(ii), are the related organiza								3b	
Dar	Describe in Part XIII the intended uses of the		wment f	unds.						
Par			. D	/ 15 dd - ^	F 000	D-2V"	40			
	Complete if the organization answered			Ĺ				. г	(1) 5	
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book v	alue
		basis (investi	nent)	Dasis	(other)	aepr	eciation			

		,	<u>, , , , , , , , , , , , , , , , , , , </u>								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value							
1a Land		4,311.		4,311.							
b Buildings		140,432.	23,119.	117,313.							
c Leasehold improvements											
d Equipment		116,514.	91,269.	25,245.							
e Other											
Total Add lines 1a through 1e (Calumn (d) must equa	J. Farm 000 Bart V. aakin	mm (D) line 10e)	Total Add lines 1a through 1a. (Caliuma (d) must assure Forms 000, Part V. actions (D) line 10a.)								

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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 111/	" 11 O E 200 B 1 V " 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	od-of-vear market value
·	(b) book value	(c) Method of Valdation. Cost of el	iu-or-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u> </u>	•	
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 Part X Other Liabilities.	e 15.))	<u> </u>
	5 000 D 1 11/		_
Complete if the organization answered "Yes"	on Form 990, Part IV,		<u>5.</u>
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
Total (Column (b) must equal Form 990, Part X, Col. (B) line			

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) 2018

Sche	edule D (Form 990) 2018 VIDA			<u> 2077094</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St		e per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.	T . T	1 01 0	477
1	The state of the s		1	1,816,	4//.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما			
a	3 ()				
b					
c	Recoveries of prior year grants	1			
d	,		20		0.
е 3				1,816,	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,010,	, -
т	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
			4c		0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1:		5	1,816,	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	es per Return		, <u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV,		•		
1	Total expenses and losses per audited financial statements		1	1,732,	349.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			, ,	
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d					
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1			1,732,	349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
С	Add lines 4a and 4b	<u></u>	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,732,	349.
Pa	rt XIII Supplemental Information.	,			
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XIII lines 2:		art V, line 4; Part X	, line 2; Part X	I,
THI	E ORGANIZATION HAS IMPLEMENTED THE ACCO	OUNTING GUIDANCE	FOR UNCE	ERTAINTY	7
IN	INCOME TAXES AND MANAGEMENT BELIEVES T	HAT THERE ARE 1	O UNCERTA	IN TAX	
POS	SITIONS FOR WHICH EITHER RECOGNITION OF	R DISCLOSURE IS	REQUIRED	IN THE	
FI	NANCIAL STATEMENTS.				

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

VIDA				39-207709	
Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part IV					
			ds to substantiate the amount of its gra		🖂
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Described United States.	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	ide the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	3	22		BASE OF OPERATIONS FOR RECEIVING VOLUNTEERS AND COORDINATING TRIPS	1,565,214.
CENTRAL AMERICA AND	3	22		BASE OF OPERATIONS FOR RECEIVING VOLUNTEERS AND COORDINATING TRIPS	20,262.
THE CARIBBEAN	3	22	PROGRAM SERVICES	COORDINATING TRIPS	20,262.
3 a Subtotal	6	44			1,585,476.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	6	44			1,585,476.

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

Schedule F (Form 990) 2018

Page 2

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. Schedule F (Form 990) 2018 Part II

VIDA

, MV,	1			1			188
(i) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2018
(h) Description of noncash assistance							Sched
(g) Amount of noncash assistance						empt	
(f) Manner of cash disbursement						ecognized as tax-ex	
(e) Amount of cash grant						oreign country, re	
(d) Purpose of grant						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	
(c) Region						s listed above that are recisel has provided a sectio	entities
(b) IRS code section and EIN (if applicable)						recipient organizations	other organizations or
1 (a) Name of organization							 Enter total number of other organizations or entities

30

Page 3

VIDA

Schedule F (Form 990) 2018 VIDA 39 – 2077094

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)					Schedule F (Form 990) 2018
(g) Description of noncash assistance					Schec
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

31

<u>Schedule F (Form 990) 2018 VIDA 39-2077094 Page 4</u>

	(1 01111 000) 2010	
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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization	IDA								-	ident 770		on nu	mber
		ons (section 50)1(c)(3	3), sect	ion 501(c)(4), and 501	1(c)(29) orga	anizations			770			
Complete if the c	organization ansv	vered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	, or Form 9	90-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualified p	(b) F	Relationship betv			ified) Description	n of tran	sactio	n		(d)	Corre	cted?
— (a) Name of disquaimed p	1013011	person and or	ganıza	ation	(0	, Description	- I OI II AII	Sactio	-		Y	es	No
											+	_	
											+	-	
											+		
2 Enter the amount of tax in	ncurred by the o	rganization mana	agers	or disc	qualified persons duri	ng the year	under						
section 4958	if any on line 2	ahovo roimbure	od by	the or					► \$ ► \$				
3 Litter the amount of tax,	ii ariy, ori iirle 2,	above, reimburs	eu by	ii le Oi (gariizatiori				Ψ				
Part II Loans to and	l/or From Int	erested Pers	ons.										
Complete if the o	organization ansv	vered "Yes" on F	orm 9	990-EZ	, Part V, line 38a or F	orm 990, P	art IV, line	e 26; d	or if th	e orga	nizatio	n	
reported an amo										/I- \ An	nravad		
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	oan to or m the ization?	(e) Original principal amount	(f) Baland	ce due	ie (g) In default?		(h) Ap by bo comm	ard or	(i) W agree	ritten ment?
				From				Yes	No	Yes	No	Yes	No
SONDRA ELIZONDO	EXECUTIV	PURCHASE		Х	118,080.	140,	223.		Х		Х		Х
				+									
							200						
Total Part III Grants or As	sistance Ber	efiting Inter	eto.	d Par	> \$	140,	223.						
Complete if the c		_											
(a) Name of interested p		(b) Relationship			(c) Amount of		(d) Type	of		(e) Purp	ose of	f
()		interested pers	on an		assistance		assistan			•	assist		
		the organiza	ation										
									_				
									-				
					_								

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	ation's
	person and the organization	transaction	transaction	reven	ues? No
				162	INO
Part V Supplemental Information.					
	sponses to questions on Schedule L (see i	nstructions).			
			_		
SCHEDULE L, PART II, LOAN	S TO AND FROM INTERES	TED PERSONS	5:		
(A) NAME OF PERSON: SONDR	A ELIZONDO				
, 01 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
(B) RELATIONSHIP WITH ORG	ANIZATION: EXECUTIVE	DIRECTOR			
/C) DUDDOGE OF LOAM, DUDG	HACE OF THEFFER IN D	HOTNECC DD) DEDMY		
(C) PURPOSE OF LOAN: PURC	HASE OF INTEREST IN B	USINESS PRO	PERTI		

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2018
Open to Public 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.

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

Schedule O (Form 990 or 990-EZ) (2018)

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

CLINICAL AND PRACTICAL EXPERIENCE IN THE FIELD OF VETERINARY MEDICINE.

Name of the organization VIDA Employer identification number 39-2077094

THE VIDA PROGRAM FOCUSES MAINLY ON THE STERILIZATION OF FELINES AND

CANINES IN FIELD CLINICS. PARTICIPANTS WILL ALSO GAIN EXPERIENCE

WORKING WITH LARGE ANIMALS. VOLUNTEERS WHO PARTICIPATE IN OUR PROGRAM

WILL HAVE AN INTERACTIVE EXPERIENCE THAT IS UNIQUE TO VIDA.

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** 39-2077094 VIDA A MEETING AT WHICH QUORUM IS PRESENT-THAT IS, BY A SUPERMAJORITY OF THE ENTIRE BOARD (NOT INCLUDING A CONFLICTED DIRECTOR(S)), EVEN THOUGH THE NON-CONFLICTED DIRECTORS MAY CONSTITUTE LESS THAN A QUORUM. DELIBERATIONS BY THE BOARD REGARDING THE CONFLICT, AND ACTION TAKEN ON THE PROPOSED TRANSACTION OR ACTION, SHALL BE RECORDED IN BOARD MINUTES, PREPARED NO LATER THAN 60 DAYS AFTER THE MEETING AT WHICH DELIBERATIONS WERE HELD. VOTES OF EACH DIRECTOR IN SUPPORT OR IN OPPOSITION TO THE TRANSACTION OR ACTION SHALL BE NOTED. ALL RESPONSIBLE PERSONS ARE OBLIGATED TO NOTIFY THE BOARD IF THEY BELIEVE AN INDIVIDUAL DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE A CONFLICT, AND THE PROCEDURE SET OUT IN THIS POLICY SHALL BE EMPLOYED BY THE BOARD IN ALL SUCH INSTANCES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER FEES: PROGRAM SERVICE EXPENSES 312,303. 607. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 312,910. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 312,910.

2018.05050 VIDA

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 39-2077094

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

VIDA

Name of the organization

Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ASOCIACION VIDA VOLUNTEERS FOR INTERCULTURAL TO POSITIVELY	TO POSITIVELY IMPACT THE				
AND DEFINITIVE ADVENTURES, 450 MTS SUR DE	QUALITY OF LIFE IN				
MCDONALD'S PLAZA DEL SOL CURRIDABAT, , SAN	UNDERSERVED COMMUNITIES	COSTA RICA	14,825.	280,948. VIDA	TIDA
ASOCIACION VIDA VOLUNTARIOS GUATEMALA	TO POSITIVELY IMPACT THE				
ALDEA SANTA INES DEL MONTE PULCIANO, CASA NO QUALITY OF LIFE IN	QUALITY OF LIFE IN				
, LA ANTIGUA, GUATEMALA	UNDERSERVED COMMUNITIES	GUATEMALA	2,436.	36,932. VIDA	TIDA
FUNDACION VOLUNTARIOS PARA AVENTURAS DE	TO POSITIVELY IMPACT THE				
NICARAGUA, CALLE LIMON, DE LA GASOLINERA	QUALITY OF LIFE IN				
PUMA 4 CUADRAS AL SUR, CONTIGUO A ROLOP, ,	UNDERSERVED COMMUNITIES	NICARAGUA	946.	25,611. VIDA	TIDA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

ī			ı	ı			1	1			
(a)	Section 512(b)(13) controlled	entity?	s No								
:	Section		Yes								
(£)	Direct controlling	entity									
(e)	Public charity	status (if section	501(c)(3))								
(p)	Ä										
(၁)	Legal domicile (state or	foreign country)									
(q)	Primary activity										
(a)	Name, address, and EIN	of related organization									

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

VIDA

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2018 Part III

Page 2

39-2077094

General or Percentage managing ownership		
(j) General or managing partner? Yes No		
Code V-UBI Geramont in box ma amount in box E20 of Schedule E8 K-1 (Form 1065) Ye		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

] I	ı	I	Ī	I	i
i) xtion b)(13) rolled iity?	2				
Sec 512(cont	Sa				
(h) (i) Section Percentage 512(b)(13) controlled entity?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Type of entity (C corp., S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Schedule R (Form 990) 2018

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	with one or more rel	le. transactions with one or more related organizations listed in Barts II.N/2	n Dorte II.IV.	Yes	Š
				1a	
_				4	
c Gift, grant, or capital contribution from related organization(s)				1c	
				1d	
Loans or loan quarantees by related organization(s)				1 e	
f Dividends from related organization(s)				#	
g Sale of assets to related organization(s)				19	
				#	
Exchange of assets with related organization(s)				1-	
j Lease of facilities, equipment, or other assets to related organization(s)				1,	
k ease of facilities equipment or other assets from related organization(s)				÷	
	nization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	
				-1u	
o Sharing of paid employees with related organization(s)				10	
				10	
q Reimbursement paid by related organization(s) for expenses				19	
Other transfer of sach as assessed to soleted assessing the soleted of				7	
Other transfer of cash or property from related organization(s)				= 4	
If the answer to any of the above is "Yes," see the instructions for infor	ho must complete thi	mation on who must complete this line, including covered r	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved	
(1)					
(2)					
(3)					
(5)					
(9)					
832163 10-02-18	41		Sched	Schedule R (Form 990) 2018) 2018

Page 4

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

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

	, ,	•	•	•	•	•	,	
(k) Percentage ownership								Schedule R (Form 990) 2018
(j) General or F managing partner? Yes No								(Form
Ger 20 ma 1 pa							1	ule B
(h) (i) (j) (k) Disproportional propertional allocations? Code V-UBI ceneral or percentage managing managing partner? Percentage partner? ves No (Form 1065) ves No								Sched
(h) Disproportionate allocations?								
Dis allo								
(g) Share of end-of-year assets								
(f) Share of total income								
Are all Are all 501(c)(3) orgs.?								
(d) Predominant income proceed (related, unrelated, excluded from tax under sections 512-514)								
(c) Legal domicile (state or foreign e								
(b) Primary activity								
(a) Name, address, and EIN of entity								

2018.05050 VIDA

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

STATE COPY

Mail To:

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

CHARITABLE ORGANIZATION

STATE OF MINNESOTA

ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information	
Legal Name of Organization VIDA	
Federal EIN: 39-2077094	Fiscal Year-End: 09302019 mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: LUCIA LEMUS Contact Person	Physical Address: LUCIA LEMUS Contact Person
2612 S ARLINGTON MILL DR, NO. APT C Street Address ARLINGTON, VA 22206	2612 S ARLINGTON MILL DR, NO. APT C Street Address ARLINGTON, VA 22206
City, State, and ZIP Code 888-365-8432	City, State, and ZIP Code 888-365-8432
Phone Number LUCIA@VIDAVOLUNTEER • ORG Email Address	Phone Number LUCIA@VIDAVOLUNTEER.ORG Email Address
Organization's website:	Littali Address
List all of the organization's alternate and former names (attach list if	more space is needed). Alternate Former Alternate Former
List all names under which the organization solicits contributions (atta VIDA	ach list if more space is needed).
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No
5. Total amount of contributions the organization received from Minneso	ota donors: \$
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.	
7. Has the organization significantly changed its purpose(s) or program(Yes X No If yes attach explanation.	(s)?

C2

8.	Has the organization been denied the right to solicit contributions by any court or gove X No If yes, attach explanation.	rnment agency?						
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to						
	Name of Professional Fundraiser	Compensation						
	Street Address City, State, and ZIP Code							
10.	0. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.							
11.	Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than \$100,000? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$) receive total						
	Name and title	Compensation*	Other compensation					
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1	099-MISC (Box 7)						

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

SECTION B: Financial Information

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

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

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

(Line 14 minus Line 18)

Section B (continued): Statement of Functional Expenses

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

Coldi	mns B, C, and D must equal Column A. The amou	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S. Grants and other assistance to individuals in the U.S.				
2.					
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
<u>4.</u> 5.	Benefits paid to or for members Compensation of current officers, directors,				
3.	• • • • • • • • • • • • • • • • • • • •				
6.	trustees, and key employees Compensation not included above, to disqualified				
6.	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
0.	401(k) and section 403(b) employer contributions)				
9.					
	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance Other expanses Itemine expanses not severed				
24.	Other expenses. Itemize expenses not covered				
1	above. Expenses labeled miscellaneous may				
<u> </u>	not exceed 5% of total expenses (Line 25).				
a.					
	-				
C.					
d.					
	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organi-				
1	zation reported in Column B joint costs from a				
1	combined educational campaign and fundraising solicitation				
	ianaraising solicitation		1	1	1

Section C: Board of Directors Signatures and Acknowledgment

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

We, the undersigned, state and	I acknowledge that we are duly	constituted officers of this o	rganization, being the
PRESIDENT	(Title) and SE	ECRETARY	(Title) respectively, and
that we execute this document on	behalf of the organization pursu	uant to the resolution of the	
		_ (Board of Directors, Truste	es, or Managing Group) adopted on the
day of, 20	_, approving the contents of the	he document, and do hereby	certify that the
		_ (Board of Directors, Truste	es, or Managing Group) has assumed, and will continue
to assume, responsibility for determ	nining matters of policy, and ha	ive supervised, and will conti	nue to supervise, the operations and finances of the
organization. We further state that	the information supplied is true	, correct and complete to the	e best of our knowledge.
CURTIS LARSEN		HEATHER	JOST
Name (Print)		Name (Print)	
Signature		 Signature	
PRESIDENT		SECRETAR	Υ
Title		Title	
 Date		 Date	

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning 2019 OCT 1, 2018 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change VIDA Name change 39-2077094 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated арт с 2612 S ARLINGTON MILL DR 888-365-8432 **G** Gross receipts \$ 1,816,477. City or town, state or province, country, and ZIP or foreign postal code Amended return ARLINGTON, VA 22206 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LUCIA LEMUS for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.VIDAVOLUNTEER.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > . Year of formation: 2008 **M** State of legal domicile: **MN** Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO POSITIVELY IMPACT THE QUALITY Activities & Governance OF LIFE IN UNDERSERVED COMMUNITIES if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7h **Prior Year Current Year** 1,808,707. 1,551,701. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 1,904. 3,119. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 565 4,651. 1,554,170. 1,816,477 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 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) 447,709. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 444,757. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,112,540. 1,287,592. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,560,249. 1,732,349. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 84,128. -6,079. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** ,091,248. 1,020,925. Total assets (Part X, line 16) 306,903. 293,098 21 Total liabilities (Part X, line 26) 714,022. 798,150 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PRESIDENT LUCIA LEMUS, Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature LAUREN BALLARD, CPA LAUREN BALLARD, 02/14/20 P01451787 CPA self-employed Paid Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Preparer Firm's address ▶ 402 SOUTH KENTUCKY AVENUE,

LHA For Paperwork Reduction Act Notice, see the separate instructions.

LAKELAND, FL 33801-5354

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2018)

X Yes

Phone no. 863-680-5600

Use Only

SUITE 600

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2018)

Other program services (Describe in Schedule O.)

Total program service expenses

09320214 131839 077-082603-00

1,455,983.

including grants of \$

) (Revenue \$

39-2077094 Page 3

Form 990 (2018) 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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u> </u>
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?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	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		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.414	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	
15		45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
17		17		Х
12	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		
18		18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	,	19		х
20a	complete Schedule G, Part III	20a		X
		20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>- 1</u>	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
	Sometime government on the activity sometime to the rest continued Scriedule 1. Fails Land II	- 1		

832003 12-31-18

Form	990 (2018) VIDA 39-2077	7094	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	l		,,
	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		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		\ _{3,7}
	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	l		\ _{3,7}
	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,"		37	
	complete Schedule L, Part II	26	Х	
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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	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		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		125
32	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		125
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	21	
J-T	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
	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?	335		
00	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	00		
0,	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?	"		<u></u>
J J	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
-				

Form **990** (2018)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

	990 (2018) VIDA 39-2077	094	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► COSTA RICA, NICARAGUA, GUATEMALA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\vdash	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	i	ΙX

Form **990** (2018)

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

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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										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	L							
	officer, director, trustee, or key employee?			.	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			г	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 95			· Г	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?			5		X				
6											
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?										
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?										
8											
а	The governing body?			L	8a	X					
b	Each committee with authority to act on behalf of the governing body?			.	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed a	t the								
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	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 characteristics.	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	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	$Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	flicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ "	es," a	escribe								
	in Schedule O how this was done			.	12c	X					
13	Did the organization have a written whistleblower policy?			.	13		X				
14	Did the organization have a written document retention and destruction policy?			.	14		X				
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			L							
	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 arrangement	nent w	ith a	L							
	taxable entity during the year?			Ļ	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			ļ							
	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 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)s (only) a	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain										
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and to											
	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 boo	ks an	d records								
	LUCIA LEMUS - 888-365-8432		2006								
	2612 S ARLINGTON MILL DR NO. APT C ARLINGTON VA	- 77	フロん								

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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)	(B)			(C	C)			(D)	(E)	(F)
Name and Title	Average hours per	- I (do not check more				than o	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	officer of the point of the poi	Key employee	Highest compensated smployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CURTIS LARSEN	1.00								0	
PRESIDENT (2) HEATHER JOST	1.00	Х		Х				0.	0.	0
SECRETARY	1.00	Х		х				0.	0.	0
(3) MICHELLE DE OBESO HERNANDEZ	1.00	Δ		^				0.	0.	<u> </u>
TREASURER	1.00	х		х				0.	0.	0
(4) DR. BRUCE M. OBERSTAIN	1.00									
ACADEMIC ADVISOR		Х		Х				0.	0.	0
(5) LUCIA LEMUS EXECUTIVE DIRECTOR	40.00	1		x				64,350.	0.	3,861
								3273333		37002
		-								

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH t	ghe	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do		Pos Pos heck i ss per	C) itior more rson i	ີ່າ than is bot	one h an	(D) Reportable compensation	(E) Reportable compensatio	on	l	(F) stimate nount	
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	าร	fi org an	other opensation the panization d relation	e ion ed
		,	=	=	0	Ž	王ə							
1b	Sub-total							▶	64,350.		0.		3,8	
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	64,350.		0.			0. 61.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable	Э			0
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee.	, or l	highest compensated er	nployee on			Yes	No
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a													
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J f	or si	ıch <u>r</u>	oers	on					5		Х
1	Complete this table for your five highest conthe organization. Report compensation for										pensa	tion fro	om	
	(A) Name and business			ONI		1011	51 W		(B) Description of s		С		C) nsatio	n
	Tatal according to the state of	a alicable - Loca	-1"		44-	4 1= -	!!							
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		UT III	nited	u 10 1	tnos (_	ced	above) who received me	ore than				

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Form 990 (2018)	VIDA	39-20770
Part VIII	Statement of Revenue	

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S 8	1 a	Federated campaigns	1a					
aut	b	Membership dues			1			
يَ ق	c	Fundraising events			1			
ifts ar A	d	Related organizations			1			
ni,o	е	Government grants (contributi			1			
Sig	f	All other contributions, gifts, grant			1			
k či		similar amounts not included above		808,707.				
Ē	a	Noncash contributions included in lines		6,299.	1			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,808,707.			
				Business Code				
ě	2 a							
ěŘ	b							
S	С							
am	d							
Program Service Revenue	е							
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including			2 440			2 442
		other similar amounts)			3,119.			3,119.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			1			
		Gain or (loss)						
		Net gain or (loss)		D				
ne	8 a	Gross income from fundraising including \$	•					
Other Reven								
Be		contributions reported on line						
her	h	Part IV, line 18						
ŏ		Net income or (loss) from fund						
		Gross income from gaming ac						
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam		>				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold			1			
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS I		900099	4,651.			4,651.
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		>	4,651.			
	12	Total revenue. See instructions		>	1,816,477.	0.	0.	7,770.

832009 12-31-18

Form 990 (2018) VIDA Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	69,181.	30 374	29,807.	
_	trustees, and key employees	09,101.	39,374.	29,007.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	308,749.	214,695.	94,054.	
7 Ω	Other salaries and wages	300,743.	214,UJJ•	J=,UJ=•	
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	60,873.	43,418.	17,455.	
9	Other employee benefits	5,954.	3,522.	2,432.	
0	Payroll taxes	3,334.	3,322.	2,432.	
1	Fees for services (non-employees):				
a		3,366.		3,366.	
b		13,922.		13,922.	
_	Accounting	15,522.		15,522.	
d	B (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
e	Investment management fees				
f g					
9	column (A) amount, list line 11g expenses on Sch 0.)	312,910.	312,303.	607.	
2	Advertising and promotion	5,307.	5,307.	0071	
3	Office expenses	61,192.	27,614.	33,578.	
4	Information technology	14,656.	2,828.	11,828.	
5	Royalties				
6	Occupancy	25,324.	5,065.	20,259.	
7	Travel	33,588.	16,794.	16,794.	
8	Payments of travel or entertainment expenses	,	, -	- , -	
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,982.	4,991.	4,991.	
0	Interest	5,594.	3,356.	2,238.	
1	Payments to affiliates	·	-		
2	Depreciation, depletion, and amortization	14,769.	4,916.	9,853.	
3	Insurance	13,020.	11,903.	1,117.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	TRIP EXPENSES	640,269.	640,269.		
a b	MEDICAL SUPPLIES	102,038.	102,038.		
c	LOGISTICS	17,367.	17,367.		
d	SUBSCRIPTIONS	13,041.	, , , , , ,	13,041.	
	All other expenses	1,247.	223.	1,024.	
5 5	Total functional expenses. Add lines 1 through 24e	1,732,349.	1,455,983.	276,366.	С
6	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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VIDA

Form 990 (2018)
Part X Balance Sheet

Part X	Balance Sheet						
	Check if Schedule O contains a response or note	to any line	e in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			462,500.	1	532,677	
2	Savings and temporary cash investments			269,464.	2	256,410	
3	Pledges and grants receivable, net				3		
4	Accounts receivable, net			18,497.	4	15,069	
5	Loans and other receivables from current and for						
	trustees, key employees, and highest compensation	ted employ	rees. Complete				
	Part II of Schedule L		F	129,088.	5	140,223	
6	Loans and other receivables from other disqualifi						
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing				
	employers and sponsoring organizations of secti						
ွှ	employees' beneficiary organizations (see instr).				6		
Assets	Notes and loans receivable, net				7		
8 AS	Inventories for sale or use			8			
9	Prepaid expenses and deferred charges		9				
10 a	a Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	261,257.				
l t	b Less: accumulated depreciation		261,257. 114,388.	141,376.	10c	146,869	
11	Investments - publicly traded securities				11	-	
12	Investments - other securities. See Part IV, line 1			12			
13	Investments - program-related. See Part IV, line 1			13			
14		Intangible assets					
15	Other assets. See Part IV, line 11				14 15		
16	Total assets. Add lines 1 through 15 (must equa			1,020,925.	16	1,091,248	
17	Accounts payable and accrued expenses			96,159.	17	109,080	
18	Grants payable		18				
19	Deferred revenue			155,383.	19	134,054	
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete F				21		
, 22	Loans and other payables to current and former	officers, di	rectors, trustees,				
2	key employees, highest compensated employees	s, and disq	ualified persons.				
	Complete Part II of Schedule L		[22		
23	Secured mortgages and notes payable to unrelate			55,361.	23	49,964	
24	Unsecured notes and loans payable to unrelated	third parti	es		24		
25	Other liabilities (including federal income tax, pay	ables to re	elated third				
	parties, and other liabilities not included on lines	17-24). Co	mplete Part X of				
	Schedule D				25		
26	Total liabilities. Add lines 17 through 25			306,903.	26	293,09	
	Organizations that follow SFAS 117 (ASC 958)		ere 🕨 🗓 and				
≀	complete lines 27 through 29, and lines 33 and		L				
27	Unrestricted net assets			714,022.	27	798,15	
28	Temporarily restricted net assets				28		
29			<u> </u>		29		
5	Organizations that do not follow SFAS 117 (AS	SC 958), cl	neck here				
5	and complete lines 30 through 34.		L				
30	Capital stock or trust principal, or current funds				30		
31	Paid-in or capital surplus, or land, building, or eq				31		
27 28 29 29 31 32 32	Retained earnings, endowment, accumulated inc				32	= 4 4 = 1	
Z 33	Total net assets or fund balances			714,022.	33	798,150	
34	Total liabilities and net assets/fund balances			1,020,925.	34	1,091,248	

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Form 990 (2018)

VIDA

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		1,81					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,73					
3	Revenue less expenses. Subtract line 2 from line 1	3	84,128					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71	<u>4,0</u>	<u> 22.</u>			
5	Net unrealized gains (losses) on investments							
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)							
10								
	column (B))	10	79	8,1	<u>50.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	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							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2018)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

39-2077094 VIDA Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,		,			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2147862.	2100800.	1947224.	1551701.	1808707.	9556294.
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	2147862.	2100800.	1947224.	1551701.	1808707.	9556294.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						9556294.
	ction B. Total Support	г			r		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2147862.	2100800.	1947224.	1551701.	1808707.	9556294.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	500		1 000	1 004	2 440	E 100
	and income from similar sources	509.	573.	1,023.	1,904.	3,119.	7,128.
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	4 000	11 100	0 150	565	4 651	00 514
	assets (Explain in Part VI.)	4,030.	11,109.	9,159.	565.	4,651.	29,514.
	Total support. Add lines 7 through 10						9592936.
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-	s first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	. —
Sec	organization, check this box and storection C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2018 (I			aluman (fl)		14	99.62 %
						15	00 50
	Public support percentage from 2017 33 1/3% support test - 2018. If the control is the control is the control is the control in the control i						
104	stop here. The organization qualifies						. 37
h	33 1/3% support test - 2017. If the		-			or more, check thi	
	and stop here. The organization qual						
179	10% -facts-and-circumstances test						
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test	-	-		-		
Į,	more, and if the organization meets the	ū				·	
	organization meets the "facts-and-circ						,
12	Private foundation. If the organization						
<u></u>	i i i i i i i i i i i i i i i i i i i	and not officer a	557 OF III 15 10, 10	4, 100, 11a, 01 1/U	, oricon trilo box at	ia see iristructionis	·

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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							
3	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
•	ization's benefit and either paid to							
_	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							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6	` '	, ,	` '	, ,	, ,	,,	
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
(Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ıx year as a sectior	n 501(c)(3) organiza	ation,	
_	check this box and stop here							
Se	ction C. Computation of Publi	<u>c Support Per</u>	centage					
	Public support percentage for 2018 (I		•	olumn (f))		15	%	
	Public support percentage from 2017					16	%	
	ction D. Computation of Inves							
17		18 (line 10c, column (f), divided by line 13, column (f))17						
18						18		
19a	a 33 1/3% support tests - 2018. If the						7 is not	
L	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
K	b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3c		
30		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
40:		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction 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	stion C. Type II Supporting Organizations			<u> </u>
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	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			<u> </u>
	71 11 3 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	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			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
а		-		
b				
С		instructions!)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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	on 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		d Type III supporting oras	anization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2018

Par	Trype III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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 the	ne organization is responsive		
	(provide details in Part VI). See instructions.	g		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and a mile of the control of the con	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	anv. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
7	-			
•	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

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					
2014 AMOUNT: \$ 4,030.					
2015 AMOUNT: \$ 11,109.					
2016 AMOUNT: \$ 9,159.					
2017 AMOUNT: \$ 565.					
2018 AMOUNT: \$ 4,651.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 39-2077094

	VIDA		39-2077094	
Pai	t I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds	or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writin	on that the assets held in donor advi	sed funds	
Ū	are the organization's property, subject to the organization's exclu	•		No
6	Did the organization inform all grantees, donors, and donor advisor			110
Ū	for charitable purposes and not for the benefit of the donor or don			
				No
Pai				140
1	Purpose(s) of conservation easements held by the organization (cl		Tarry, into 7.	
'	Preservation of land for public use (e.g., recreation or education)		storically important land area	
	Protection of natural habitat	· —	rtified historic structure	
	Preservation of open space	Freservation of a ce	Timed historic structure	
0	Complete lines 2a through 2d if the organization held a qualified c	annon ation contribution in the form	of a concentration accoment on the last	
2	day of the tax year.	conservation contribution in the form		/005
_			Held at the End of the Tax \	eai
a				
b		a to always the Cal		—
С.	Number of conservation easements on a certified historic structure			—
d	Number of conservation easements included in (c) acquired after 7	•		
•	listed in the National Register			
3	Number of conservation easements modified, transferred, release	a, extinguisned, or terminated by th	e organization during the tax	
	year	na to to coas at 🔊		
4	Number of states where property subject to conservation easeme		-	
5	Does the organization have a written policy regarding the periodic			
•	violations, and enforcement of the conservation easements it hold			No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ning of violations, and enforcing cor	iservation easements during the year	
-	Assumed of supposed in assumed in a sum of a sum	of violetiene, and enfancing concern.	-ti	
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conserva	ation easements during the year	
•	> \$	inforther warm in the section 470	M-1/4/D)/3	
8	Does each conservation easement reported on line 2(d) above sat			NI.
•	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation ea include, if applicable, the text of the footnote to the organization's	•	· · · · · · · · · · · · · · · · · · ·	
		financial statements that describes	the organization's accounting for	
Pai	conservation easements. t III Organizations Maintaining Collections of Art	Historical Treasures or O	ther Similar Assets	
· u	Complete if the organization answered "Yes" on Form 990,	· ·	arci ominar Addeta.	
				—
та	If the organization elected, as permitted under SFAS 116 (ASC 95	•	·	
	historical treasures, or other similar assets held for public exhibition		ance of public service, provide, in Part XI	11,
	the text of the footnote to its financial statements that describes the			
р	If the organization elected, as permitted under SFAS 116 (ASC 95			
	treasures, or other similar assets held for public exhibition, educat	tion, or research in furtherance of pu	ublic service, provide the following amou	nts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
			·	
2	If the organization received or held works of art, historical treasure		al gain, provide	
	the following amounts required to be reported under SFAS 116 (A			
а	Revenue included on Form 990, Part VIII, line 1			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2	2018

146,869.

Schedule D (Form 990) 2018

4,311

25,245

117,313

depreciation

23,119.

91,269

4,311.

140,432.

116,514.

e Other

basis (investment)

b Buildings Leasehold improvements

d Equipment

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

Schedule D (Form 990) 2018 VIDA			39-2077094 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-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.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin		
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-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" of	on Form 990. Part IV. lin	e 11d. See Form 990. Part X. line 1	5.
	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	15 \		
Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV lin	e 11e or 11f See Form 990 Part X	line 25
. (a) Description of liability	111 01111 000, 1 art 10, 1111	(b) Book value	, 1110 20.
(1) Federal income taxes		.,,	
(2)			
(3)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Schedule D (Form 990) 2018

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2018 VIDA			<u> 2077094</u>	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	•	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	1 1	1 01 6	477
1	Total revenue, gains, and other support per audited financial statements		1	1,816,	477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-		
b	Donated services and use of facilities		-		
С	Recoveries of prior year grants		-		
d	Other (Describe in Part XIII.)				0
e	Add lines 2a through 2d		2e	1,816,	0.
3	Subtract line 2e from line 1		3	1,010,	4//•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		_		
b	Other (Describe in Part XIII.)		4.		0.
	Add lines 4a and 4b		4c	1,816,	
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line of XII Reconciliation of Expenses per Audited Financial S	(2.) Statements With Expenses per	5 Return	1,010,	4//•
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV,		ricturi		
_			Т. Т	1,732,	3/10
1	Total expenses and losses per audited financial statements		1	1,734,	343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities		-		
b	Prior year adjustments	l l	-		
С	Other losses		\dashv		
d	Other (Describe in Part XIII.)				0
	Add lines 2a through 2d		2e	1 720	0.
3	Subtract line 2e from line 1		3	1,732,	349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_		
b	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line	2.18.)	5	1,732,	349.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		4; Part X	, line 2; Part X	l,
PAF	RT X, LINE 2:				
THE	ORGANIZATION HAS IMPLEMENTED THE ACC	OUNTING GUIDANCE FOR	UNCE	ERTAINTY	•
IN	INCOME TAXES AND MANAGEMENT BELIEVES	THAT THERE ARE NO UN	CERTA	IN TAX	
POS	SITIONS FOR WHICH EITHER RECOGNITION O	R DISCLOSURE IS REQU	IRED	IN THE	
FIN	NANCIAL STATEMENTS.				

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

VIDA				39-207709	4
Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "\	Yes" on
Form 990, Part IV					
			ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Described United States.	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	ide the
	he following Part	I, line 3 table ca	an be duplicated if additional space is n	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees,		(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	3	22	PROGRAM SERVICES	BASE OF OPERATIONS FOR RECEIVING VOLUNTEERS AND COORDINATING TRIPS	1,565,214.
CENTRAL AMERICA AND				BASE OF OPERATIONS FOR RECEIVING VOLUNTEERS AND	
THE CARIBBEAN	3	22	PROGRAM SERVICES	COORDINATING TRIPS	20,262.
3 a Subtotal	6	44			1,585,476.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	6	44			1,585,476.

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

Schedule F (Form 990) 2018

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. Part II

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of noncash assistance					
(g) Amount of noncash assistance					empt 🔻
(f) Manner of cash disbursement					ecognized as tax-ex
(e) Amount of cash grant					foreign country, r
(d) Purpose of grant					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 Enter total number of other organizations or entities
(c) Region					s listed above that are re isel has provided a secti entities
(b) IRS code section and EIN (if applicable)					recipient organization ch the grantee or coun other organizations or
1 (a) Name of organization					2 Enter total number of recipient organizations listed aby the IRS, or for which the grantee or counsel has genter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2018

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance 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. (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2018

<u>Schedule F (Form 990) 2018 VIDA 39-2077094 Page 4</u>

	(1 01111 000) Z010
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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization	VIDA									-	770		on nu	mber
			· ·		-	on 501(c)(4), and 501			s only)).				
	ne organizatio					art IV, line 25a or 25b	, or Form 9	90-EZ, Pa	art V, I	<u>ine 40</u>	b	T()		
(a) Name of disqualifie	d person	(b) H	Relationship betw person and or	veen o ganiza	disqual ation	ified (c) Descripti	on of tran	sactio	n				cted?
			person and or	garnze	20011							1 Ye	es	No
												+	\dashv	
												+	\dashv	
												+		
												\top		
2 Enter the amount of ta	ax incurred by	the o	rganization mana	agers	or disc	ualified persons duri	ng the yea	under						
section 4958										▶ \$				
3 Enter the amount of ta	ax, if any, on I	ine 2,	above, reimburs	ed by	the or	ganization				> \$				
Part II Loans to a	nd/or From	n Int	erested Pers	one										
						D-+1// E 00 E		N + IN / I'-	- 00					
· ·	J		vered "Yes" on F , Part X, line 5, 6			, Part V, line 38a or F	orm 990, F	art IV, IIn	e 26; (or it th	e orga	nizatio	n	
(a) Name of	(b) Relation				oan to or	(e) Original	(f) Balan	ce due	(a) In	(h) Ap	proved	(i) W	/ritten
interested person	with organ				m the ization?	principal amount	(I) Dalai I	cc duc		ault?	by bo	ard or I	agree	ment?
					From				Yes	No	Yes		Yes	No
SONDRA ELIZONI	OO EXECU	TIV	PURCHASE		Х	118,080.	140	223.		Х		Х		Х
											<u> </u>			
											<u> </u>			
											<u> </u>			
											 			-
											\vdash			\vdash
											 			
											 			
Total			l	<u> </u>	1	> \$	140	223.						
Part III Grants or	Assistance	Ber	efiting Intere	este	d Per	sons.			•					
Complete if th	ne organizatio	n ansv	vered "Yes" on F	orm 9	990, Pa	art IV, line 27.								
(a) Name of intereste	ed person		(b) Relationship			(c) Amount of		(d) Type			•) Purp		f
			interested pers the organiza		d	assistance		assistan	ce			assista	ance	
		_	trie Organiza	illori						_				
		-								_				
		-								+				
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		+								\dashv				
										\dashv				
										-+				

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	zation's
	person and the organization	transaction	transaction	reven	nues? No
				162	NO
Part V Supplemental Information.	1				
	onses to questions on Schedule L (see i	nstructions).			
			_		
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:		
(A) NAME OF PERSON: SONDRA	ELIZONDO				
, 01 0111					
(B) RELATIONSHIP WITH ORGA	NIZATION: EXECUTIVE	DIRECTOR			
/C) DUDDOCE OF LOAN. DUDGU	ACE OF THEFFER THE	HCTNECC DD) DEDMY		
(C) PURPOSE OF LOAN: PURCH	ASE OF INTEREST IN B	USINESS PRO	PERTI		

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

VIDA

Employer identification number 39-2077094

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

THIS IS A HIGH QUALITY EDUCATIONAL PROGRAM FOR THOSE WHO WISH TO GAIN CLINICAL AND PRACTICAL EXPERIENCE IN THE FIELD OF VETERINARY MEDICINE.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization VIDA Employer identification number 39-2077094

THE VIDA PROGRAM FOCUSES MAINLY ON THE STERILIZATION OF FELINES AND

CANINES IN FIELD CLINICS. PARTICIPANTS WILL ALSO GAIN EXPERIENCE

WORKING WITH LARGE ANIMALS. VOLUNTEERS WHO PARTICIPATE IN OUR PROGRAM

WILL HAVE AN INTERACTIVE EXPERIENCE THAT IS UNIQUE TO VIDA.

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** 39-2077094 VIDA A MEETING AT WHICH QUORUM IS PRESENT-THAT IS, BY A SUPERMAJORITY OF THE ENTIRE BOARD (NOT INCLUDING A CONFLICTED DIRECTOR(S)), EVEN THOUGH THE NON-CONFLICTED DIRECTORS MAY CONSTITUTE LESS THAN A QUORUM. DELIBERATIONS BY THE BOARD REGARDING THE CONFLICT, AND ACTION TAKEN ON THE PROPOSED TRANSACTION OR ACTION, SHALL BE RECORDED IN BOARD MINUTES, PREPARED NO LATER THAN 60 DAYS AFTER THE MEETING AT WHICH DELIBERATIONS WERE HELD. VOTES OF EACH DIRECTOR IN SUPPORT OR IN OPPOSITION TO THE TRANSACTION OR ACTION SHALL BE NOTED. ALL RESPONSIBLE PERSONS ARE OBLIGATED TO NOTIFY THE BOARD IF THEY BELIEVE AN INDIVIDUAL DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE A CONFLICT, AND THE PROCEDURE SET OUT IN THIS POLICY SHALL BE EMPLOYED BY THE BOARD IN ALL SUCH INSTANCES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER FEES: PROGRAM SERVICE EXPENSES 312,303. 607. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 312,910. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 312,910.

077 - 0823

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Department of the Treasury Internal Revenue Service

VIDA

Part I

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

Employer identification number 39-2077094

Direct controlling 36,932, VIDA 280,948. VIDA ,611. VIDA End-of-year assets 25, <u>e</u> 946. 2,436. 14,825 Total income ூ Legal domicile (state or foreign country) COSTA RICA SUATEMALA NICARAGUA TO POSITIVELY IMPACT THE TO POSITIVELY IMPACT THE TO POSITIVELY IMPACT THE UNDERSERVED COMMUNITIES UNDERSERVED COMMUNITIES JNDERSERVED COMMUNITIES Primary activity DUALITY OF LIFE IN QUALITY OF LIFE IN QUALITY OF LIFE IN ASOCIACION VIDA VOLUNTEERS FOR INTERCULTURAL CASA NO SAN AND DEFINITIVE ADVENTURES, 450 MTS SUR DE NICARAGUA, CALLE LIMON, DE LA GASOLINERA PUMA 4 CUADRAS AL SUR, CONTIGUO A ROLOP, FUNDACION VOLUNTARIOS PARA AVENTURAS DE Name, address, and EIN (if applicable) ASOCIACION VIDA VOLUNTARIOS GUATEMALA ALDEA SANTA INES DEL MONTE PULCIANO, MCDONALD'S PLAZA DEL SOL CURRIDABAT, of disregarded entity LA ANTIGUA, GUATEMALA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(g)	ection 3 (2)(13) controlled	entity?	Yes No						
(f)	Direct controlling	entity							
(e)	Public charity	status (if section	501(c)(3))						
(p)	Exempt Code	section							
(၁)	Legal domicile (state or	foreign country)							
(q)	Primary activity								
(a)	Name, address, and EIN	of related organization							

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

832161 10-02-18 LHA

& CT + 7.7

39-2077094

Page 2

Schedule R (Form 990) 2018 VIDA

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

(j) (k) General or Percentage managing ownership partner? Ves No		
(j) Seneral or nanaging partner? (es No		
(i) (j) (g) Code V-UBI General or Per amount in box Describedule 20 of Schedule K-1 (Form 1065) Yes No		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

	5								Į
(a)	(q)	(၁)	(p)	(e)	(L)	(6)	(h)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Sh	Share of end-of-year	ge p	Section 512(b)(13) controlled entity?	ĺ
		country)		OI tidat)		doodlo		Yes No	ام ا
									I
									Ī
									ĺ
									l

Schedule R (Form 990) 2018

Page 3

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

Note: Complete line 1 if any entity is listed in Barts II III or IV of this schedule				N so Y	ş
During the tax year, did the organization engage in any of the following transactions	s with one or more rela	re. transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
b Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				10	
d Loans or loan quarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				- 1	
				2	
f Dividends from related organization(s)				=	
a Sale of assets to related organization(s)				10	
Purchase of assets from related organization(s)				4	
				÷	
i Lease of facilities, equipment, or other assets to related organization(s)				į.	
				7	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11	
	nization(s)			£	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			4	
o Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
Reimbursement paid by related organization(s) for expenses				19	
r Other transfer of cash or property to related organization(s)				11	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete this	iline, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)					
6					
(4)					
(5)					
(9)					
832163 10-02-18	•		Scheduk	Schedule R (Form 990) 2018	018

Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(X	Percentage ownership																		Schedule R (Form 990) 2018
	9	neral c ınaginç ırtner?	Yes No																	For
	(amount in box 20 managing conf. Of Schedule K-1	(Form 1065) Ye																	Schedule R
ŀ	<u>E</u>	Dispropor- tionate allocations?	Yes No																	
F		alloc ti	Ϋ́																	
	(b)	Share of end-of-year	assets																	
			income																	
	Are a	partners sec. 501(c)(3) er orgs.?	Yes No																	
5	(p)	Predominant income para (related, unrelated, excluded from tax under	sections 512-514)																	
		g g	country)																	
מסנים וכפשת שווים	(q)	Primary activity																		
נוומר שמש ווסר מ וכומנכם כו שמווה מנוסוה. ככל וווס	(a)	Name, address, and EIN of entity																		

2018.05050 VIDA

Form **5471**

(Rev. December 2018)

Department of the Treasury

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

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

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

OMB No. 1545-0123

Attachment

Internal Revenue Service section 898) ((see instructions) beginning OCT :	L , 2018, and endin	g SEP 30, 201	9 Sequ	ence No.	4 I
Name of person filing this return		A Identifying num	ber	-		
VIDA		39-2077	094			
Number, street, and room or suite no. (or P.O. box num	ber if mail is not delivered to street address)		(See instructions. Check	applicable b	ox(es)):	
2612 S ARLINGTON MILI	L DR, NO. APT C		1 2 3	4	5 X	
City or town, state, and ZIP code ARLINGTON, VA 22206		-	ercentage of the foreign one end of its annual accou	-		ck •00 %
Filer's tax year beginning OCT 1	,2018 , and ending	SEP 30	,2019	ining porton		
D Check box if this is a final Form 5471 for the	he foreign corporation					🔲
E Check if any excepted specified foreign fina	ancial assets are reported on this form (see instructions)				
F Person(s) on whose behalf this information	n return is filed:		T	T		
(1) Name	(2) Address		(3) Identifying number		k applicable	
	. ,		, ,	Shareholder	Officer	Director
Important: Fill in all applicable lines a unless otherwise indicated		t be in English. All amou	ints must be stated in	U.S. dollar	S	
1a Name and address of foreign corporation MECEMAR, SA			b(1) Employer identif 0 0 - 0 0 0 0		ber, if any	
450 MTS SUR DE MCDO SAN JOSE	ONALD'S PLAZA DEL	SOL CURRIDA	b(2) Reference ID nu 82603CR		nstructions)
COSTA RICA			c Country under v		ncorporate	d
d Date of e Principal place of b	usiness f Principal	g Principal business ac	1	h Function	al currency	
incorporation SAN JOSE	business activity code number	REAL ESTATE				
09/12/10 COSTA RICA	531390		COSTA	RICA	, COL	ON
2 Provide the following information for the			T			
a Name, address, and identifying number o NONE	f branch office or agent (if any) in the U	nited States	b If a U.S. income tax			
NONE			(i) Taxable income or (lo		J.S. income (after all cre	
c Name and address of foreign corporation in country of incorporation	's statutory or resident agent	person (or persons	(including corporate depa) with custody of the book e location of such books a	ks and recor	ds of the fo	oreign
NONE		LUCIA LEM	US RLINGTON MI	r.t. RD		
			VA 22206-3			
Schedule A Stock of the For	eign Corporation					
			(b) Number of sha	res issued a	ınd outstan	ding
(a) Desc	cription of each class of stock		(i) Beginning of annua accounting period		ii) End of a ccounting p	
I HA For Paperwork Reduction Act Notice	see instructions		<u> </u>	Form	5471 (Re	v. 12-2018)

VIDA 39-2077094

Form 5471 (Rev. 12-2018) Page **2**

	reholders of Foreign (
Part I U.S. Share	holders of Foreign C	orporation (see instructions)			
(a) Name, address number of s	s, and identifying (b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
					-
					-
					-
]
					-
					-
Part II Direct Sh	areholders of Foreign	Corporation (see instructions)		1	1
shareholder. Also incl	s, and identifying number of ude country of incorporation or on, if applicable.	(b) Description of each class of stock held l Note: This description should match the of description entered in Schedule A, co	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period

Form 5471 (Rev. 12-2018)
Page 3

Schedule C | Income Statement

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

	Istructions for special rules for DASTIN corporations.		Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
ō	4 Dividends	4		
Income	5 Interest	5		
<u>2</u>	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized			
	b Foreign currency transaction gain or loss - realized			
	9 Other income (attach statement)			
	10 Total income (add lines 3 through 9)	10		
	11 Compensation not deducted elsewhere	11		
	12a Rents	12a		
	b Royalties and license fees	12b		
SL	13 Interest	13		
ē	14 Depreciation not deducted elsewhere	14		
Deductions	15 Depletion	15		
Õ	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit))	17		
	18 Total deductions (add lines 11 through 17)	18		
	19 Net income or (loss) before unusual or infrequently occurring items, and			
e	income tax expense (benefit) (subtract line 18 from line 10)	19		
con	20 Unusual or infrequently occurring items			
Net Income	21a Income tax expense (benefit) - current			
Re	b Income tax expense (benefit) - deferred			
	22 Current year net income or (loss) per books (combine lines 19 through 21b)			
	23a Foreign currency translation adjustments	23a		
Other Comprehensive Income	b Other	23b		
rner ehen ome	c Income tax expense (benefit) related to other comprehensive income	23c		
p gr	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
8	line 23c)	24		

VIDA

Form 54/1 (Rev. 1	!-2018)	Page ·
Schedule F	Balance Sheet	

or aı	n exception for DASTM corporations. Assets		(a)	(b)	
	Assets		Beginning of annual accounting period	End of annual accounting period	
1	Cash	1	accounting period	accounting period	
' 2а					
b	Trade notes and accounts receivable Less allowance for bad debts	2b	1) (
3	Derivatives	3		1	
4	Inventories	4			
5	Other current assets (attach statement)	5			
6	Loans to shareholders and other related persons	6			_
7	Investment in subsidiaries (attach statement)	7			_
8	Other investments (attach statement)	8			
9a	Buildings and other depreciable assets	9a			
b	Less accumulated depreciation	9b	1) (
10a	Depletable assets	10a		1	
	Less accumulated depletion	10b	1) (
11	Land (net of any amortization)	11			
12	Intangible assets:				
 а	Goodwill	12a			
b	Organization costs	12b			
C	Patents, trademarks, and other intangible assets	12c			
	Less accumulated amortization for lines 12a, 12b, and 12c	12d	() (
13	Other assets (attach statement)	13		1	
14	Total assets	14			
	Liabilities and Shareholders' Equity			•	
15	Accounts payable	15			
16	Other current liabilities (attach statement)	16			
17	Derivatives	17			
18	Loans from shareholders and other related persons	18			
19	Other liabilities (attach statement)	19			
20	Capital stock:				
а	Preferred stock	20a			
b		20b			
21	Paid-in or capital surplus (attach reconciliation)	21			
22	Retained earnings	22			
23	Less cost of treasury stock	23	() (
24	Total liabilities and shareholders equity	24			
Scl	nedule G Other Information				
				Yes M	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in	any fo	reign		
	partnership?				X
	If "Yes," see the instructions for required statement.				
2	During the tax year, did the foreign corporation own an interest in any trust?				X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as se				
	owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own a	any for	eign		
	branch (see instructions)?				X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).				
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the	ne fore	ign		
	corporation or did the filer have a base erosion tax benefit under section $59A(c)(2)$ with respect to a				
	payment made or accrued to the foreign corporation (see instructions)?			🗀 🖸	X
	If "Yes," complete lines 4b and 4c.				
b	Enter the total amount of the base erosion payments			> \$	
C	Enter the total amount of the base erosion tax benefit			> \$	
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the d				
	allowed under section 267A?				X
	If "Yes," complete line 5b.				
b	Enter the total amount of the disallowed deductions (see instructions)			▶ \$	

39-2077094

Form 5471 (Rev. 12-2018) Page **5**

Scl	hedule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		
	to any amounts listed on Schedule M?		X
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions)		
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)		
d			
	its computation of FDDEI (see instructions) \$		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	🔲	X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		
	was in effect before January 5, 2009?		X
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		X
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		X
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?	. Ш	X
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		77
	1.7874-12(a)(9)?		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		X
	section 1.6011-4?		Δ
4-7	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		X
10	section 901(m)?	Ш	_A _
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		X
10	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?	. Ш	Δ
	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)		

VIDA 39-2077094

Form 5471 (Rev. 12-2018) Page **6**

Schedule I Summary of Shareholder's Income From Foreign Corporation

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

Name	of U.S. shareholder	Identifying number		
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tie	er foreign corporation		
	(see instructions)		1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporation		. 1b	
C	Other Subpart F income (enter the result from Worksheet A in the instructions)		1c	
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instr			
3	Previously excluded export trade income withdrawn from investment in export tra	ade assets (enter the		
	result from Worksheet C in the instructions)		3	
4	Factoring income		4	
	See instructions for reporting amounts on lines 1 through 4 on your income tax r	return.		
5	Dividends received (translated at spot rate on payment date under section 989(b))(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income		6	
				Yes No
• Was	any income of the foreign corporation blocked?			
• Did	any such income become unblocked during the tax year (see section 964(b))?			
If the a	nswer to either question is "Yes," attach an explanation.			

Department of the Treasury Internal Revenue Service SCHEDULE E (Form 5471) (December 2018)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471. ► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of p	Name of person filing Form 5471					Identifying number $39-2077094$
Name of for	Name of foreign corporation				EIN (if any)	Reference ID number (see instructions)
MECEN	MECEMAR, SA				0000000-00	82603CR
a Se	Separate Category (Enter code · see instructions.)	structions.)				A
b If c	b If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	he country code for the sancti	oned country (see i	:		
Part	I Taxes for Which a Foreign Tax Credit Is Allowed	gn Tax Credit Is Allowe	þ			
	(a) Name of Payor Entity	entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)
-						
2						
3						
4						
2						
9						
2						
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) Currency in Which Tax Is Payable		(h) Conversion Rate to U.S. Dollars	(i) In U.S. Dollars (divide column (g) by column (h))	(j) In Functional Currency of Foreign Corporation
-						
2						
3						
4						
2						
9						
7						
8 Tot	Total (combine lines 1 through 7 of column (i)). Report amount on Schedule E-1, line 4	ımn (i)). Report amount on Sch	nedule E-1, line 4	•		
6 To:	9 Total (combine lines 1 through 7 of column (j)). See instructions for Schedule H, line 2g	ımn (j)). See instructions for Sc	chedule H, line 2g		•	
Part II	II Election					

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment? If "Yes," state date of election ▶

Part III	Taxes for Which a	Foreign Tax Credit Is Di	Disallowed (Ente	er in functional curre	ency of foreign co	rporation.)		
	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Other	(h) Total
1								
2								
က	3 In functional currency (combine lines 1 and 2)	and 2)					•	

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))

812445
12-04-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Schedule E (Form 5471) (12-2018)

SCHEDULE J (Form 5471)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

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

Attach to Form 5471.

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

Identifying numbe

OMB No. 1545-0123

(e) Previously Taxed E&P (see instructions) (section 959(c)(1)(A)) (ii) Section 965(a) PAS39-2077094 (i) Earnings Invested (section 959(c)(1)(A)) in U.S. Property Reference ID number 82603CR Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)-(e)(iv) and (e)(vii)-(ix) (see instructions). Hovering Deficit and Deduction for Suspended 0000000-00 (pre-1987 section 959(c)(3) balance) Pre-1987 E&P Not Previously Taxed EIN (if any) (b)
Post-1986
Undistributed Earnings
(post-1986 and
pre-2018 section
959(c)(3) balance) If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) Post-2017 E&P Not (post-2017 section 959(c)(3) balance) Previously Taxed Part I Accumulated E&P of Controlled Foreign Corporation and reclassified to section 959(c)(1) E&P (see instructions) Reduction for taxes unsuspended under anti-splitter rules Amounts included as earnings invested in U.S. property Adjusted beginning balance (combine lines 1a and 1b) E&P attributable to distributions of previously taxed Total current and accumulated E&P (combine lines Amounts reclassified to section 959(c)(2) E&P from Balance at beginning of next year (combine lines 7 Beginning balance adjustments (attach statement) Balance at beginning of year (as reported on prior Disallowed deduction for taxes suspended under Reclassify deficit in E&P as hovering deficit after Separate Category (Enter code · see instructions.) E&P carried over in nonrecognition transaction Amounts reclassified to section 959(c)(1) E&P Important: Enter amounts in functional currency. E&P from lower-tier foreign corporation Hovering deficit offset of undistributed posttransaction E&P (see instructions) Other adjustments (attach statement) Other adjustments (attach statement) Current year E&P (or deficit in E&P) nonrecognition transaction from section 959(c)(2) E&P section 959(c)(3) E&P Actual distributions year Schedule J) anti-splitter rules Name of foreign corporation 1c through 6) MECEMAR, 6 0 우 ပ္ 2 2 3 5a 5b Ξ 4 5 4 9 က ω

812421 12-05-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 547 2 .

Schedule J (Form 5471) (Rev. 12-2018)

_
12-2018
(Rev.
Form 5471)
Schedule J (i

Part		E&P of Controlled	Accumulated E&P of Controlled Foreign Corporation (continued)	n (continued)				
			(e) Previou	(e) Previously Taxed E&P (see instructions)	ructions)			£
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
1 a								
1b								
1c								
2a								
2b								
က								
4								
5a								
2b								
9								
7								
8								
6								
10								
11								
12								
13								
14								
Part II		ly Taxed E&P Subj	Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))	Subpart F Income	(section 952(c)(2)			
	l							

Enter amounts in functional currency.

- 1 Balance at beginning of year
 - Additions (amounts subject to future recapture)Subtractions (amounts recaptured in current year)
 - Balance at end of year (combine lines 1 through 3)



Form **5471**

(Rev. December 2018)

Department of the Treasury

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

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

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

OMB No. 1545-0123

Attachment

Internal Revenue Service	section 898) (see ins	structions) beginning OCT :	L_{I} , 2018_{I} and endin	g SEP 30,201	9 Sequ	ence No. 7	121
Name of person filing this retu			A Identifying num				
VIDA			39-2077	094			
	o. (or P.O. box number if ma	ail is not delivered to street address)		(See instructions. Check	applicable t	ox(es)).	
2612 S ARLINGT	ON MILL D	R, NO. APT C	D category or mor	1 2 3	4	5 X	
City or town, state, and ZIP co			C Enter the total p	ercentage of the foreign (corporation's	voting sto	ck
ARLINGTON, VA	22206			e end of its annual accou	nting period	100	.00 %
, , ,	OCT 1	,2018 , and ending	SEP 30	,2019			
Check box if this is a final F		<u> </u>			<u></u>		
F Person(s) on whose behalf		assets are reported on this form (see instructions)				
, ,	tins information retur				(4) Check	c applicable	e box(es)
(1) Name		(2) Address		(3) Identifying number	Shareholder	Officer	Director
					-		
Important:				•			
	olicable lines and sci rwise indicated.	hedules. All information mus	be in English. All amou	ints must be stated in	U.S. dollars	5	
1a Name and address of fore				b(1) Employer identi	fication num	ber. if anv	
	5	TEERS FOR INTER	CULTURAL AN	00-0000		,,	
	DE MCDONA	LD'S PLAZA DEL	SOL CURRIDA	b(2) Reference ID nu		nstructions)
SAN JOSE				82604CR			
COSTA RICA				c Country under v		ncorporate	d
	ncipal place of busines	s f Principal business activity	g Principal business ac	ctivity	h Functiona	al currency	
incorporation SAN JO		code number	CHARITABLE				
COSTA		813000		COSTA	RICA	, COL	<u>ON</u>
		n corporation's accounting period		h If a II C income toy	ratura waa f	ilad antarı	
NONE	nying number of branc	ch office or agent (if any) in the U	ined States	b If a U.S. income tax		I.S. income	
110112				(i) Taxable income or (lo		after all cr	
			_				
c Name and address of fore in country of incorporation	ign corporation's statu	utory or resident agent		(including corporate depath) with custody of the boo			
in country of incorporation			corporation, and th	e location of such books	and records,	if different	i i
NONE			LUCIA LEM	IIS			
HOHE			•	RLINGTON MI	LL RD		
				VA 22206-3			
Schedule A Stock	of the Foreign	Corporation					
				(b) Number of sha			
	(a) Description	of each class of stock		(i) Beginning of annu- accounting period		ii) End of a ecounting p	
				0,1	_	31	
					_		
I H∆ For Panerwork Reducti	on Act Notice see ins	etructione			Form !	5471 (Ra	v 12-2018)

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Form 5471 (Rev. 12-2018) Page **2**

Schedule B Shareholders of Foreign					
Part I U.S. Shareholders of Foreign	n Corp	oration (see instructions)			
(a) Name, address, and identifying number of shareholder	(b) Des	cription of each class of stock held by shareholder. This description should match the corresponding escription entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
Part II Direct Shareholders of Fore	eian Co	prporation (see instructions)		l	
				(a) Niumah au af	(d) Niverbay of
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.		(b) Description of each class of stock held to Note: This description should match the order description entered in Schedule A, co	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
				1	-

Form 5471 (Rev. 12-2018)
Page 3

Schedule C | Income Statement

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

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

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FORM 547 I (Rev. 12	2-2018)	Page '
Schedule F	Balance Sheet	

Imp for ar	ortant: Report all amounts in U.S. dollars prepared and translated in accordance with a exception for DASTM corporations.	U.S. G	AAP. See instructions		
<u> </u>	Assets		(a) Beginning of annual accounting period	(b End of a accountin	ánnual
1	Cash	1			0 1
2a	Trade notes and accounts receivable	2a			
b	Less allowance for bad debts	2b	() ()
3	Derivatives	3			
4	Inventories	4			
5	Other current assets (attach statement)	5			
6	Loans to shareholders and other related persons	6			
7	Investment in subsidiaries (attach statement)	7			
8	Other investments (attach statement)	8			
9a	Buildings and other depreciable assets	9a			
b	Less accumulated depreciation	9b	() ()
10a	Depletable assets	10a			
b	Less accumulated depletion	10b	() ()
11	Land (net of any amortization)	11			
12	Intangible assets:				
а	Goodwill	12a			
b	Organization costs	12b			
C	Patents, trademarks, and other intangible assets	12c			
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	() ()
13	Other assets (attach statement)	13			
14	Total assets Liabilities and Shareholders' Equity	14			
15		15			
15	Accounts payable Other current lightlities (otten attempt)	15			
16	Other current liabilities (attach statement)	17			
17 18	Derivatives	18			
19	Loans from shareholders and other related persons Other liabilities (attach statement)	19			
20	Other liabilities (attach statement) Capital stock:	13			
a	Preferred stock	20a			
b	Common stock	20b			
21	Paid-in or capital surplus (attach reconciliation)	21			
22	Retained earnings	22			
23	Less cost of treasury stock	23	() ()
24	Total liabilities and shareholders equity	24			,
Scl	nedule G Other Information				
-					Yes No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, i	in any fo	oreign		
	partnership?				
	If "Yes," see the instructions for required statement.				
2					X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as $\frac{1}{2}$				
	owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own	any foi	reign		
	branch (see instructions)?				
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions	,			
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to				
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to				
	payment made or accrued to the foreign corporation (see instructions)?				
	If "Yes," complete lines 4b and 4c.			•	
b	Enter the total amount of the base erosion payments				
C	Enter the total amount of the base erosion tax benefit	dodust	ion is not	▶ \$	
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the				
	allowed under section 267A?				
	If "Yes," complete line 5b.			• •	
81233	Enter the total amount of the disallowed deductions (see instructions)			5471 //	

39-2077094

<u>Form</u>	5471 (Rev. 12-2018)	Р	age 5
Sc	hedule G Other Information (continued)		
		Yes	No
6a	ls the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		
	to any amounts listed on Schedule M?	Ш	X
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions)		
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in		
	its computation of FDDEI (see instructions) \$\bigs\\$		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that		
	was in effect before January 5, 2009?		X
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?		X
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to		
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method Residual profit split method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		X
14a			
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year > \$		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9)?		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?	🔲	X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
	If "Yes" enter the corresponding code(s) from the instructions and attach statement (see instructions)		

Form 5471 (Rev. 12-2018)
Page 6

Schedule I Summary of Shareholder's Income From Foreign Corporation

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

Name o	of U.S. shareholder Identifying number		
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation		
	(see instructions)	1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b	
C	Other Subpart F income (enter the result from Worksheet A in the instructions)	1c	
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)	2	
3	Previously excluded export trade income withdrawn from investment in export trade assets (enter the		
	result from Worksheet C in the instructions)	3	
4	Factoring income	4	
	See instructions for reporting amounts on lines 1 through 4 on your income tax return.		
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income	6	
• Was	any income of the foreign corporation blocked?		Yes No
• Did a	ny such income become unblocked during the tax year (see section 964(b))?		
If the a	nswer to either question is "Yes," attach an explanation.		

SCHEDULE E (Form 5471)

(December 2018)

Department of the Treasury Internal Revenue Service Name of person filing Form !

Income, War Profits, and Excess Profits Taxes Paid or Accrued

OMB No. 1545-0123

► Attach to Form 5471. ► Go to www.irs.gov/Form5471 for instructions and the latest information.

	VIDA					39-2077094
Name ASO	Name of foreign corporation ASOCIACION VIDA VOLUNTEERS	SERS FOR INTERCUI	ILTURAL AND D	D 0	EIN (if any)	Reference ID number (see instructions) 8 2 6 0 4 CR
a	Separate Category (Enter code · see instructions.)	structions.)			-	A
q	b If code 901 is entered on line a, enter the country code for the sanction	the country code for the sancti	oned country (see instructions)	nstructions)		A
Part	rt I 🏻 Taxes for Which a Foreign Tax Credit Is Allowed	ign Tax Credit Is Allowe	þe			
	(a) Name of Pavor Entity	Futitv	(b) EIN or Reference ID Number of	(c) Country or U.S. Possession to Which Tax Is Paid	(d) Foreign Tax Year of Foreign Corporation to Which Tax Relates	(e) U.S. Tax Year of Foreign Corporation to Which Tax Relates
			Payor Entity	(Enter code-see instructions. Use a separate line for each.)	(Year/Month/Day)	(Year/Month/Day)
-						
8						
ဇ						
4						
2						
9						
7						
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) Currency in Which Tax Is Payable		(h) Conversion Rate to U.S. Dollars	(i) In U.S. Dollars (divide column (g) by column (h))	(j) In Functional Currency of Foreign Corporation
-						
2						
က						
4						
5						
9						
7						
œ	Total (combine lines 1 through 7 of column (i)). Report amount on Schedule E-1, line 4	umn (i)). Report amount on Sch	nedule E-1, line 4	•		
6	9 Total (combine lines 1 through 7 of column (j)). See instructions for Schedule H, line 2g	umn (j)). See instructions for Sc	chedule H, line 2g			
Part	त Ⅱ Election					

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment? If "Yes," state date of election ▶

	(h) Total			
	(g) Other			•
)			
orporation.)	(f) U.S. Taxes			
ency of foreign co	(e) Section 901(m)			
r in functional curr	(d) Section 901(k) and (I)			
Disallowed (Ente	(c) Section 901(j)			
Foreign Tax Credit Is D	(b) EIN or Reference ID Number of Payor Entity			and 2)
Taxes for Which a	(a) Name of Payor Entity			3 In functional currency (combine lines 1 and 2)
Part III		-	2	3 In fun

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))
12-04-18 LHA For Paperwork Reduction Act Notice, see instructions.

09

Schedule E (Form 5471) (12-2018)

SCHEDULE J (Form 5471)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

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

Attach to Form 5471.

OMB No. 1545-0123

39-2077094

Reference ID number 82604CR

Identifying numbe

0000000-00 ▶ Go to www.irs.gov/Form5471 for instructions and the latest information. EIN (if any) Ω ASOCIACION VIDA VOLUNTEERS FOR INTERCULTURAL AND Separate Category (Enter code · see instructions.) Name of person filing Form 5471 Name of foreign corporation

(e) Previously Taxed E&P (see instructions) (section 959(c)(1)(A)) (ii) Section 965(a) PAS(i) Earnings Invested (section 959(c)(1)(A)) in U.S. Property Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)-(e)(iv) and (e)(vii)-(ix) (see instructions). Hovering Deficit and Deduction for Suspended (pre-1987 section 959(c)(3) balance) Pre-1987 E&P Not Previously Taxed (b)
Post-1986
Undistributed Earnings
(post-1986 and
pre-2018 section
959(c)(3) balance) If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) Post-2017 E&P Not (post-2017 section 959(c)(3) balance) Previously Taxed Part I Accumulated E&P of Controlled Foreign Corporation and reclassified to section 959(c)(1) E&P (see instructions) Reduction for taxes unsuspended under anti-splitter rules Amounts included as earnings invested in U.S. property Adjusted beginning balance (combine lines 1a and 1b) E&P attributable to distributions of previously taxed Total current and accumulated E&P (combine lines Amounts reclassified to section 959(c)(2) E&P from Beginning balance adjustments (attach statement) Balance at beginning of year (as reported on prior Disallowed deduction for taxes suspended under Reclassify deficit in E&P as hovering deficit after E&P carried over in nonrecognition transaction Amounts reclassified to section 959(c)(1) E&P Important: Enter amounts in functional currency. E&P from lower-tier foreign corporation Other adjustments (attach statement) Current year E&P (or deficit in E&P) nonrecognition transaction from section 959(c)(2) E&P section 959(c)(3) E&P Actual distributions year Schedule J) anti-splitter rules 1c through 6) 6 0 우 ပ္ 2 2 3 5a 5b Ξ 9 က ω 4

812421 12-05-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5476, \perp

Balance at beginning of next year (combine lines 7

4

Hovering deficit offset of undistributed posttransaction E&P (see instructions)

Other adjustments (attach statement)

4 5 Schedule J (Form 5471) (Rev. 12-2018)

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		15.5010)	: - -					
Part		E&P of Controlled	Accumulated E&P of Controlled Foreign Corporation	on (continued)				
			(e) Previo	(e) Previously Taxed E&P (see instructions)	uctions)			(j)
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
1a								
1b								
10								
2a								
2b								
3								
4								
5a								
2b								
9								
7								
8								
6								
10								
11								
12								
13								
14								
Part II		ly Taxed E&P Subj	Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))	Subpart F Income	(section 952(c)(2)			

Enter amounts in functional currency.

Balance at beginning of year
_

Additions (amounts subject to future recapture)Subtractions (amounts recaptured in current year) 4 Balance at end of year (combine lines 1 through 3)

Schedule J (Form 5471) (Rev. 12-2018)

Form **5471**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0123

Attachment

Internal Revenue Service	section 898) (see instruct	tions) beginning $$ OCT $$:	1 , 2018 , and endin	g SEP 30,201	9 Sequ	ence No. 7	121	
Name of person filing this return		A Identifying number						
VIDA			39-2077	39-2077094				
Number, street, and room or suite no. (d		B Category of filer (See instructions. Check applicable box(es)):						
2612 S ARLINGTON MILL DR, NO. APT C			3 3	1 2 3 4 5 X				
City or town, state, and ZIP code ARLINGTON, VA 22206			•	C Enter the total percentage of the foreign corporation's voting stock				
ARLINGTON, VA	you owned at th	you owned at the end of its annual accounting period 100.00 % EP 30 .2019						
Filer's tax year beginning OG D Check box if this is a final For	CT 1	,2018 , and ending		,				
E Check if any excepted specific								
F Person(s) on whose behalf th	nis information return is f	iled:	,					
(1) Name (2) Address				(3) Identifying number		c applicable		
				(b) racinarying number	Shareholder	Officer	Director	
Important: Fill in all application unless otherw		les. All information mus	t be in English. All amou	ints must be stated in	U.S. dollars	5		
1a Name and address of foreign corporation ASOCIACION VIDA VOLUNTARIOS GUATEMALA				b(1) Employer identification number, if any 00-000000				
ALDEA SANTA								
LA ANTIGUA		82605GT						
GUATEMALA				c Country under whose laws incorporated GUATEMALA				
d Date of e Principal place of business f Principal business activity				Principal business activity h Functional currency				
incorporation LA ANT	CHARITABLE	RITABLE GUATEMALA, QUETZAL						
GUATEMA		813000	atatad abassa	GUATE	MALA,	QUET	ZAL	
2 Provide the following informa Name, address, and identify		b If a U.S. income tax return was filed, enter:						
NONE			miod Glatos		(ii) U.S. inco			
		(i) Taxable income or (lo	oss) ((after all credits)				
c Name and address of foreign		Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different LUCIA LEMUS 2606B S ARLINGTON MILL RD						
in country of incorporation						person (or persons		
NOVE								
						•		
		ARLINGTON VA 22206-3360						
Schedule A Stock of	of the Foreign Co	rporation		T				
(a) Description of each class of stock				· · · ·	hares issued and outstanding			
				(i) Beginning of annu- accounting period				
				0,1	+	<u> </u>		
						174 ~	v 12-2018)	
I HΔ For Panerwork Reduction	1 Act Natice essinetruct	inne			⊦∩rm -) +/ /Da	い 1ツ_ツハ1臭\	

VIDA 39-2077094

Form 5471 (Rev. 12-2018) Page **2**

Schedule B Shareholders of Foreign				
Part I U.S. Shareholders of Foreigr	Corporation (see instructions)			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
				1
				-
				<u> </u>
				-
]
Part II Direct Shareholders of Fore	ign Corporation (see instructions)			
2				Ι
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.	(b) Description of each class of stock held Note: This description should match the description entered in Schedule A, c	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period

Form 5471 (Rev. 12-2018)
Page 3

Schedule C | Income Statement

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

				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a		
		Returns and allowances	4.		
	С	Subtract line 1b from line 1a	1c		
		Cost of goods sold			
	3	Gross profit (subtract line 2 from line 1c)	3		
စ္		Dividends			
ncome		Interest			
<u>=</u>	6a	Gross rents	6a		
		Gross royalties and license fees			
		Net gain or (loss) on sale of capital assets			
		Foreign currency transaction gain or loss - unrealized			
	b	Foreign currency transaction gain or loss - realized	8b		
		Other income (attach statement)			
		Total income (add lines 3 through 9)			
		Compensation not deducted elsewhere			
		Rents	1		
Su	b	Royalties and license fees			
us		Interest			
Deductions	14	Depreciation not deducted elsewhere	14		
ğ		Depletion			
Õ	16	Taxes (exclude income tax expense (benefit))	16		
		Other deductions (attach statement - exclude income tax expense			
		(benefit))	17		
	18	Total deductions (add lines 11 through 17)			
		Net income or (loss) before unusual or infrequently occurring items, and			
e		income tax expense (benefit) (subtract line 18 from line 10)	19		
Net Income	20	Unusual or infrequently occurring items			
Ě		Income tax expense (benefit) - current			
Š		Income tax expense (benefit) - deferred			
		Current year net income or (loss) per books (combine lines 19 through 21b)			
	222	Foreign currency translation adjustments			
	b	Other			
eue.	С	Income tax expense (benefit) related to other comprehensive income	23c		
트	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
3		line 23c)	24		

VIDA

Form 5471 (Rev. 12	2-2018)	Page 4
Schedule F	Balance Sheet	

or ai	n exception for DASTM corporations. Assets	(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1	Cash	and a second process	accommy process
-	Trade notes and accounts receivable 2a		
b	Less allowance for bad debts 2b	() (
3	Derivatives 3		1
4	Inventories 4		
5	Other current assets (attach statement) 5		
6	Loans to shareholders and other related persons 6		
7	Investment in subsidiaries (attach statement) 7		
8	Other investments (attach statement)		
	Buildings and other depreciable assets 9a		
	Less accumulated depreciation 9b	() (
	Depletable assets 10a		
	Less accumulated depletion 10b	() (
1	Land (net of any amortization) 11		1
2	Intangible assets:		
	Goodwill 12a		
b			
	Patents, trademarks, and other intangible assets 12c		
	Less accumulated amortization for lines 12a, 12b, and 12c 12d	() (
3	Other assets (attach statement) 13		
4			
	Total assets 14 Liabilities and Shareholders' Equity		
5	Accounts payable 15		
6	Other current liabilities (attach statement) 16		
7	Derivatives 17		
8	Loans from shareholders and other related persons 18		
19	Other liabilities (attach statement) 19		
20	Capital stock:		
	Preferred stock 20a		
	Common stock 20b		
21	Paid-in or capital surplus (attach reconciliation) 21		
22	Retained earnings 22		
23	Less cost of treasury stock 23	1) (
	Total liabilities and shareholders equity 24		
Scl	nedule G Other Information	1	
			Yes No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any f	oreign	
	partnership?	-	
	If "Yes," see the instructions for required statement.		
2			
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separat		
-	owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any fo		
	branch (see instructions)?	_	
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the fore	eian	
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base		
	payment made or accrued to the foreign corporation (see instructions)?		
	If "Yes," complete lines 4b and 4c.		<u></u>
b	Enter the total amount of the base erosion payments		▶ \$
C			. .
5a	Enter the total amount of the base erosion tax benefit During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduct		Ψ
υa	allowed under section 267A?		
	If "Yes," complete line 5b.		L. A.
h	Enter the total amount of the disallowed deductions (see instructions)		▶ \$
233	1 12-05-18		Ψ

39-2077094

Form 5471 (Rev. 12-2018) Page **5**

Scl	hedule G Other Information (continued)	· ugo
	·	Yes No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect	
	to any amounts listed on Schedule M?	X
	If "Yes," complete lines 6b, 6c, and 6d.	
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)	
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction	
	eligible income (FDDEI) (see instructions)	
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included	
	in its computation of FDDEI (see instructions)	
d		
	its computation of FDDEI (see instructions)	
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	X
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that	
	was in effect before January 5, 2009?	[X]
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under	
	Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?	[X]
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars \\ \bigs	
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to	
	determine the price of the platform contribution transaction(s):	
	Comparable uncontrolled transaction method Income method Acquisition price method	
	Market capitalization method Residual profit split method Unspecified methods	
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a	
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations	
	section 1.358-6(b)(2))?	
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.	
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?	X
	If "Yes," go to line 14b.	
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year	
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section	
	1.7874-12(a)(9)?	[
10	If "Yes," see instructions and attach statement.	
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations	
	section 1.6011-4?	
17	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under	
10	section 901(m)? During the tay year did the foreign correction pay or accrue foreign tayes to which caction 900 applies, or treat	[
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat	
19	foreign taxes that were previously suspended under section 909 as no longer suspended? Did you answer "Yes" to any of the questions in the instructions for line 19?	····· = =
ıð	If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions)	
	ii res, enter the corresponding code(s) from the instructions and attach statement (see instructions)	174

Form 5471 (Rev. 12-2018) Page **6**

Schedule | Summary of Shareholder's Income From Foreign Corporation

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

Name	of U.S. shareholder	Identifying number		
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tie	er foreign corporation		
	(see instructions)		1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporation		. 1b	
C	Other Subpart F income (enter the result from Worksheet A in the instructions)		1c	
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instr			
3	Previously excluded export trade income withdrawn from investment in export tra	ade assets (enter the		
	result from Worksheet C in the instructions)		3	
4	Factoring income		4	
	See instructions for reporting amounts on lines 1 through 4 on your income tax r	return.		
5	Dividends received (translated at spot rate on payment date under section 989(b))(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income		6	
				Yes No
• Was	any income of the foreign corporation blocked?			
• Did	any such income become unblocked during the tax year (see section 964(b))?			
If the a	nswer to either question is "Yes," attach an explanation.			

SCHEDULE E (Form 5471)

(December 2018)

Department of the Treasury Internal Revenue Service

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471. ► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of VTTV	Name of person filing Form 5471 77 T D A					Identifying number
Name	Name of foreign corporation				EIN (if any)	Reference ID number (see instructions)
ASO	ASOCIACION VIDA VOLUNTARIOS GUATEMALA	RIOS GUATEMALA			00000000	82605GT
a	Separate Category (Enter code · see instructions.)	tructions.)				▲
q	b If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	ne country code for the sanct	ioned country (see ii	nstructions)		A
Part	11 Taxes for Which a Foreign Tax Credit Is Allowec	gn Tax Credit Is Allow				
	(a) Name of Payor Entity	intity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions.) Use a separate line for each.)	(d) Foreign Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)
-						
2						
3						
4						
2						
9						
7						
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) Currency in Which Tax Is Payable		(h) Conversion Rate to U.S. Dollars	(i) In U.S. Dollars (divide column (g) by column (h))	(J) In Functional Currency of Foreign Corporation
1						
2						
3						
4						
5						
9						
7						
8	Total (combine lines 1 through 7 of column (i)). Report amount on Schedule E-1, line 4	mn (i)). Report amount on Scl	nedule E-1, line 4	•		
6	Total (combine lines 1 through 7 of column (j)). See instructions for Schedule H, line 2g	mn (j)). See instructions for So	chedule H, line 2g		•	
Part II	t II Election					
For ta	For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?	004, has an election been ma	de under section 98	6(a)(1)(D) to translate taxes us	sing the exchange rate on the date of pa	ayment?
4	Yes No If "Yes,"	If "Yes," state date of election				

Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

(h) Total **(g)** Other (f) U.S. Taxes (e) Section 901(m) (d) Section 901(k) and (I) (c) Section 901(j) (b)
EIN or Reference ID
Number of Payor
Entity 3 In functional currency (combine lines 1 and 2) (a) Name of Payor Entity

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) 12-04-18 LHA For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (12-2018)

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SCHEDULE J (Form 5471)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

Name of foreign corporation

Separate Category (Enter code · see instructions.)

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

Attach to Form 5471.

OMB No. 1545-0123

PAS

39-2077094 Identifying numbe Reference ID number 82605GT 0000000-00 ▶ Go to www.irs.gov/Form5471 for instructions and the latest information. EIN (if any) ASOCIACION VIDA VOLUNTARIOS GUATEMALA

(e) Previously Taxed E&P (see instructions) (section 959(c)(1)(A)) (ii) Section 965(a) (i) Earnings Invested (section 959(c)(1)(A)) in U.S. Property Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)-(e)(iv) and (e)(vii)-(ix) (see instructions). Hovering Deficit and Deduction for Suspended (pre-1987 section 959(c)(3) balance) Pre-1987 E&P Not Previously Taxed (b)
Post-1986
Undistributed Earnings
(post-1986 and
pre-2018 section
959(c)(3) balance) If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) Post-2017 E&P Not (post-2017 section 959(c)(3) balance) Previously Taxed Part I Accumulated E&P of Controlled Foreign Corporation and reclassified to section 959(c)(1) E&P (see instructions) Reduction for taxes unsuspended under anti-splitter rules Amounts included as earnings invested in U.S. property Adjusted beginning balance (combine lines 1a and 1b) E&P attributable to distributions of previously taxed Total current and accumulated E&P (combine lines Amounts reclassified to section 959(c)(2) E&P from Balance at beginning of next year (combine lines 7 Beginning balance adjustments (attach statement) Balance at beginning of year (as reported on prior Disallowed deduction for taxes suspended under Reclassify deficit in E&P as hovering deficit after E&P carried over in nonrecognition transaction Amounts reclassified to section 959(c)(1) E&P Important: Enter amounts in functional currency. E&P from lower-tier foreign corporation Hovering deficit offset of undistributed posttransaction E&P (see instructions) Other adjustments (attach statement) Other adjustments (attach statement) Current year E&P (or deficit in E&P) nonrecognition transaction from section 959(c)(2) E&P section 959(c)(3) E&P Actual distributions year Schedule J) anti-splitter rules 1c through 6) 6 0 우 ပ္ 2 2 3 5a 5b Ξ 4 5 4 9 က ω 4

Schedule J (Form 5471) (Rev. 12-2018)

_
12-2018)
(Rev.
5471)
(Form
Schedule J

Part		F&P of Controlled	Accumulated E&P of Controlled Foreign Cornoration	On (continued)				
5			(e) Previo	(e) Previously Taxed E&P (see instructions)	ructions)			(J)
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
19								
4P								
9								
2a								
2b								
4								
5a								
2b								
9								
7								
8								
6								
10								
11								
12								
13								
14								
Part II		ly Taxed E&P Subj	Nonpreviously Taxed E&P Subject to Recapture as	s Subpart F Income (section 952(c)(2))	(section 952(c)(2)			

Enter amounts in functional currency.

:
- 1
- 1
- :
:
- :
:
- :
:
:
:
lance at beginning of year
-
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20
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.⊑
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alaı
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_

2 Additions (amounts subject to future recapture)3 Subtractions (amounts recaptured in current year)

4 Balance at end of year (combine lines 1 through 3)



Form **5471**

(Rev. December 2018)

Department of the Treasury

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

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

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

OMB No. 1545-0123

Attachment

Internal Revenue Service section 898) (see instructio	ns) beginning OC'l	ľΙ	, 2018, and ending	g SEP 30,201	9 Sequ	ience No.	121
Name of person filing this return				A Identifying num	ber	-		
VIDA				39-2077	094			
Number, street, and room or suite no. (or P.O. box number)	ber if mail is not	delivered to street address	s)		(See instructions. Check	applicable t	oox(es)):	
2612 S ARLINGTON MILI	DR, I	NO. APT C		a surgery or mer	1 2 3	4	5 X	
City or town, state, and ZIP code ARLINGTON, VA 22206				· ·	ercentage of the foreign on the end of its annual accou	-		
Filer's tax year beginning OCT 1		,2018 , and end	ling S	EP 30	,2019	nting portou		1 0 0 70
D Check box if this is a final Form 5471 for th	ne foreign cor	poration						
E Check if any excepted specified foreign fina	ancial assets a	are reported on this fo	rm (see	instructions)				
F Person(s) on whose behalf this information	n return is file	ed:				T		
(1) Name		(2) Addı	ress		(3) Identifying number	•	k applicable	
						Shareholder	Officer	Director
Important: Fill in all applicable lines a unless otherwise indicated		es. All information n	nust _{be}	e in English. All amou	nts must be stated in	U.S. dollar	S	
1a Name and address of foreign corporation FUNDACION VOLUNTAR		RA AVENTUR	AS I	DE NICARAG	b(1) Employer identi 0 0 - 0 0 0 0		nber, if any	
CALLE LIMON, DE LA MASAYA	GASOL:	INERA PUMA	4 (CUADRAS AL	b(2) Reference ID nu 8 2 6 0 6 NU		nstructions)
NICARAGUA					c Country under v		incorporate	d
d Date of e Principal place of b	usiness	f Principal		g Principal business ac	ctivity	h Function	al currency	
incorporation MASAYA NICARAGUA		business activity code number 813000	СН	ARITABLE	NTCAR	AGUA,	ORO	
2 Provide the following information for the f	foreian corpo		riod sta	ted above.				
a Name, address, and identifying number of					b If a U.S. income tax	return was t	filed, enter:	
NONE					(i) Taxable income or (lo		J.S. income (after all cr	
c Name and address of foreign corporation in country of incorporation	s statutory or	resident agent		person (or persons	(including corporate depa) with custody of the boo e location of such books	ks and reco	rds of the fo	oreign
NONE					RLINGTON MI			
				ARLINGTON	VA 22206-3	360		
Schedule A Stock of the Fore	eign Cor _l	poration						
					(b) Number of sha	res issued a	and outstan	ıding
(a) Desc	ription of eac	h class of stock			(i) Beginning of annua accounting period		(ii) End of a ccounting	
I HA For Paperwork Reduction Act Notice. s	see instructio	ins			<u> </u>	Form	5471 (Re	v. 12-2018)

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Form 5471 (Rev. 12-2018) Page **2**

Schedule B Shareholders of Foreign				
Part I U.S. Shareholders of Foreigr	Corporation (see instructions)			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
				1
				-
				<u> </u>
				-
]
Part II Direct Shareholders of Fore	ign Corporation (see instructions)			
2				Ι
(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.	(b) Description of each class of stock held Note: This description should match the description entered in Schedule A, c	corresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period

Form 5471 (Rev. 12-2018)
Page 3

Schedule C | Income Statement

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

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

VIDA

Form 5471 (Rev. 12	2-2018)	Page 4
Schedule F	Balance Sheet	

or ai	n exception for DASTM corporations. Assets	(a)	(b)
	7,5551.5	Beginning of annual accounting period	End of annual accounting period
1	Cash	accounting ported	accounting ported
-	Trade notes and accounts receivable 2a		
b	Less allowance for bad debts 2b	() (
3	Derivatives 3		
4	Inventories 4		
5	Other current assets (attach statement) 5		
6	Loans to shareholders and other related persons 6		
7	Investment in subsidiaries (attach statement) 7		
8	Other investments (attach statement)		
9a	Buildings and other depreciable assets 9a		
	Less accumulated depreciation 9b	() (
	Depletable assets 10a		
	Less accumulated depletion 10b	() (
1	Land (net of any amortization)		
2	Intangible assets:		
а	Goodwill 12a		
b	Organization costs 12b		
C	Patents, trademarks, and other intangible assets 12c		
	Less accumulated amortization for lines 12a, 12b, and 12c	() (
3	Other assets (attach statement) 13		
4	Total assets 14 Liabilities and Shareholders' Equity		
	Liabilities and Shareholders' Equity		
5	Accounts payable 15		
6	Other current liabilities (attach statement) 16		
7	Derivatives 17		
8	Loans from shareholders and other related persons		
9	Other liabilities (attach statement) 19		
20	Capital stock:		
а	Preferred stock 20a		
b	Common stock 20b		
21	Paid-in or capital surplus (attach reconciliation) 21		
22	Retained earnings 22		
23	Less cost of treasury stock 23	() (
24	Total liabilities and shareholders equity 24		
Scl	nedule G Other Information		
			Yes No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any formula to the company of the co	-	
	partnership?		
_	If "Yes," see the instructions for required statement.		
2			X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separat		
	owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any fo	•	
	branch (see instructions)?		L A
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the force correction or did the filer base a base erosion tay baseful under section 59A(a) with respect to a base		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base		\square X
	payment made or accrued to the foreign corporation (see instructions)?		[
ı	If "Yes," complete lines 4b and 4c.		▶ ♠
b	Enter the total amount of the base erosion payments		. .
C	Enter the total amount of the base erosion tax benefit		> \$
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduct		
	allowed under section 267A?		[.
Į.	If "Yes," complete line 5b.		Φ
233	Enter the total amount of the disallowed deductions (see instructions)		> \$

39-2077094

Form 5471 (Rev. 12-2018)

Page 5

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

VIDA 39-2077094

Form 5471 (Rev. 12-2018)
Page 6

Schedule I | Summary of Shareholder's Income From Foreign Corporation

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

Name (of U.S. shareholder Identifying num	nber >	
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation		
	(see instructions)	1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b	
C	Other Subpart F income (enter the result from Worksheet A in the instructions)	1c	
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)	2	
3	Previously excluded export trade income withdrawn from investment in export trade assets (enter the		
	result from Worksheet C in the instructions)	3	
4	Factoring income	4	
	See instructions for reporting amounts on lines 1 through 4 on your income tax return.		
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income	6	
	any income of the foreign corporation blocked? any such income become unblocked during the tax year (see section 964(b))?		Yes No
If the a	nswer to either question is "Yes," attach an explanation.		
		Form	5471 (Rev. 12-2018)

SCHEDULE E (Form 5471)

(December 2018)

Department of the Treasury Internal Revenue Service

Income, War Profits, and Excess Profits Taxes Paid or Accrued

OMB No. 1545-0123

Name o	Name of person filing Form 5471					Identifying number
V L DA					-	39-2011094
Name o	Name of foreign corporation				EIN (if any)	Reference ID number (see instructions)
FUNI	FUNDACION VOLUNTARIOS PARA AVENTURAS	ARA AVENTURAS D	E NICARAGUA	ſA	0000000-00	82606NU
a	Separate Category (Enter code · see instructions.)	structions.)				
q	b If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)	he country code for the sancti	oned country (see in	structions)		A
Part	I Taxes for Which a Foreign Tax Credit Is Allowed	gn Tax Credit Is Allowe	þé			
	(a) Name of Payor Entity	entity	(b) EIN or Reference ID Number of Payor Entity	Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions.	(d) Foreign Tax Year of Foreign Corporation to Which Tax Relates	(e) U.S. Tax Year of Foreign Corporation to Which Tax Relates
-			ريات ان ري -	000 a 30parato 1110 101 0a01.;		(for any one)
8						
က						
4						
2						
9						
7						
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) Currency in Which Tax Is Payable		(h) Conversion Rate to U.S. Dollars	(i) In U.S. Dollars (divide column (g) by column (h))	(j) In Functional Currency of Foreign Corporation
-						
2						
3						
4						
2						
9						
7						
8	Total (combine lines 1 through 7 of column (i)). Report amount on Schedule E-1, line 4	ımn (i)). Report amount on Sch	nedule E-1, line 4	•		
6	9 Total (combine lines 1 through 7 of column (j)). See instructions for Schedule H, line 2g	ımn (j)). See instructions for Sc	thedule H, line 2g		•	
Part II	II Election					

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment? If "Yes." state date of election ▶

	al			
	(h) Total			
	(g) Other			
rporation.)	(f) U.S. Taxes			
ency of foreign co	(e) Section 901(m)			
r in functional curr	(d) Section 901(k) and (I)			
Disallowed (Enter	(c) Section 901(j)			
Foreign Tax Credit Is D	(b) EIN or Reference ID Number of Payor Entity			
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)	(a) Name of Payor Entity			3 In functional currency (combine lines 1 and 2)
Part III		1	2	3 In func

4 In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) 812445 12-04-18 LHA For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (12-2018)

SCHEDULE J (Form 5471)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

Name of foreign corporation

VIDA

▶ Attach to Form 5471.

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

OMB No. 1545-0123

39-2077094 Identifying number Reference ID number 82606NU 0000000-00 ▶ Go to www.irs.gov/Form5471 for instructions and the latest information. EIN (if any) FUNDACION VOLUNTARIOS PARA AVENTURAS DE NICARAGUA

(e) Previously Taxed E&P (see instructions) (section 959(c)(1)(A)) (ii) Section 965(a) PASInclusion (i) Earnings Invested (section 959(c)(1)(A)) in U.S. Property Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)-(e)(iv) and (e)(vii)-(ix) (see instructions). Hovering Deficit and Deduction for Suspended (pre-1987 section 959(c)(3) balance) Pre-1987 E&P Not Previously Taxed (bost-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance) If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) Previously Taxed (post-2017 section 959(c)(3) balance) Post-2017 E&P Not Part I Accumulated E&P of Controlled Foreign Corporation Reduction for taxes unsuspended under anti-splitter rules Adjusted beginning balance (combine lines 1a and 1b) Balance at beginning of year (as reported on prior Beginning balance adjustments (attach statement) Disallowed deduction for taxes suspended under Separate Category (Enter code · see instructions.) Important: Enter amounts in functional currency. year Schedule J) anti-splitter rules 우 ပ္ 2 2 3

E&P attributable to distributions of previously taxed

Current year E&P (or deficit in E&P)

က

Reclassify deficit in E&P as hovering deficit after

nonrecognition transaction

E&P carried over in nonrecognition transaction

5a 5b

E&P from lower-tier foreign corporation

٥	b Other adjustments (attach statement)			
7	Total current and accumulated E&P (combine lines			
	1c through 6)			
8	Amounts reclassified to section 959(c)(2) E&P from			
	section 959(c)(3) E&P			
6	Actual distributions			
10	10 Amounts reclassified to section 959(c)(1) E&P			
	from section 959(c)(2) E&P			
Ξ	11 Amounts included as earnings invested in U.S. property			
	and reclassified to section 959(c)(1) E&P (see instructions)			
12	12 Other adjustments (attach statement)			
<u>ნ</u>	13 Hovering deficit offset of undistributed			
	posttransaction E&P (see instructions)			
4	Balance at beginning of next year (combine lines 7			
	through 13)			

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Schedule J (Form 5471) (Rev. 12-2018)

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12-2018
(Rev.
Form 5471)
chedule J (i

Part		F&P of Controlled	Accumulated E&P of Controlled Foreign Cornoration	(Consister of Mo				
			(e) Previo	(e) Previously Taxed E&P (see instructions)	ructions)			(£)
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
19								
1b								
10								
2a								
2b								
3								
4								
5a								
2b								
9								
7								
8								
6								
10								
11								
12								
13								
4								
Part II		ly Taxed E&P Subj	Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))	s Subpart F Income	(section 952(c)(2)			

Enter amounts in functional currency.

:	
:	
- :	
- :	
:	
- :	
- 1	
- :	
- :	
- :	
:	
ear	
Balance at beginning of year	

2 Additions (amounts subject to future recapture)3 Subtractions (amounts recaptured in current year)

4 Balance at end of year (combine lines 1 through 3)

Schedule J (Form 5471) (Rev. 12-2018)