Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

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

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

Tax vear beginning OCT 1, 2014 and ending SEP 30, 2015

ΑI	For the 2	2014 calendar year, or tax year beginning $$ OCT $$ $$ $$ 1 $$, $$ $$ $$ $$ 2 $$ 0 $$ 1 $$ $$ and ending	<u>S</u> EP 30, 2015				
B	Check if applicable:	C Name of organization	D Employer identific	cation number			
Г	Address change	VIDA					
	Name change	Doing business as	39-2	077094			
Ļ	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si					
	Final return/ termin-	2606B S ARLINGTON MILL RD		365-8432			
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 2,152,401				
Ļ	Amended	ARBINGION, VA ZZZOO-3300	H(a) Is this a group re				
	Applica- tion pending		for subordinates				
		SAME AS C ABOVE	H(b) Are all subordinates in				
			· ·	list. (see instructions)			
		: ▶ WWW.VIDAVOLUNTEER.ORG	H(c) Group exemptio				
			ear of formation: 2008 N	State of legal domicile: MN			
Pa		Summary	TUDI V TADACE	MIID OILLI TMW			
Governance	1 B	riefly describe the organization's mission or most significant activities: TO POSIT OF LIFE IN UNDERSERVED COMMUNITIES	IVELY IMPACT	THE QUALITY			
ž	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	ssets.			
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	3			
<u>م</u>		umber of independent voting members of the governing body (Part VI, line 1b)		2			
es	5 To	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1			
Ϋ́Ε	6 To	otal number of volunteers (estimate if necessary)	6	1257			
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		0.			
_	b N	et unrelated business taxable income from Form 990-T, line 34	7b	0.			
			Prior Year	Current Year			
ē	8 C	ontributions and grants (Part VIII, line 1h)	2,196,818.	2,147,862.			
en		rogram service revenue (Part VIII, line 2g)	0.	0.			
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,437.	509.			
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,038.	4,030.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,214,419.	2,152,401.			
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	477,901.	538,592.			
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Ϋ́		otal fundraising expenses (Part IX, column (D), line 25)	1 462 650	1 500 750			
_		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,463,650.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,941,551.	2,131,342.			
<u>_ s</u>	19 R	evenue less expenses. Subtract line 18 from line 12	272,868.				
ts or			Beginning of Current Year	End of Year			
SSE	20 To	otal assets (Part X, line 16)	754,369. 289,873.	823,171.			
Net Assets or Fund Balances	21 To	otal liabilities (Part X, line 26)	464,496.	337,616. 485,555.			
	22 N	et assets or fund balances. Subtract line 21 from line 20	404,450.	400,000			
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of m	v knowledge and helief it is			
		and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and boller, it is			
uuo	, 0011001,	and complete. Books attend of property (care taken officer) to below off an information of which prop	aror nao arry knowledge.				
Sig	ո	Signature of officer	Date				
Her		LUCIA LEMUS, PRESIDENT					
	Ŭ	Type or print name and title					
	F	Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Pai		AUREN BALLARD LAUREN BALLARD	06/06/16 if self-employ	P01451787			
Pre		irm's name CLIFTONLARSONALLEN LLP	Firm's EIN	41-0746749			
		Firm's address 220 SOUTH SIXTH STREET, SUITE 300					
		MINNEAPOLIS, MN 55402	Phone no.61	2-376-4500			
Ma	y the IRS	6 discuss this return with the preparer shown above? (see instructions)	'	X Yes No			

Pa	Check if Schedule O contains a response or note to any line in this Part III	X
1		
'	Briefly describe the organization's mission: TO POSITIVELY IMPACT THE QUALITY OF LIFE IN UNDERSERVED COMMUNITIES	
	WHILE OFFERING VOLUNTEERS A LIFE CHANGING EXPERIENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 803, 234 • including grants of \$) (Revenue \$)	
	VIDA IS A NON PROFIT HUMANITARIAN ASSOCIATION WITH OFFICES IN	
	GUATEMALA, NICARAGUA AND COSTA RICA THAT HELPS TO EMPOWER INDIVIDUAL	
	AND PROVIDES FREE MEDICAL, DENTAL, AND VETERINARY ASSISTANCE TO NEED	<u>Y</u>
	COMMUNITIES TO IMPROVE QUALITY OF LIFE BY OFFERING VOLUNTEERS FROM	
	AROUND THE WORLD HANDS-ON, EYE-OPENING, MIND-ENRICHING EXPERIENCES.	
	MILE WATE COAL OF UTDA VOLUMBER O MEDICAL PROCESS TO MO TWORNIE MILE	
	THE MAIN GOAL OF VIDA VOLUNTEER'S MEDICAL PROGRAM IS TO IMPROVE THE	
	OVERALL HEALTH AND WELL BEING OF CENTRAL AMERICAN COMMUNITIES BY BRINGING VIDA'S PUBLIC HEALTH MOBILE CLINICS INTO THE RURAL SETTING.	
	BRINGING VIDA S PUBLIC REALIR MODILE CLINICS INTO THE RURAL SETTING.	
	CONTINUED ON SCHEDULE O	
	CONTINUED ON BEHEDOLLE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
76	(Vode:) (Expenses #	
4c	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,803,234.	
	Course Programme Course	1/0014

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Form 990 (2014) VIDA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.7
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
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	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111	-21	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 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			77
	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,"	40		Х
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
ט	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		

Form 990 (2014) VIDA Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3,7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			3,7
	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	١		
	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	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	054		Х
oe.	Schedule L, Part I	25b		
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		х
27	Complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) VIDA Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1096. Enter-0-if not applicable 1 a 0 0 1 b 0 0 1 b 0 0 1 b 0 0 1 b 0 0 0 1 b 0 0 1 b 0 0 0 1 b 0 0 0 1 b 0 0 0 1 b 0 0 0 0		Check if Schedule O Contains a response of note to any line in this Part V					
Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable 1b		,				Yes	No
Country of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If all the calendar year ending with or within the year covered by this return 4 If all the calendar year ending with or within the year covered by this return 5 If all the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 If all the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 9 If Yes, ** has it filed a Form 990-1 for this year? if ** No.* * to fine 3b, provide an explanation in Schedule 0 9 If Yes, ** and the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 9 If Yes, ** and the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 9 If Yes, ** and the sum of the form 990-1 for this year? if ** No.* * to fine 3b, provide an explanation in Schedule 0 9 If Yes, ** and the man of the foreign country (such as a bank account, securities account, or other financial accountry) 10 If Yes, ** and the man of the foreign country (such as a bank account, securities account, or other financial accountry) 10 If Yes, ** and the mean of the foreign country (such as a bank account, securities account, or other financial accountry) 11 If Yes, ** and the organization has pread the security of provided and the organization solid any contributions part of the organization in facility and provided to a charitable contributions? 12 If Yes, ** and the organization include with every solidations and explanation foreign and provided to the propertion of the provided to the provided to the payor? 13 If Yes, ** and			1a	_			
dispatchingly winnings to prize winners? a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-/fee (see instructions) b if "Yes," his st filed a Form 990-F1 for this year? 1 *No," to line 8b, provide an explanation in Schedule 0 b if "Yes," as if the dark of the organization as a bank account, so provide an explanation in Schedule 0 b if "Yes," and a st filed a Form 990-F1 for this year? 1 *No," to line 8b, provide an explanation in Schedule 0 b if "Yes," and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 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 or a strength or 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? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6b Unit of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Fore 8889 as required? 7f Unit "Yes," indicate the number of Fore 8889 as required? 7g If the organization receive a payment in excess of \$75 made partly as a contribution of organization file a Form 1098-0? 7r Organiza							
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year and ending with or within the year covered by this nature. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-Me (see instructions) 3a	С						
Filed for the calendary year ending with or within the year covered by this return 2a 1 2 3 3 5 1 4 6 1		I	i		1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bit the organization have unrelated business gross income of \$1,000 or more during the year? 31 bit "Yes," has it filed a Form 990.T for this year? If "No," to line 30, provide an explanation in Schedule O 32 bit "Yes," has it filed a Form 990.T for this year? If "No," to line 30, provide an explanation in Schedule O 33 bit "Yes," this it filed a Form 990.T for this year? If "No," to line 30, provide an explanation in Schedule O 34 bit "Yes," that it filed a Form 990.T for this year? If "No," to line 30, provide an explanation in Schedule O 35 bit "A tax y time during the calendar year, did the organization have an interestin, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4	2a	· · · · · · · · · · · · · · · · · · ·		1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30		· · · · · · · · · · · · · · · · · · ·				v	
3a Sa Sa Sa Sa Sa Sa Sa	b				2b	^	
b if "Yes," has it filed a Form 990-T for this year/ if 'No,' * to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 'Yes,' enter the name of the foreign country ► COSTA_RICA_NICARAGIA_GUA_TEMALIA See instructions for filing requirements for FincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b I dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I 'Yes,' to line Sa or 5b, did the organization life Form 8898-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions? b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If 'Yes,' indict the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 I bid the organization received a contribution of qualified intellictual property, did the organization file a form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring	0-				0-		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (Securities account) and financial accounts (FBAE). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAE). So was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Dos 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? 6b If "Yes," to line 5a or 5b, did the organization file Form 8886.T" 6c If "Yes," to line 5a or 5b, did the organization file Form 8886.T" 7c Organizations that were not tax deductible as charitable contributions? 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a The Colicit the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c If If Yes, indicate the number of Forms 8282 filed during the year 8 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c If Did the organization received a contribution of updated infelledual property, did the organization file a Form 1098.C? 8 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C? 9 Sponsoring organizations exceeds benefit contributions included on Part VIII, line 12 10 a Corse receipts, included on Form 990							
triancial account in a foreign country (such as a bank account, securities account, or other financial account?) b (if "Yes," enter the name of the foreign country; ▶ COSTA, NICARAGUA, GUATEMALA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accountry (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them end tax deductible accharitable contributions any contributions that them end tax deductible accharitable contributions any contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7 Organization sthat may receive deductible contributions under section 170(c). a bid the organization sthat may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 2 Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If I Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If I the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization make an distribution with a surface and surface and particular to the sponsoring organization make a distribution wit		•			30		
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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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11Section 501(c)(7) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11b 11b 11c 12Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15Fys," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \textbf{Did a donor advised fund maintained}$	by the)			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а				9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a		· · · · · -	. 1				
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 14b 14b	D	· · · · · · · · · · · · · · · · · · ·	_{13h}				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	•						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		X
	ט	The real transaction report these payments: It is provide an explanation in schedule	,			990	(2014

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
		1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X				
5									
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done		12c						
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14		Х				
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	• • • • • • • • • • • • • • • • • • • •	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:							
	LUCIA LEMUS - 888-365-8432								
	2606B S ARLINGTON MILL RD. ARLINGTON. VA 22206-3	360							

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SONDRA ELIZONDO	40.00	х		х				75,000.	0.	20 014
PRESIDENT (2) LOIS BONASERA	1.00	^		_				75,000.	0.	20,014
VICE PRESIDENT	1.00	Х		х				0.	0.	0
(3) HEATHER JOST	1.00			 						
SECRETARY		х		x				0.	0.	0
(4) JEFF ACKERMAN	1.00									
TREASURER		Х		Х				0.	0.	0
(5) ALLISON REINARZ DIRECTOR	1.00	X						0.	0.	0

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

Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>/ees</u>	, an	a H	<u>igne</u>	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more erson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from relate	on	an	(F) timate nount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	าร	com fr orga	pensar om the anizati d relate anizatio	e ion ed
			-											
			-											
			_											
			_											
			_											
	Sub-total								75,000.		0.	2	0,0	14.
С	Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n								75,000 • eceived more than \$100	.000 of reportab	0 .		0,0	14.
_	compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			V	0
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		Х
•	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e J t	for such individual			4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indiv	dual for services	ŝ	5		Х
Sec	tion B. Independent Contractors											<u>'</u>		
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business			ONE					(B) Description of s			(C omper	;) neation	
	- Name and Basiness		11/	JIVI					Description of a	01 11000		Ompor	1001101	
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >				-	U						000 (6	

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Form 990 (2014) VIDA
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
				•	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran Oun		Membership dues						
اغ'ي اغ'ي		Fundraising events			-			
a ii		Related organizations			-			
S,E		Government grants (contribut	·····		-			
Sign		All other contributions, gifts, gran	, 					
ihe e	-	similar amounts not included above		147,862.				
Ę Ę	а	Noncash contributions included in lines	······					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			2,147,862.			
				Business Code				
a l	2 a			<u> </u>				
Ş <	b		_					
Program Service Revenue	c	-						
E S	d							
Pgg	e							
Pro		All other program service reve	2016					
		Total. Add lines 2a-2f						
\rightarrow	3	Investment income (including						
	3	other similar amounts)			509.			509.
	4	Income from investment of tax			3031			3031
	5	Royalties						
	3	noyaliles	(i) Real	(ii) Personal				
	6.0	Gross rents	(i) Neai	(II) Personal	-			
					-			
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	D	Less: cost or other basis						
	_	and sales expenses			-			
		Gain or (loss)	•					
		Net gain or (loss)		D				
ne	8 а	Gross income from fundraising						
Ver		including \$	of					
Be		contributions reported on line	*					
Other Reven		Part IV, line 18			-			
₽		Less: direct expenses						
		Net income or (loss) from fund						
	э а	Gross income from gaming ac						
	L-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	>				
	ю а	Gross sales of inventory, less						
		and allowances			-			
		Less: cost of goods sold						
	с	Net income or (loss) from sale						
ł	44	Miscellaneous Revenu EXCHANGE RATE E		Business Code	4,030.			4,030.
				799933	4,030.			±,030.
	b				1			
	C				1			
	d	All other revenue			4,030.			
		Total Add lines 11a-11d			2,152,401.	0.	0.	4,539.
43200 11-07-	12	Total revenue. See instructions.		>	L, T,	U •]	0.	Form 990 (2014)
11-07-	14							1 01111 330 (20 14)

Form 990 (2014)

VIDA

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		ner organizations must co	mplete column (A).	
20011	Check if Schedule O contains a respon				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,	07 057	07 057		
_	trustees, and key employees	97,057.	97,057.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	350,634.	299,325.	51,309.	
7	Other salaries and wages	330,034.	433,343.	51,303.	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	19,275.	10,520.	8,755.	
9	Other employee benefits	71,626.	63,278.	8,348.	
10 11	Payroll taxes	7 1 , 0 2 0 •	03,270•	0,340.	
	Management	4,495.		4,495.	
	Legal Accounting	11,787.		11,787.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	420,593.	407,158.	13,435.	
12	Advertising and promotion	12,673.	·	12,673.	
13	Office expenses	98,608.		98,608.	
14	Information technology	9,470.		9,470.	
15	Royalties				
16	Occupancy	26,289.		26,289.	
17	Travel	841,589.	815,921.	25,668.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,761.		15,761.	
20	Interest	19,023.		19,023.	
21	Payments to affiliates	04 204		01 201	
22	Depreciation, depletion, and amortization	21,394.		21,394.	
23	Insurance	1,093.		1,093.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEDICAL SUPPLIES	92,359.	92,359.		
b	LOGISTICS	17,616.	17,616.		
c		,	,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,131,342.	1,803,234.	328,108.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

VIDA

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) Beginning of year End of year 306,820. 290,599. Cash - non-interest-bearing 1 136,016. 221,766. 2 Savings and temporary cash investments 1,383. 13,943. 3 Pledges and grants receivable, net 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 3,416. 780. Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 358,873. basis. Complete Part VI of Schedule D _____ 10a 62,790. 306,734. b Less: accumulated depreciation 10b 296,083. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 754,369. 823,171. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 50,789. 17 64,442. 17 Accounts payable and accrued expenses 18 18 Grants payable 81,081. 124,380. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 158,003. 148,794. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 337,616. 289,873. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 464,496. 27 485,555. Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 464,496. 485,555.

823,171. Form **990** (2014)

33

754,369.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances_____

	n 990 (2014) VIDA	39-20	<u> 77094</u>	Pa	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
		i							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,15						
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,13		<u>42.</u> 59.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46	4,4	96.				
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	48	<u>5,5</u>	55.				
Pa	rt XII Financial Statements and Reporting				_				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
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	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit							
	Act and OMB Circular A-133?		За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

Employer identification number 39-2077094

		VIDA						3	9-2077094		
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.				
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	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		•	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz					-	i). Enter t	the hospital's name.		
-		city, and state:	·	,			C A A A	•	,		
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental uni	t describ	ed in		
•		section 170(b)(1)(A)(iv). (C			a o. opo.a						
6		A federal, state, or local gov	-	nental unit described in	section 17	70(h)(1)(A)	(v)				
	X	An organization that norma	-					general	nublic described in		
•		section 170(b)(1)(A)(vi). (Co	-	Titial part of its support	ioiii a gov	CiriiriCiritai		general	public described in		
8		A community trust describe		1VAVvi) (Complete Par	+ 11 \						
_	H	•			-	oontributie	na mambarabi	n food o	ad areas resoints from		
9		An organization that norma	•	•	-				•		
		activities related to its exen	•						-		
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the orga	inization	aπer June 30, 1975.		
40		See section 509(a)(2). (Cor		ti a li a ka a ka a k Kamara da Karara	f-t- 0		00(-)(4)				
10	H	An organization organized a	•	•	-						
11		An organization organized a	•	•	-			•			
		more publicly supported or	~						neck the box in		
		lines 11a through 11d that	• •			•		•			
а		■ Type I. A supporting orga			•						
		the supported organization			a majority (of the direc	ctors or trustees	of the s	upporting		
		organization. You must c									
b		☐ Type II. A supporting org						•			
		control or management o			ame perso	ons that co	ntrol or manage	the sup	ported		
		organization(s). You mus	- ·								
С			-				-	integrate	ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.				
d			integrated. A supp	orting organization oper	ated in co	nnection v	ith its supporte	d organiz	zation(s)		
		that is not functionally int	egrated. The organiz	cation generally must sa	tisfy a dist	ribution re	quirement and a	ın attenti	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III			
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.					
f	Ente	er the number of supported o	organizations								
g	Prov	ride the following information	about the supporte	d organization(s).	le						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) Is the o listed i	rganization n vour			(vi) Amount of		
		organization		above or IRC section		document?	support (se Instruction		other support (see Instructions)		
				(see instructions))	Yes	No	mstruction	3)	Ilisti detions)		
Γota	ıl										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,700,119.	2,089,116.	3,702,674.	2,196,818.	2,147,862.	11,836,589.
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	1,700,119.	2,089,116.	3,702,674.	2,196,818.	2,147,862.	11,836,589.
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.						11,836,589.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,700,119.	2,089,116.	3,702,674.	2,196,818.	2,147,862.	11,836,589.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	118.	81.	153.	500.	509.	1,361.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				21,038.	4,030.	25,068.
11							11,863,018.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for			, fourth, or fifth tax	x year as a section	n 501(c)(3)	
	organization, check this box and stop						> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.78 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	99.99 %
16a	33 1/3% support test - 2014. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2013. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	=	-	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2013. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Galendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total membership frees received. (Do not include any "unusual grants") (a) 2015 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total numbership frees received. (Do not include any "unusual grants") (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total numbership frees received free free free free free free free fr	Se	ction A. Public Support		,				
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, mechanises of ord ordinates and missions, mechanises of ord ordinates and missions, mechanises of ordinates to the organization's tax-exempt purpose of Gross receipts from admissions and the organization's tax-exempt purpose of Gross receipts from admissions and the organization's tax-exempt purpose of Gross receipts from admissions and the organization's tax-exempt purpose of Gross receipts from admissions and the organization's benefit and either point 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 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 8 A missis received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts from disqualified persons are an analysis of the organization without charge and the organization are lines to the days and are an an an analysis of the organization and the organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a second organization are lines to the days and a	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 trave-sumpt purpose 3 Gross receipts from activities that are not an unrelated trade or thus-iness under section 513 4 Tax revoruses lovide for the organization's trave-sumpt purpose in the section of the product of the pro	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 and the services of realistics for the organization'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'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		membership fees received. (Do not						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's take-empty huppose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4. Tax revenues levied for the organ- ization's benefit and either paid to 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 7. A mounts included on lines 1, 2, and 3. received from disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction of lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from the first disqualified persons by Amenia fraction lines 2 and received from first lines by the first of the grown of the second from the first disqualified persons by Amenia fraction lines 2 and received from first lines support seasons when the first first years (in first lines to the grown of		include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section \$13	2	Gross receipts from admissions,						
any activity that is related to the organization is tax exempt purpose as Gross receipts from activities that are not an unrelated trade of business under section 513 4 Tax revenues levied for the organization is 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 (and the organization without charge (but her organization) with the organization (but her organization) with the organization (but her organization) with the organization organization (but her organization) with the organization or furth business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included in line 10b, whicher or not with business is activities not included units and support the with the organization with the organization with the sale of capital with the sale of capital with the sale of capital with the organization		•						
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4 Tax revenues levied for the organization'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								
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the organization without charge 6 Total. Add lines 1 through 5	5							
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 7 received from disqualified persons b 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 disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support Seteroria 7 total [sq. 1] 9 Amounts from line 6 10a Gross income from line 6 10a Gross income from line 6 10a Gross income from line 6 10b Inrelated business staxible income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on included in line 10b, whether or not the business is regularly carried on for line 10b, whether or not the business is regularly carried on for the sele of capital assets (Explain in Part VI.) 13 Total support percentage from 2013 Schedule A, Part III, line 15 8 Ection D. Computation of Investment Income Percentage 17 Investment income percentage from 2013 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2014, lift he organization did not check the box on line 14 or line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization did not check the box on line 14 or line 16 is more than 33 1/3%, and line 18 is not 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.		, ,						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ı							
	,		•			•		
	20							

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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		
	3с		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
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Ра	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		<u> </u>
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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <i>part VI</i> 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		
800	tion C. Type II Supporting Organizations			
360	tion 6. Type if Supporting Organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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			
	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 instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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			
	leave the analysis is a still state of the state of the first the state of the stat			
	those supported organizations and explain now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
		20		
L	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in partial the role played by the organization in this regard	3h		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part V	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.										
	Also complete this part for any additional information. (See instructions).										
SCHE	DULE	Α,	PART	II,	LINE	10,	EXPL	ANATION	FOR	OTHER	INCOME:
EXCH	ANGE	RAT	E EF	FECT							
2013	JOMA	JNT:	\$	21,	038.						
2014	JOMA	JNT:	\$	4,0	30.						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization VIDA 39-2077094

Par	rt I O	ganizations Maintaining Donor Advised	d Funds or Ot	her Similar Funds	or Ac	counts. Complete if the
	org	anization answered "Yes" to Form 990, Part IV, line	6.			·
			(a) Donor a	dvised funds	(b)	Funds and other accounts
1	Total num	ber at end of year				
2		value of contributions to (during year)				
3		value of grants from (during year)				
4		value at end of year				
5		ganization inform all donors and donor advisors in w	riting that the ass	ets held in donor advise	ed fund	
		ganization's property, subject to the organization's e	-			
6		ganization inform all grantees, donors, and donor ad				
-		ble purposes and not for the benefit of the donor or				
		ible private benefit?	,	, , ,		Ŭ
Par		onservation Easements. Complete if the organic				
1) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·	,	
		servation of land for public use (e.g., recreation or ed		Preservation of a histo	orically i	mportant land area
		ection of natural habitat		Preservation of a certi		
		servation of open space				
2		lines 2a through 2d if the organization held a qualifie	ed conservation o	ontribution in the form (of a con	servation easement on the last
_	day of the		od donisci vation o		01 4 001	isorvation casemont on the last
	day or the	tax your.			Г	Held at the End of the Tax Year
а	Total num	ber of conservation easements				2a
b						2b
c		f conservation easements on a certified historic stru				2c
d		f conservation easements included in (c) acquired a				
_		e National Register				2d
3		f conservation easements modified, transferred, rele				
_	year >		acca, changaione	a, o. 10a.oa by 1110	, e. ga	anon danng and lan
4	_	f states where property subject to conservation eas	ement is located	•		
5		organization have a written policy regarding the period				
		and enforcement of the conservation easements it				Yes No
6		volunteer hours devoted to monitoring, inspecting, a				
7		f expenses incurred in monitoring, inspecting, and e				
8		n conservation easement reported on line 2(d) above				
_		n 170(h)(4)(B)(ii)?				
9		, describe how the organization reports conservatio				
_		applicable, the text of the footnote to the organizati		· ·		
		ion easements.			3	3
Par		ganizations Maintaining Collections of	Art, Historica	I Treasures, or Ot	ther S	imilar Assets.
	Co	mplete if the organization answered "Yes" to Form 9	990, Part IV, line 8.			
1a	If the orga	nization elected, as permitted under SFAS 116 (ASC	C 958), not to repo	ort in its revenue statem	nent and	d balance sheet works of art,
		reasures, or other similar assets held for public exhi				
	the text o	the footnote to its financial statements that describ	es these items.		·	
b		nization elected, as permitted under SFAS 116 (ASC		its revenue statement	and ba	lance sheet works of art, historical
		or other similar assets held for public exhibition, ed				
		these items:	•	·		71
	_	ue included in Form 990, Part VIII, line 1				> \$
						> \$
2		nization received or held works of art, historical trea				
_		ng amounts required to be reported under SFAS 11			J P	
а		ncluded in Form 990, Part VIII, line 1	,	•		▶ \$
		luded in Form 990, Part X				

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

Schedule D (Form 990) 2014

tights that that apply: a Public exhibition b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Exhibition b Beginning of year balance c Beginning of year balance b Beginning of year balance c D Horsbuttons during the year c D II "Yes" Scholarly in Season of the organization or Furn 990, Part X, line 21, or escore or custodial account leading to a manual to a Foundation such that are held and administered for the organizations. 1a Beginning of year balance 1b Cornbettines and season or the organization in Part XIII Check here if the explanation has been provided in Part XIII. 1b Part V Endowment Funds. Complete if the organization has been provided in Part XIII. 1a Beginning of year balance 1b Cornbettines and year and bessess of the organization and programs. 1c Sepinning balance 1c Additions during the year 1c Inding balance 1c Additions during the year 1c Inding balance 1	Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Oth	er S	imilar A	ssets(co	ntinuec) ()
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sociolic or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Form 990, Part XI II Scrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, fustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, fustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization an agent, fustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance Beginning balance Beginning balance It is fully substance Beginning of the evganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No	3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t are a s	ignifi	cant use o	of its collec	tion ite	ms
b Scholarly research e		(check all that apply):										
c	а	Public exhibition	d		Loan or exc	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts 10 be sold to raise funds afther than to be maintained as part of the organization's collection? For the provide an amount to from 990, Part X, line 9, or receive donation to not form 990, Part X, line 9, or received an amount on Form 990, Part X, line 10, or Form 990, Part X, line 9, or Form 990, Part X, line 11, for explain the arrangement in Part XIII and complete the following table: ■ Beginning balance ■ Beginning balance ■ Distributions during the year ■ International transplainment in Part XIII. Check here if the explanation has been provided in Part XIII. ■ Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10, the organization in the part XIII. Check here if the explanation has been provided in Part XIII. ■ Beginning of year balance ■ Goldment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10, lin	b	Scholarly research	е		Other							
5 buting the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is 1 is the organization and in the part XIII and complete the following table: Beginning balance Additions during the year Is 1 is 1 in the organization and the part XIII and complete the following table: Beginning balance Additions during the year Is 1 in the part XIII and the pa	С	Preservation for future generations										
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Serrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21, for each organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										Yes	. [☐ No
reported an amount on Form 990, Part X, line 21. a sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	'Yes" to	Form	1990, Par	t IV, line 9,	or	
on Form 990, Part X? Ves					· ·							
b If "Yes," explain the arrangement in Part XIII and complete the following table: C	1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	t inclu	ıded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C										. CYes	. [☐ No
C Beginning balance	b											
d Additions during the year 1d 1e 1e 1e 1e 1e 1e 1e		•	•	· ·				Γ		Amc	unt	
d Additions during the year 1d 1e 1e 1e 1e 1e 1e 1e	С	Beginning balance							1c			-
e Distributions during the year f Ending balance											-	
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Redowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back		-						-		••	· F	7
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e)												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation 1a Land (a) Book value depreciation 1a Land (b) Buildings (c) Leasehold improvements d Equipment (d) Book value (d) Equipment (e) Accumulated (d) Book value (d) Equipment (e) Accumulated (e) Accumulate		·				1			ree years	back (e) F	our yea	rs back
b Contributions	1a	Beginning of year balance	,	. ,	<u> </u>			`,				
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment sy The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings 271, 883, 24, 469, 247, 414. c Leasehold improvements d Equipment 78, 368, 38, 321, 40,047.												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\)	_											
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Г										
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	C	· I										
g End of year balance												
Perrovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶										-		-
a Board designated or quasi-endowment ▶	_	-	ont year and balance	o (lino 1	a column ()) hold oo:						
b Permanent endowment ▶			ent year end baland	-	g, coluitii (a	a)) Helu as.						
Temporarily restricted endowment ▶		-	0/									
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(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land 8,622. Buildings 271,883. 24,469. 247,414. c Leasehold improvements d Equipment e Other	за		ssion of the organiza	ation tha	at are neid a	na aaministe	erea for t	rie or	ganization	1	1/2	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) c Leasehold improvements d Equipment d Equipment Other										0-	_	NO
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land Buildings 271,883. 24,469. 247,414. c Leasehold improvements d Equipment Other										⊨	`	+
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land Buildings 271,883. 24,469. 247,414. c Leasehold improvements d Equipment Other												+-
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 8,622. 8,622. b Buildings 271,883. 24,469. 247,414. c Leasehold improvements 78,368. 38,321. 40,047. e Other Other 0 Other 0 Other 0 Other	D 4									31	<u> </u>	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land B R 622. B Buildings C Leasehold improvements d Equipment Other	Dai			wment	tunas.							
Description of property (a) Cost or other basis (investment) 1a Land B , 622. B Buildings C Leasehold improvements d Equipment Other (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 8 , 622. 8 , 622. 271 , 883. 24 , 469. 247 , 414. 78 , 368. 38 , 321. 40 , 047.	rai			Dort IV	lina 11a C	Farm 000	Dort V	lina t	0			
basis (investment) basis (other) depreciation 1a Land 8,622. 8,622. b Buildings 271,883. 24,469. 247,414. c Leasehold improvements 78,368. 38,321. 40,047. e Other 0ther 0ther 0ther 0ther			1			-				T (» =		
1a Land 8,622. 8,622. b Buildings 271,883. 24,469. 247,414. c Leasehold improvements 78,368. 38,321. 40,047. e Other 78,368. 38,321. 40,047.		Description of property								(a) B	ook va	lue
b Buildings 271,883. 24,469. 247,414. c Leasehold improvements 78,368. 38,321. 40,047. e Other	_	Lord	 	neni)		, ,	ue	preci	atiOi i	+	Q	622
c Leasehold improvements d Equipment 78,368. 38,321. 40,047. e Other								2.4	160	+		
d Equipment 78,368. 38,321. 40,047.					41	1,003		4	,403.	\ 	4/,	+ + 4 •
e Other					7	0 260	2.0	2 2 1	+	10	017	
e Uther												
				V ==1	(D) !'	10-)				+	96	U 8 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 VIDA			39	-20//094 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" t (a) Description of security or category (including name of security)	to Form 990, Part IV (b) Book value			d-of-year market value
	(b) Book value	(C) Method of V	/aluation. Cost of end	u-or-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.				
	to Form 000 Dort IV	line 11e Coe Form 000	Dort V. line 12	
Complete if the organization answered "Yes" t (a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1)	(1) 20011 (111111)	(0)		a or your marries raids
(1)				
(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" t	to Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a) [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.				
Complete if the organization answered "Yes" t	to Form 990, Part IV		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			_	
(2)			_	
(3)				
(4)			-	
(5)				
(6)				
(7)				
(8)			-	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			

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

Schedule D (Form 990) 2014

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,152,401
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	2,152,401
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,152,401
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,131,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	5	2a			
b					
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е				2e	0
3	Subtract line 2e from line 1			3	2,131,342
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			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,131,342
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional infor	mation.		
PA:	RT X, LINE 2:				
TH.	E ORGANIZATION IS A TAX EXEMPT ORGANIZATIO	N UNDE	R IRS CODE	SE	CTION
	4 (2) (2)				
50	1(C)(3) OF THE INTERNAL REVENUE CODE. ACCO	RDINGL	Y, NO PROV	ISI	ON FOR
IN	COME TAXES HAS BEEN RECORDED IN THE ACCOMP	ANYING	FINANCIAL	ST	ATEMENTS.
TH.	E ORGANIZATION HAS ADOPTED THE STANDARD FO	R ACCO	UNTING FOR	UN	CERTAIN TAX
PO	SITIONS. THE STANDARD PRESCRIBES A RECOGNI	TION T	HRESHOLD A	ND I	MEASUREMENT
PR	INCIPLES FOR THE FINANCIAL STATEMENT RECOG	${ t NITION}$	AND MEASU	REM:	ENT OF TAX
РО	SITIONS TAKEN OR EXPECTED TO BE TAKEN ON A		ETURN THAT	AR:	E NOT

CERTAIN TO BE REALIZED.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

VIDZ	A				39-20	77094
Part		rmation on A	ctivities Out	tside the United States. Comple		
	Form 990, Part I	V, line 14b.		·		
1 F	or grantmakers. Does	s the organization	n maintain record	ds to substantiate the amount of its gr	ants and other assistance	,
t	he grantees' eligibility f	for the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
ι	Jnited States.			procedures for monitoring the use of it		ance outside the
3 /		T -		an be duplicated if additional space is	·	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed ir is a program servic describe specific ty of service(s) in regi	e, expenditures for and investments
CENTR	AL AMERICA AND					
	ARIBBEAN -				BASE OF OPERATIONS	
	UA & BARBUDA,				RECEIVING VOLUNTEER	
ARUBA	, BAHAMAS,	3	25	PROGRAM SERVICES	CO-ORDINATING TRIPS	1,966,212.
3 a S	Sub-total	3	25			1,966,212.
	Total from continuation					=,=00,212.
s	sheets to Part I	0	0			0.
	and 3h)] 3	25			1 966 212.

 $\label{eq:LHA} \mbox{ Hard For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2014

VIDA

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		1		
the IRS, or for which t	he grantee or couns	el has provided a section	n 501(c)(3) equivalency letter)				
3 Enter total number of	B Enter total number of other organizations or entities									

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
						Sahad	ule F (Form 990) 2014		

VIDA

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

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

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VIDA

Employer identification number 39-2077094

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE TYPES OF SERVICE-LEARNING EXPERIENCES WE OFFER ALLOW STUDENTS AND VOLUNTEERS AROUND THE WORLD AN INTERACTIVE, CULTURAL, ENGAGING ADVENTURE THAT WILL HELP THEM BECOME WELL-ROUNDED, CULTURALLY COMPETENT PROFESSIONALS AND LIFE-LONG VOLUNTEERS.

OUR PROGRAM FOCUSES ON TWO IMPORTANT AREAS: PREVENTION AND TREATMENT. WE PROMOTE HEALTHIER LIFE STYLES IN CENTRAL AMERICAN COMMUNITIES AND FOR STUDENTS TO UNDERSTAND THE REGION'S DISEASES AND THE CONDITIONS THAT MIGHT CAUSE THEM.

MANY PEOPLE IN CENTRAL AMERICA DO NOT RECEIVE REGULAR DENTAL CARE. BY PARTNERING WITH COMMUNITIES IN NEED AND GLOBALLY-MINDED VOLUNTEERS, WE ARE ABLE TO PROVIDE BASIC DENTAL CARE THROUGH OUR MISSION TRIPS TO THOSE WHO WOULD OTHERWISE NOT RECEIVE ANY DENTAL ATTENTION.

VIDA CURRENTLY HELPS CONTROL ANIMAL OVERPOPULATION IN COMMUNITIES IN GUATEMALA, NICARAGUA, AND COSTA RICA.

WE OFFER TWO DISTINCT VETERINARY PROGRAMS: PRE-VET AND ADVANCED VET. THE PRE-VET PROGRAM IS FOR THOSE STUDENTS WITHOUT ANY PREVIOUS SURGICAL TRAINING AND THE ADVANCED VET PROGRAM IS DESIGNED FOR UPPER LEVEL VETERINARY STUDENTS AND RECENT GRADUATES.

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

CLINICAL AND PRACTICAL EXPERIENCE IN THE FIELD OF VETERINARY MEDICINE.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Name of the organization VIDA	Employer identification number 39-2077094
THE VIDA PROGRAM FOCUSES MAINLY ON THE STERILIZATION OF 1	FELINES AND
CANINES IN FIELD CLINICS. PARTICIPANTS WILL ALSO GAIN EX	PERIENCE
WORKING WITH LARGE ANIMALS. VOLUNTEERS WHO PARTICIPATE IN	N OUR PROGRAM
WILL HAVE AN INTERACTIVE EXPERIENCE THAT IS UNIQUE TO VI	DA.
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 FORM IS REVIEWED BY THE BOARD MEMBERS PRIOR TO F	ILING.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, O	CONFLICT OF
INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TRIP FEES FOR SERVICES:	
PROGRAM SERVICE EXPENSES	407,158.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	407,158.
OTHER FEES FOR SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	13,435.
FUNDRAISING EXPENSES	0.
FUNDRAISING EXPENSES TOTAL EXPENSES	13,435.

(Rev. December 2012) Department of the Treasury

Information Return of U.S. Persons With

Respect To Certain Foreign Corporations

For more information about Form 5471, see www.irs.gov/form5471.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning OCT 1 2014 and ending SEP 30

OMB No. 1545-0704

Attachment

Internal Revenue Service section 898) (s	see instructions) beginning OCT 1	, ∠U⊥4, and endin	g SEP 30, 201	5 Sequence No. 121					
Name of person filing this return		A Identifying num	iber						
VIDA		39-2077	39-2077094						
Number, street, and room or suite no. (or P.O. box num	nber if mail is not delivered to street address)		(See instructions. Check	applicable box(es)):					
2606B S ARLINGTON MI	LL RD	1	1 (repealed) 2		\mathbf{X}				
City or town, state, and ZIP code		C Enter the total p	ercentage of the foreign c	orporation's voting stock					
ARLINGTON, VA 22206			e end of its annual accou	nting period 100.0	0 %				
Filer's tax year beginning OCT 1	, , , ,	SEP 30	,2015						
D Person(s) on whose behalf this information	ı return is filed:			(4) 01 1 15 11 1					
(1) Name	(2) Address		(3) Identifying number	(4) Check applicable box Shareholder Officer Dir	<u> </u>				
				Officer Dir	rector				
Important: Fill in all applicable lines ar unless otherwise indicated		be in English. All amοι	ints must be stated in	U.S. dollars					
1a Name and address of foreign corporation	<u>. </u>		b(1) Employer identif	ication number, if any					
MECEMAR, SA			00-0000						
450 M SUR DE MCDONA	ALDS, CURRIDABAT		b(2) Reference ID nu	mber (see instructions)					
SAN JOSE			82603CR						
COSTA RICA			c Country under w	hose laws incorporated					
d Date of e Principal place of busines	ss f Principal g Prin	ncipal business activity	h Function	nal currency					
incorporation SAN JOSE	business activity code number R	EAL ESTATE							
09/12/10COSTA RICA	531390		COSTA	RICA, COLON	1				
2 Provide the following information for the f			T						
a Name, address, and identifying number of	branch office or agent (if any) in the Uni	ited States	b If a U.S. income tax i						
NONE			(i) Taxable income or (lo	ss) (ii) U.S. income tax (after all credits)					
c Name and address of foreign corporation'	s statutory or resident agent		(including corporate depa						
in country of incorporation) with custody of the bool e location of such books a	ks and records of the foreig	jn				
NONE	l l			and rooting, it amoretic					
		LUCIA LEM		DD					
			RLINGTON MI VA 22206-3						
		WYDINGION	VA 44400-3	300					
Schedule A Stock of the For	eign Corporation								
			(b) Number of sha	res issued and outstanding					
(a) Descr	ription of each class of stock		(i) Beginning of annua accounting period	l (ii) End of annua accounting perio					
COMMON				10	10				
LHA For Paperwork Reduction Act Notice, s	see instructions.			Form 5471 (Rev. 12	-2012)				

VIDA

Form 5471 (Rev. 12-2012)
Page 2

Scheanie B	U.S. Snareholders of I	-oreign Corporation			
	e, address, and identifying mber 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)
VIDA		COMMON	10	10	100.00%
2606B S A	RLINGTON MILL R				
ARLINGTON	I VA 22206-3360				
39-207709					
				<u> </u>	

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		
Income	b Returns and allowances			
	c Subtract line 1b from line 1a	. 1c		
	2 Cost of goods sold	. 2		
	3 Gross profit (subtract line 2 from line 1c)			
	4 Dividends			
	5 Interest			
	6a Gross rents			
	b Gross royalties and license fees			
	7 Net gain or (loss) on sale of capital assets			
	8 Other income (attach statement)	. 8		
	9 Total income (add lines 3 through 8)	. 9		
	10 Compensation not deducted elsewhere	. 10		
	11a Rents	. 11a		
	b Royalties and license fees	11b		
ns	12 Interest			
Deductions	13 Depreciation not deducted elsewhere			
à	14 Depletion			
De	15 Taxes (exclude provision for income, war profits, and excess profits taxes)			
	16 Other deductions (attach statement - exclude provision for income, war profits,			
	and excess profits taxes)	. 16		
	17 Total deductions (add lines 10 through 16)	. 17		
	18 Net income or (loss) before extraordinary items, prior period adjustments, and			
ø)	the provision for income, war profits, and excess profits taxes (subtract line			
Net Income	17 from line 9)	. 18		
<u>u</u>	19 Extraordinary items and prior period adjustments	. 19		
et	20 Provision for income, war profits, and excess profits taxes	. 20		
Z				
	21 Current year net income or (loss) per books (combine lines 18 through 20)	. 21		

Form **5471** (Rev. 12-2012)

Form 5471 (Rev. 12-2012) Page **3**

Schedule E Income, War Profits, and Excess Profits	Taxes Paid or Accr	ued					
(0)							
(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars				
1 U.S.							
2							
3							
4							
5							
6							
7							
		•					
8 Total		>					
Schedule F Balance Sheet							

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

	Assets		В	(a) eginning of annual accounting period		(b) End of annual accounting period
1	Cash	1				
2a	Trade notes and accounts receivable	2a				
b	Less allowance for bad debts		()	()
3	Inventories	3				
4	Other current assets (attach statement)					
5	Loans to shareholders and other related persons	5				
6	Investment in subsidiaries (attach statement)	6				
7	Other investments (attach statement)	7				
8a	Buildings and other depreciable assets	8a		272,238.		272,238.
b	Less accumulated depreciation	8b	()	()
	Depletable assets	9a				
b	Less accumulated depletion	9b	()	()
10	Land (net of any amortization)	10				
11	Intangible assets:					
а	Goodwill	11a				
b	Organization costs	11b				
C	Patents, trademarks, and other intangible assets	11c				
d	Less accumulated amortization for lines 11a, b, and c		()	()
12	Other assets (attach statement)	12				
13	Total assets	13		272,238.		272,238.
	Liabilities and Shareholders' Equity					
14	Accounts payable	14			Π	
15	Other current liabilities (attach statement)	15				
16	Loans from shareholders and other related persons					
17	Other liabilities (attach statement)	17				
18	Capital stock:					
а	Preferred stock	18a				
b	Common stock	18b		10.		10.
19	Paid-in or capital surplus (attach reconciliation)	19		272,228.		272,228.
20	Retained earnings	20				
21	Less cost of treasury stock	21	()	()
22	Total liabilities and shareholders' equity	22		272,238.		272,238.
			•		_	n 5471 (Rev. 12-2012)

Form **5471** (Rev. 12-2012)

VIDA 39-2077094

Form 5471 (Rev. 12-2012) Page **4**

S	chedule G Other Information			
			Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?			X
	If "Yes," see the instructions for required statement.			
2	During the tax year, did the foreign corporation own an interest in any trust?			X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate			
	from their owners under Regulations sections 301.7701-2 and 301.7701-3?			X
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).			
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?			X
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?			X
6	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).			
7	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section			X
0	901(m)?			Δ
8	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
S	chedule H Current Earnings and Profits			
	portant: Enter the amounts on lines 1 through 5c in functional currency.			
1	Current year net income or (loss) per foreign books of account	1		
2	Net adjustments made to line 1 to determine current earnings and			
	profits according to U.S. financial and tax accounting standards Net Net			
	(see instructions): Additions Subtractions			
а	Capital gains or losses			
b	Depreciation and amortization			
C	Depletion			
d	Investment or incentive allowance	_		
e	Charges to statutory reserves			
f	Inventory adjustments	_		
g	Taxes			
h o	Other (attach statement)			
3 4	Total net additions Total net subtractions			
ч 5а	Total net subtractions	5a		
	DASTM gain or (loss) for foreign corporations that use DASTM	5b		
C	Combine lines 5a and 5b	5c		
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b)			
	and the related regulations)	5d		
	Enter exchange rate used for line 5d ▶			
	chedule I Summary of Shareholder's Income From Foreign Corporation			
	em D 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 For	m 5471. This schedu	le
l is	being completed for:			
_	me of U.S. shareholder Identifying number		Γ	
1	Subpart F income (line 38b, Worksheet A in the instructions) Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2		
2	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3		
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in	۰		
Ċ	the instructions)	4		
5	Factoring income	5		
6	Total of lines 1 through 5. Enter here and on your income tax return	6		
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7		
8	Exchange gain or (loss) on a distribution of previously taxed income	8		
			Yes	No
•	Was any income of the foreign corporation blocked?			X
•	Did any such income become unblocked during the tax year (see section 964(b))?			X
lf ti	ne answer to either question is "Yes," attach an explanation.			

412331 05-01-14 Form **5471** (Rev. 12-2012)

SCHEDULE J (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

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

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.

Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 Identifying number 39-2077094 VIDA Name of foreign corporation EIN (if any) Reference ID number 00 - 000000082603CR MECEMAR, SA (c) Previously Taxed E&P (a) Post-1986 (b) Pre-1987 E&P (d) Total Section (sections 959(c)(1) and (2) balances) Not Previously Taxed Important: Enter amounts in **Undistributed Earnings** 964(a) E&P (post-86 section (pre-87 section (i) Earnings Invested (ii) Earnings Invested in functional currency. (combine columns (iii) Subpart F Income 959(c)(3) balance) 959(c)(3) balance) in U.S. Property **Excess Passive Assets** (a), (b), and (c)) 1 Balance at beginning of year 2a Current vear E&P **b** Current year deficit in E&P Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) 4 Amounts included under section 951(a) or reclassified under section 959(c) in current year 5a Actual distributions or reclassifications of previously taxed E&P **b** Actual distributions of nonpreviously taxed F&P 6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a) **b** Balance of E&P not previously taxed at end of year (line 3 minus line 4. minus line 5b) 7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

SCHEDULE M (Form 5471)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Name of person filing Form 5471

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

► Attach to Form 5471.

OMB No. 1545-0704

Identifying number

VIDA						39-	2077094
Name of foreign corporation		EIN (if any)		Referer	nce ID number		
MECEMAR, SA		00-00000			03CR		
Important: Complete a separate Schedule							
the annual accounting period between the				_			be stated in U.S.
dollars translated from functional currency						1S.	
Enter the relevant functional currency and the e	xchange rate used through						
(a) Transactions	(b) U.S. person co	(C) Any domestic rporation or partnership	(d) Any other for corporation or part	oreign tnership	(e) 10% or more to shareholder of control	olled	(f) 10% or more U.S. shareholder of
of foreign corporation	filing this return	controlled by U.S. person	U.S. persor	y 1	foreign corporation (other than the U.S.	S.	any corporation controlling the foreign
1 Calco of stock in trade (inventory)		filing this return	filing this retu	ırn	person filing this ret	turn)	corporation
1 Sales of stock in trade (inventory)2 Sales of tangible property other than							
stock in trade 3 Sales of property rights (patents,							
trademarks, etc.) Platform contribution transaction payments received							
5 Cost sharing transaction payments received							
6 Compensation received for technical,							
managerial, engineering, construction,							
or like services							
7 Commissions received							
8 Rents, royalties, and license fees							
received							
9 Dividends received (exclude deemed							
distributions under subpart F and dist-							
ributions of previously taxed income)							
10 Interest received							
11 Premiums received for insurance or							
reinsurance							
12 Add lines 1 through 11							
13 Purchases of stock in trade (inventory)							
14 Purchases of tangible property other							
than stock in trade							
15 Purchases of property rights							
(patents, trademarks, etc.)							
16 Platform contribution transaction payments paid							
17 Cost sharing transaction payments paid							
18 Compensation paid for technical,							
managerial, engineering, construction,							
or like services 19 Commissions paid							
20 Rents, royalties, and license fees paid21 Dividends paid							
22 Interest paid							
reinsurance							

412371 05-01-14 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

24 Add lines 13 through 23
 25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.
 26 Amounts loaned (enter the maximum loan balance during the year) - see instr.

	8868 (Rev. 1-2014)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Ex					▶ [X]
	Only complete Part II if you have already been granted an			filed Form	8868.	
	ou are filing for an Automatic 3-Month Extension, comple					1\
Par	t II Additional (Not Automatic) 3-Month E	extensio	· · · · · · · · · · · · · · · · · · ·	•	•	
	T.,		Enter filer's	T		ee instructions
Туре	or Name of exempt organization or other filer, see instru	uctions.		Employe	ridentification	number (EIN) or
print	the VIDA				39-2077094	
File by t due dat				Casialas	ocial security number (SSN)	
filing yo return. S	Number, street, and room of suite no. If a P.O. box, see instructions. 2606B S ARLINGTON MILL RD			Social se	curity number	(SSN)
nstruct	City, town or post office, state, and ZIP code. For a f ARLINGTON, VA 22206-3360	oreign add	Iress, see instructions.			
						01
Enter	the Return code for the return that this application is for (fil	e a separa	te application for each return)			
Application			Application			Return
ls For			s For			Code
Form 990 or Form 990-EZ						
Form	990-BL	02	Form 1041-A			
Form 4720 (individual)			Form 4720 (other than individual)	individual)		
Form 990-PF			Form 5227	7		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11 12
Form 990-T (trust other than above)		06	Form 8870			
STOP	P! Do not complete Part II if you were not already granted	d an autor	natic 3-month extension on a pre	viously file	d Form 8868	·
■ Th	LUCIA LEMUS e books are in the care of ▶ 2606B S ARLING	т∩и м	TI.I. RD - ARI.TNGTON	ι τ/Δ	22206-3	360
	lephone No. > 888-365-8432	TON II	Fax No.	, VA	22200 3	300
	he organization does not have an office or place of busines	se in the Llr				
	his is for a Group Return, enter the organization's four digit					
box]		_	ach a list with the names and EINs o			
			T 15, 2016	T all mome	OF THE CALCIN	5161116 161.
	calendar year, or other tax year beginning OCT 1, 2014, and ending SEP 30, 2015					
	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return					·
Change in accounting period						
7	State in detail why you need the extension					
	ADDITIONAL TIME IS RESPECTFULLY REQUESTED TO COMPILE THE NECESSARY					
	INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.					
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			•
	nonrefundable credits. See instructions.			8a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	tax payments made. Include any prior year overpayment a	llowed as a	a credit and any amount paid			0
_	previously with Form 8868.			8b	\$	0.
	Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			Λ
	EFTPS (Electronic Federal Tax Payment System). See instr		ot he completed for Dart II	8c	\$	0.
Under	penalties of perjury, I declare that I have examined this form, includes, correct, and complete, and that I am authorized to prepare this form.		st be completed for Part II panying schedules and statements, and t	-	f my knowledge	e and belief,
Signat	ure Title	LAURE.	N L. BALLARD, CPA,	MB Date		
					Form 88	68 (Rev. 1-2014)