Form <b>990</b>			Return of Organization Exempt I Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	cept private foundation	OMB No. 1545-0047	
		of the Treasury	Do not enter social security numbers on this form	-	Open to Public	
		nue Service	► Go to www.irs.gov/Form990 for instructions and		Inspection	
				ending 2	SEP 30, 2018	
B C a	heck if pplicab	le: C Name of	forganization		D Employer identification	ation number
	Addre chang					77094
	_ chang  Initial	v	usiness as	De ene /eurite		11094
	_return	2612	,	Room/suite APT C		865-8432
_	□return termir ated ]Amen	Gity or t	own, state or province, country, and ZIP or foreign postal code NGTON, VA 22206		<b>G</b> Gross receipts \$	1,554,170.
	□return □Applio □tion pendi	F Name a	nd address of principal officer: LUCIA LEMUS		H(a) Is this a group ret for subordinates?	Yes X No
<u> </u>			AS C ABOVE		<b>H(b)</b> Are all subordinates inc	
		empt status:	$\underline{X}$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) VIDAVOLUNTEER.ORG	or 🛄 527		ist. (see instructions)
			X       Corporation	L Voor	H(c) Group exemption	State of legal domicile: MN
_	art I	Summary				State of legal domicile. IIIN
	1	Briefly describ	be the organization's mission or most significant activities: TO P IN UNDERSERVED COMMUNITIES	OSITIN	/ELY IMPACT T	HE QUALITY
Governance						
veri	2		x      if the organization discontinued its operations or dispo		1 1	sets.
ĝ	3					4
Š	4		lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2017 (Part V, line 2a)			1
tie	5			733		
Activities &	6		of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		
		Oraclaite			Prior Year 1,947,224.	Current Year
nue	8		and grants (Part VIII, line 1h)		0.	0.
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,023.	1,904.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		9,159.	565.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,957,406.	1,554,170.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	<u> </u>
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		485,540.	447,709.
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	0.
Expenses			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	0.	•	0.
Ĕ					1,349,582.	1,112,540.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,835,122.	1,560,249.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		122,284.	-6,079.
Ses	19	neveriue less			eginning of Current Year	End of Year
anci	20	Total acceta (	Dart V line 16)		961,264.	1,020,925.
Bal	20 21		Part X, line 16) . (Part X, line 26)		241,163.	306,903.
Net Assets or Fund Balances	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		720,101.	714,022.
	art II	Signature			, 20, 101 •	, , , , , , , , , , , , , , , , , , , ,
			I declare that I have examined this return, including accompanying schedule	s and statem	ients and to the hest of my	knowledge and helief it is
	•		. Declaration of preparer (other than officer) is based on all information of wi		•	and bollon, it is
,	50110			non propulo		
Sigr	n	Signature	e of officer		Date	
Juan		1'	A LEMIIS PRESIDENT			

Here	LUCIA LEMUS, PRESIDEN.								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	LAUREN BALLARD, CPA	LAUREN BALLARD, CPA 02/1	1/19 <sup>if</sup> P01451787						
Preparer	Firm's name 🕞 CLIFTONLARSONALI	EN LLP	Firm's EIN 41-0746749						
Use Only	Firm's address 402 SOUTH KENTUC	CKY AVENUE, SUITE 600							
	LAKELAND, FL 338	301	Phone no. 863-680-5600						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
732001 11-2	8-17 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form <b>990</b> (2017)						
		6							

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		SEE SCHEDULE O FOR		·
<u>4e</u>	Total program service expenses	1,265,460.		Form <b>990</b> (20
4d	Other program services (Describe in So (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
łb	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
	OVERALL HEALTH AND	DA VOLUNTEER'S MEDICAL WELL BEING OF CENTRAL LIC HEALTH MOBILE CLIN LE O	AMERICAN COMMUNITIES H	BY
		NDS-ON, EYE-OPENING, M		
	AND PROVIDES FREE M. COMMUNITIES TO IMPRO	A AND COSTA RICA THAT EDICAL, DENTAL, AND VE OVE QUALITY OF LIFE BY	TERINARY ASSISTANCE TO OFFERING VOLUNTEERS F	O NEEDY FROM
4a	(Code:) (Expenses \$ 1 VIDA IS A NON PROFI	,265,460. including grants of \$ T HUMANITARIAN ASSOCIA		
4	Section 501(c)(3) and 501(c)(4) organiz revenue, if any, for each program servi	ervice accomplishments for each of its three ations are required to report the amount of <u>c</u> ce reported.		
	If "Yes," describe these changes on So			Yes X
	prior Form 990 or 990-EZ? If "Yes," describe these new services of			Yes X
	WHILE OFFERING VOLU	NTEERS A LIFE CHANGING	EXPERIENCE.	
1		T THE QUALITY OF LIFE		<b>(TIES</b>
	Defending all a second se			

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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			v
40	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		x
	complete Schedule G, Part III	19		~ ~

Form **990** (2017)

Form 990 (2017)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

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Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► COSTA RICA, NICARAGUA, GUATEMALA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2017)

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 t	<b>v</b> ,	a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (				Г
	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				Γ.
12	Enter the number of voting members of the governing body at the end of the tax year	1a	4	Yes	1
īa	If there are material differences in voting rights among members of the governing body at the end of the tax year		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
h	Enter the number of voting members included in line 1a, above, who are independent	16	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		1		
2	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under t				
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	-	3		
4	Did the organization make any significant changes to its governing documents since the prior Form		4		
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		
6	Did the organization have members or stockholders?		6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
			_	Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
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		
1 <b>1</b> a	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.				
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14		2
15	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
	The organization's CEO, Executive Director, or top management official		15a		Ŀ
b	Other officers or key employees of the organization		15b		:
	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				
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	• •			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	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 $\blacktriangleright$ 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)	availat	ble	
	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, c	onflict of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:			
	LUCIA LEMUS - 888-365-8432	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	2612 S ARLINGTON MILL DR, NO. APT C, ARLINGTON, V	A 22206		. 000	101
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20			~ /		

Part VII	Compensation of Officers, Directors, Trustees, Key Empl	loyees, Highest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither t	the organization nor an	y related organization com	pensated any current	officer, director, or trustee
-----------------------------	-------------------------	----------------------------	----------------------	-------------------------------

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition more	l than	one	Reportable	Reportable	Estimated
	hours per	box	ox, unless perse		erson is both an director/trustee)		h an	compensation	compensation	amount of
	week							from the	from related organizations	other
	(list any hours for	direct				Ð		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(112) 1000 11100)	organization
	organizations	trust	al tru		yee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	For			
(1) CURTIS LARSEN	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) HEATHER JOST	1.00									
SECRETARY		х		х				0.	0.	0.
(3) MICHELLE DE OBESO HERNANDEZ	1.00									
TREASURER		X		Х				0.	0.	0.
(4) DR. BRUCE M. OBERSTAIN	1.00									_
ACADEMIC ADVISOR		X		х				0.	0.	0.
(5) LUCIA LEMUS	40.00									
EXECUTIVE DIRECTOR				х				63,500.	0.	4,410.
		<u> </u>					<u> </u>			
										F 000 (0017)

15530211 796933 077-08260300

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2017.05030 VIDA

Part VII         Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)           (A)         (B)         (C)         (D)         (E)	(F)	
	(F)	
Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensation	Estimate amount other	
(list any hours for related organizations     1     1     1     1     1     1     1     0	compensa from the organizati and relate organizatio	e ion ed
1b Sub-total         63,500.         0.	4,4	10.
c Total from continuation sheets to Part VII, Section A       0.0.0.         d Total (add lines 1b and 1c)       63,500.0.	4,4	0. 10.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►		0
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on	Yes	No
line 1a? If "Yes," complete Schedule J for such individual         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	3	X
<ul> <li>and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i></li> <li>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services</li> </ul>	4	X
rendered to the organization? If "Yes," complete Schedule J for such person	5	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensated the organization. Report compensation for the calendar year ending with or within the organization's tax year.	ation from	
(A) (B) Name and business address NONE Description of services Co	(C) ompensation	n
2 Total number of independent contractors (including but not limited to those listed above) who received more than		
\$100,000 of compensation from the organization	-orm <b>990</b> (2	2017)

	990 (						39-2077	094 Page 9
Pa	rt VII							
		Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII	( <b>B</b> ) 1		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am Am	с	Fundraising events	1c					
ilar İlar		Related organizations						
ns, Sim		Government grants (contribut						
er (	f	All other contributions, gifts, gran						
ight		similar amounts not included abo		551,701.				
L D L	g	Noncash contributions included in lines	a 1a- 1f: \$					
<u>a O</u>	h	Total. Add lines 1a-1f						
Ð	2 a			Business Code				
Program Service Revenue	z a b							
Ser	c							
E e	d							
Bag	e							
Pr		All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		►	1,904.			1,904.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties	· <u></u>	🕨				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	-	and sales expenses						
	C d	Gain or (loss) Net gain or (loss)						
en		Gross income from fundraisin	g events (not	······				
Other Revenue		including \$						
Re		contributions reported on line	-					
her		Part IV, line 18						
đ		Less: direct expenses		-				
		Net income or (loss) from fund Gross income from gaming ad	•	<b>/</b>				
	3 d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less		F				
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
[		Miscellaneous Revenu	ie	Business Code				
	11 a	MISCELLANEOUS ]	NCOME	999999	565.			565.
	b							
	с							
		All other revenue						
	е	Total. Add lines 11a-11d			565.			
	12	Total revenue. See instructions.		►	1,554,170.	0.	0.	2,469.
73200	9 11-28	8-17						Form <b>990</b> (2017)

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VIDA

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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,	67 000	40 007	07 101	
	trustees, and key employees	67,828.	40,697.	27,131.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	212 100			
7	Other salaries and wages	312,109.	216,600.	95,509.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	61 1 / /	39,919.	21 225	
9	Other employee benefits	61,144. 6,628.	4,348.	21,225.	
0	Payroll taxes	0,040.	4,340.	2,280.	
1	Fees for services (non-employees):				
a	Management	2,557.		2,557.	
b		12,611.		12,611.	
	Accounting	12,011.		12,011.	
d	Lobbying				
e 4	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch O.)	253,367.	253,248.	119.	
2	Advertising and promotion	20,772.	20,772.		
2		65,506.	30,103.	35,403.	
3 4	Office expenses	13,691.	2,540.	11,151.	
5	Royalties		2,0101		
6	Occupancy	28,011.	5,602.	22,409.	
7	Traval	19,814.	-,	19,814.	
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,977.		17,977.	
20	Interest	6,493.	3,896.	2,597.	
21	Payments to affiliates	·			
2	Depreciation, depletion, and amortization	15,857.	4,594.	11,263.	
3	Insurance	14,570.	13,479.	1,091.	
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 0.)	E 2 2 E 0 0			
a	TRIP EXPENSES MEDICAL SUPPLIES	523,580. 91,729.	523,580. 91,729.		
b	LOGISTICS	13,190.	13,190.		
C	SUBSCRIPTIONS	10,521.	13,190.	10,521.	
d		2,294.	1,163.	1,131.	
	All other expenses	2,294. 1,560,249.	1,265,460.	294,789.	
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	1,JUU,249.	1,200,400.	474,/07.	
26	<b>Joint costs.</b> 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)				

732010 11-28-17

Form **990** (2017)

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(B)

39-2077

(A)

				Beginning of year		End of year
1	Cash - non-interest-bearing			460,347.	1	462,500.
2	Savings and temporary cash investments			233,566.	2	269,464.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		F	199.	4	18,497.
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa	ated er	nployees. Complete			
	Part II of Schedule L			118,080.	5	129,088.
6	Loans and other receivables from other disqualit					
	section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	240,994. 99,618.			
b	Less: accumulated depreciation	10b	99,618.	149,072.	10c	141,376.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			0.61 0.64	15	1 000 005
16	Total assets. Add lines 1 through 15 (must equa			961,264.	16	1,020,925.
17	Accounts payable and accrued expenses			78,183.	17	96,159.
18	Grants payable			100 700	18	155 202
19	Deferred revenue			102,792.	19	155,383.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee				-	
	Complete Part II of Schedule L		F	60,188.	22	55,361.
23	Secured mortgages and notes payable to unrela			00,100.	23	<u> </u>
24	Unsecured notes and loans payable to unrelated		F		24	
25	Other liabilities (including federal income tax, pay	-				
	parties, and other liabilities not included on lines				25	
26	Schedule D Total liabilities. Add lines 17 through 25			241,163.		306,903.
20	Organizations that follow SFAS 117 (ASC 958		ok bere 🕨 X and	211,1031	20	50075051
	complete lines 27 through 29, and lines 33 an					
27	Unrestricted net assets			720,101.	27	714,022.
28	Temporarily restricted net assets				28	
29					29	
	Organizations that do not follow SFAS 117 (A					
	and complete lines 30 through 34.		-,,			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or eq				31	
32	Retained earnings, endowment, accumulated in		F		32	
33	Total net assets or fund balances		F	720,101.	33	714,022.
34	Total liabilities and net assets/fund balances			961,264.	34	1,020,925.
						Form <b>990</b> (2017)

Assets

Liabilities

Net Assets or Fund Balances

VIDA

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

Part 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)       I       1,554,17         2       Total expenses (must equal Part IX, column (A), line 25)       I       1,560,24         3       Revenue less expenses. Subtract line 2 from line 1       I       3       -6,07         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       I       720,10         5       Image: State St	12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1,554,17         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,560,24         3       Revenue less expenses. Subtract line 2 from line 1       3       -6,07         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       720,10         5       5       5       5	
2       Total expenses (must equal Part IX, column (A), line 25)         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))         5       5	
2       Total expenses (must equal Part IX, column (A), line 25)         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))         5       5	_
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))         5       5	
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       720, 10         5       5	
5 Net unrealized gains (losses) on investments 5	
	1.
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)) 10 714,02	2.
Part XII Financial Statements and Reporting	_
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a    2a	<u>X</u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2017)

**SCHEDULE A** 

Department of the Treasury

(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.

OMB No. 1545-0047
2017
Open to Public Inspection
 tal and the second second second second

Internal Rev	enue Service		Go to www.irs.g	ov/Form990 for instructi		he latest i	nformation.		Inspection
Name of	the organizat	ion						Employer	identification number
		VIDA							9-2077094
Part I	Reason	for Public	Charity Status	(All organizations must co	omplete th	nis part.) S	ee instruction	S.	
The orga	nization is not	a private found	lation because it is	: (For lines 1 through 12, o	check only	one box.)	1		
1 🖵	A church, co	onvention of ch	urches, or associa	tion of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2	A school des	scribed in <b>sect</b>	ion 170(b)(1)(A)(ii)	. (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3	A hospital or	r a cooperative	hospital service or	ganization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4	A medical re	search organiz	ation operated in c	conjunction with a hospita	l describe	d in <b>sectic</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and sta								
5			or the benefit of a c Complete Part II.)	college or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
6	A federal, sta	ate, or local go	vernment or goveri	nmental unit described in	section 1	70(b)(1)(A)	)(v).		
7 X	1			tantial part of its support				the general	public described in
			omplete Part II.)						
8	A community	y trust describ	ed in section 170(I	o)(1)(A)(vi). (Complete Par	t II.)				
9	1			ed in section 170(b)(1)(A)		ed in conji	unction with a	land-grant	college
	or university	or a non-land-	grant college of agr	riculture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	e or
	university:						-	-	
10	· · · -		ally receives: (1) mo	re than 33 1/3% of its su	oport from	contributi	ons, member	ship fees, a	nd gross receipts from
				ject to certain exceptions					
				ne (less section 511 tax) fr					
			mplete Part III.)				-	-	
11 🗌	1			usively to test for public sa	afety. See	section 5	09(a)(4).		
12	An organizat	ion organized	and operated exclu	usively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
	more public	y supported or	ganizations descril	bed in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	509(a)(3).	Check the box in
	lines 12a thr	ough 12d that	describes the type	of supporting organization	n and con	nplete line	s 12e, 12f, an	d 12g.	
a	Type I. A s	supporting orga	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	r giving
	the suppo	rted organizati	on(s) the power to	regularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
	organizatio	on. You must d	complete Part IV,	Sections A and B.					
b	Type II. A	supporting org	anization supervise	ed or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	ving
	control or	management o	of the supporting or	ganization vested in the s	ame perso	ons that c	ontrol or mana	age the sup	ported
_	organizatio	on(s). <b>You mus</b>	t complete Part IV	I, Sections A and C.					
c	Type III fu	nctionally inte	egrated. A support	ing organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,
_	its support	ted organizatio	n(s) (see instructio	ns). You must complete	Part IV, Se	ections A,	D, and E.		
d	Type III no	on-functionall	<b>y integrated.</b> A sup	oporting organization oper	rated in co	nnection	with its suppo	rted organ	zation(s)
	that is not	functionally in	tegrated. The organ	nization generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
_	requireme	nt (see instruct	tions). <b>You must c</b> o	omplete Part IV, Section	s A and D	, and Part	<b>v</b> .		
e 🗆		•		a written determination fro			а Туре I, Туре	e II, Type III	
				ionally integrated support					
<b>g</b> Pro		<u> </u>		ted organization(s).	(iv) is the ora:	anization listed	( .) A	· · · · · · · · · · · · · · · · · · ·	
	(i) Name of support		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o support (see ii	,	(vi) Amount of other support (see instructions)
	organizatio			above (see instructions))	Yes	No		lotraotionio,	
						<u> </u>			
Total									
	Paperwork Re	eduction Act N	Notice, see the Ins	tructions for Form 990 c	or 990-E7	732021 10	-06-17 Sche	dule A (Fo	m 990 or 990-EZ) 2017

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#### Schedule A (Form 990 or 990-EZ) 2017 VIDA

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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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,196,818.	2,147,862.	2,100,800.	1,947,224.	1,551,701.	9,944,405.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,196,818.	2,147,862.	2,100,800.	1,947,224.	1,551,701.	9,944,405.
	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.						9,944,405.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,196,818.	2,147,862.	2,100,800.	1,947,224.	1,551,701.	9,944,405.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	500.	509.	573.	1,023.	1,904.	4,509.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	21,038.	4,030.	11,109.	9,159.	565.	45,901.
11	Total support. Add lines 7 through 10						9,994,815.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2017 (					14	99.50 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.55 %
<b>16</b> a	33 1/3% support test - 2017. If the c	•					
	$\ensuremath{\operatorname{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b>	<b>ere.</b> Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a l	publicly supported	l organization		▶∟
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the				· ·		
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> 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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					_	
Calendar year (or fiscal year beginning in) 🕨	• (a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization?	s first, second thi	ird, fourth or fifth t	tax vear as a sectiv	on 501(c)(3) organi	zation
check this box and <b>stop here</b>	e e					
Section C. Computation of Pub						
<b>15</b> Public support percentage for 2017 (			column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inve						/0
17 Investment income percentage for 20					17	%
<ul><li>18 Investment income percentage for 21</li></ul>					18	%
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2016.</b> If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						
	on all not offect a					0 or 990-EZ) 2017
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 VIDA	39-207	709	4 Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
	below, the governing body of a supported organization?		11a		
b	A family member of a person described in (a) above?		11b		
c	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		
Sec	tion B. Type I Supporting Organizations				
				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations				
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations	I			
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's				
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).			
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.	ity (see instru	ctions	;).	
2	Activities Test. Answer (a) and (b) below.	5.		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				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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.		-		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		3b		
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	22			,	

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I ype III Non-Functionally integrated 509(a)(3) Supportin     Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructio
other Type III non-functionally integrated supporting organizations must co			,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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		
Section 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 Obeck here if the convert year is the converting is first as a part functional		d Turne III europeartine area	nomination (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2013 AMOUNT: \$	21,038.
2014 AMOUNT: \$	4,030.
2015 AMOUNT: \$	11,109.
2016 AMOUNT: \$	9,159.
2017 AMOUNT: \$	565.
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**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

VTDA

Employer identification number 39 - 2077094

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	lonly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ly important land area
	Protection of natural habitat	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d		
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	tion easements during the year
7	Annual of company in a section in a section in a section of violations and a fourier company time.	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
0	\$	
8		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	
	conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	<sup>·</sup> Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	- · · ·
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 VIDA									Page <b>2</b>
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following the	at are a si	gnificant ı	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	-		-	-			se in Par	t XIII.	
5	During the year, did the organization solicit of								-	
	to be sold to raise funds rather than to be ma		<u>v</u>						Yes	No No
Pa	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
<b>1</b> a	Is the organization an agent, trustee, custod		•						1.	<b></b>
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
e 4	Distributions during the year									
20	Ending balance Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
	rt V Endowment Funds. Complete i									
		(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	vears back
1a	Beginning of year balance	(u) ourroint your	(2)!	nor your	(0)	io such	(4)	ouro suori	(0) ! 0	jouro suon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:	•				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation	_	
	by:								·'	Yes No
	(i) unrelated organizations								3a(i)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	0	owment	funds.						
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere			-						
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate preciation	d	(d) Book	value
1a	Land				4,311.					.,311.
	Buildings			13	5,941.		20,39	91.	115	5,550.
	Leasehold improvements									
	Equipment			10	0,742.		79,22	27.	21	.,515.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10c.)				141	.,376.

Schedule D (Form 990) 2017

	Part VII	Investments	- Other	Securities.
--	----------	-------------	---------	-------------

VIDA

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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) 2017

732053 10-09-17

Sche	edule D (Form 990) 2017 VIDA		39-2	2077094 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemo	ents With Revenue p		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements		1	1,554,170.
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	1,554,170.
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 <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,554,170.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	•	s per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	1,560,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	_ 2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)	2d		
				•
е	Add lines 2a through 2d	· • • • • • • • • • • • • • • • • • • •		0.
е З		· • • • • • • • • • • • • • • • • • • •		0. 1,560,249.
е 3 4	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			0. 1,560,249.
4 a	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		0. 1,560,249.
4 a	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		0.
4 a b	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4a 4b	3 	0.
4 a b c 5	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	3 	0. 1,560,249. 0. 1,560,249.

Provide 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 additional information.

# PART X, LINE 2:

THE ORGANIZATION HAS IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY

IN INCOME TAXES AND MANAGEMENT BELIEVES THAT THERE ARE NO UNCERTAIN TAX

POSITIONS FOR WHICH EITHER RECOGNITION OR DISCLOSURE IS REQUIRED IN THE

FINANCIAL STATEMENTS.

732054 10-09-17

SCHEDULE	F
(Form 990)	

# **Statement of Activities Outside the United States**

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

N	lame	of	the	organ	izat	ior
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39-	20	77	094	

Employer identification number

#### VIDA

Part I 0	General Infor	mation on A	ctivities Ou	tside the United States. Complete	ete if the organization answered "Y	'es" on
F	orm 990, Part IV	/, line 14b.			-	
1 For gra	ntmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
the gran	ntees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes 🗌 No
2 For gra	<b>ntmakers.</b> Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	ide the
United S	States.					
3 Activitie	s per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) F	Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	èmployees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMI	ERICA AND					
THE CARIBBE	EAN –				BASE OF OPERATIONS FOR	
ANTIGUA & H	BARBUDA,				RECEIVING VOLUNTEERS AND	
ARUBA, BAHA	AMAS,	3	19	PROGRAM SERVICES	CO-ORDINATING TRIPS	1,429,448
3 a Sub-tota	al	3	19			1,429,448
	om continuation					
sheets t	o Part I	0	0			0
	add lines 3a					

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

3

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Schedule F (Form 990) 2017

732071 10-06-17

and 3b)

1,429,448.

#### Page **2**

# Part II 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>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt										
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

Schedule F (Form 990) 2017

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

# 39-2077094 VIDA Schedule F (Form 990) 2017 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2017

Sched	ule F (Form 990) 2017 VIDA	39-2077094	Page 4
Part	IV Foreign Forms		0
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	🗆 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

Schedule F	(Form 990)	) 2017	VIDA
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	rt I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	n); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) pplicable. Also complete this part to provide any additional information. See instructions.
2075 10-06-17	Schedule F (Form 990) 2
	34 2017.05030 VIDA 077-082

SCHEDULE L (Form 990 or 990-EZ) Control Contro	omplete if the	cansaction organization ans 28b, or 28c, o ▶ Atta o www.irs.gov/Fo	swere or Forr ch to	d "Yes n 990 Form	s" on F -EZ, Pa 990 or	orm 990, Par art V, line 38a Form 990-E2	t IV, lir a or 401 Z.	ie 25a, 25b, o.	ŗ	, 28a,		ив No. <b>20</b> pen Tr spect	<b>1</b> 7	7
Name of the organization	TD 3												on nı	umber
	IDA fit Transac	tions (section 50	)1(c)(3	). sect	ion 50 <sup>.</sup>	1(c)(4), and 50	)1(c)(29	)) organizatio			770	94		
		swered "Yes" on I		-							Db.			
1 (a) Name of disqualified po	erson (b)	Relationship betw person and or			lified	(c	<b>:)</b> Desc	ription of tra	nsactio	on		- <u>-                                  </u>	Corre es	No
<ol> <li>2 Enter the amount of tax in section 4958</li> <li>3 Enter the amount of tax, in</li> </ol>		-	-							► \$ ► \$				
Part II   Loans to and	/or From li	nterested Pers	sons											
Complete if the o	rganization an	swered "Yes" on I	Form §	990-EZ	, Part V	/, line 38a or F	Form 9	90, Part IV, li	ne 26;	or if th	ne orga	nizati	on	
		90, Part X, line 5, 6		2. an to or			(2) -				<b>(h)</b> Ap	proved		Vuittoro
(a) Name of interested person	(b) Relationshi with organizatio		from	n the zation?		) Original ipal amount	(†)B	alance due		dofoult?		by board or committee?		Vritten ement?
SONDRA ELIZONDO	EXECUTI	VPURCHASE		From X	1	18,080.	12	29,088.	Yes	No X	Yes	No X	Yes	No X
														+
														-
Total Part III   Grants or Ass	niotonoo P	enefiting Inter	anto	d Do	<u>roon</u>	🕨 💲	1:	29,088.						
		swered "Yes" on F												
(a) Name of interested person		(b) Relationship interested pers the organiza	betwe on an	en	(0	c) Amount of assistance		(d) Type assista			(e) Purpose of assistance			ıf
LHA For Paperwork Reducti	ion Act Notic	a saa tha Instruc	tions	for Eo	rm 99(	) or 990-E7		Set	odulo		rm 990	) or 99	90-F7	7) 2017

SEE PART V FOR CONTINUATIONS

732131 10-18-17

Schedule L (Form 990 or 990-EZ) 2017 $  ext{VID}$
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#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

39-2077094	Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

### SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SONDRA ELIZONDO

(B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR

# (C) PURPOSE OF LOAN: PURCHASE OF INTEREST IN BUSINESS PROPERTY

Schedule L (Form 990 or 990-EZ) 2017

732132 10-18-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



39-2077094

VIDA

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) (2017)

 732211
 09-07-17

37 15530211 796933 077-08260300 2017.05030 VIDA Name of the organization

THE VIDA PROGRAM FOCUSES MAINLY ON THE STERILIZATION OF FELINES AND

CANINES IN FIELD CLINICS. PARTICIPANTS WILL ALSO GAIN EXPERIENCE

WORKING WITH LARGE ANIMALS. VOLUNTEERS WHO PARTICIPATE IN OUR PROGRAM

WILL HAVE AN INTERACTIVE EXPERIENCE THAT IS UNIQUE TO VIDA.

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

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

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

EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER OF VIDA HAS A DUTY TO DISCLOSE TO THE BOARD (OR THE COMMITTEE THAT IS CONSIDERING THE RELEVANT DECISION) THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OR ACTION OF VIDA IN WHICH THE RESPONSIBLE PERSON HAS ANY CONFLICTS. THE DISCLOSURE REQUIRED MUST BE MADE, TO THE EXTENT POSSIBLE, PRIOR TO ANY CONSIDERATION BY THE BOARD OR COMMITTEE OF THE PROPOSED TRANSACTION OR ACTION. IF A RESPONSIBLE PERSON DOES NOT RECOGNIZE THE EXISTENCE OF A CONFLICT PRIOR TO THE BOARD'S DECISION REGARDING THE TRANSACTION, THAT PERSON HAS A DUTY TO DISCLOSE THE MATERIAL FACTS OF THE CONFLICT AS SOON AS IT IS RECOGNIZED. THE RESPONSIBLE PERSON WHO HAS A CONFLICT SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND SHALL RETIRE FROM THE ROOM DURING DELIBERATIONS, UNLESS INVITED BY THE BOARD OR COMMITTEE TO PARTICIPATE AFTER CONSIDERATION OF THE SIGNIFICANCE TO VIDA OF THE DISCLOSED CONFLICT. THE BOARD OR COMMITTEE MAY ALSO REQUEST THAT THE RESPONSIBLE PERSON PROVIDE ANY RELEVANT INFORMATION REGARDING THIS MATTER. ANY PROPOSED TRANSACTION OR ACTION IN WHICH THE BOARD HAS DETERMINED THE RESPONSIBLE PERSON HAS A SIGNIFICANT CONFLICT OF INTEREST IS TO BE APPROVED BY A MAJORITY OF ALL THE DIRECTORS THEN-SERVING WHO WOULD BE ENTITLED TO VOTE AND WHO ARE NOT INTERESTED DIRECTORS. THE APPROVAL MUST TAKE PLACE AT 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017) 38

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization VIDA	Employer identification number $39-2077094$
A MEETING AT WHICH QUORUM IS PRESENT-THAT IS, BY A SUPERM	AJORITY OF THE
ENTIRE BOARD (NOT INCLUDING A CONFLICTED DIRECTOR(S)), EV	EN THOUGH THE
NON-CONFLICTED DIRECTORS MAY CONSTITUTE LESS THAN A QUORU	M. DELIBERATIONS
BY THE BOARD REGARDING THE CONFLICT, AND ACTION TAKEN ON	THE PROPOSED
TRANSACTION OR ACTION, SHALL BE RECORDED IN BOARD MINUTES	, PREPARED NO
LATER THAN 60 DAYS AFTER THE MEETING AT WHICH DELIBERATION	NS WERE HELD. THE
VOTES OF EACH DIRECTOR IN SUPPORT OR IN OPPOSITION TO THE	TRANSACTION OR
ACTION SHALL BE NOTED. ALL RESPONSIBLE PERSONS ARE OBLIGA	TED TO NOTIFY THE
BOARD IF THEY BELIEVE AN INDIVIDUAL DIRECTOR OR OFFICER H	AS FAILED TO
DISCLOSE A CONFLICT, AND THE PROCEDURE SET OUT IN THIS PO	LICY SHALL BE
EMPLOYED BY THE BOARD IN ALL SUCH INSTANCES.	

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

39

INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Form <b>5471</b>		espect	<b>To Certai</b>	n Fo	f U.S. Perso oreign Corpo	oration		OME	8 No. 1545-	0704
(Rev. December 2015) Department of the Treasury Internal Revenue Service		urnished for tl	he foreign corporatior	n's ann	471, see www.irs.gov/f ual accounting period (ta , 2017, and ending	x year requir			chment Jence No. 1	121
Name of person filing this retu	,			<u> </u>	A Identifying num		<i>,</i> 201	<u> </u>		
VIDA Number, street, and room or suite r	o (or P.O. box nur	mber if mail is n	ot delivered to street add	ress)	39-2077					
2612 S ARLING					B Category of filer	(See instruct 1 (repealed)	2 2	applicable   3	4	5 X
City or town, state, and ZIP co ARLINGTON, VA					C Enter the total per you owned at th	-	-	-		ock
	OCT 1		, <b>2017</b> , and en	dina	SEP 30		111111111111111111111111111111111111111	nung periot		•••• /0
D Check if any excepted spec		ancial assets		5		,				
E Person(s) on whose behal			· · · · · · · · · · · · · · · · · · ·		,					
(1) Nama			( <b>0</b> ) A dd	Iraaa		( <b>0</b> ) Identifui	ng number	(4) Chec	k applicabl	e box(es)
(1) Name			<b>(2)</b> Add	iress		(3) Identifyi	ng number	Shareholder	Officer	Director
										ļ
Importante Filis alles	- l' l- l - l'				hair Frankala Allana					
Important: Fill in all app	olicable lines a rwise indicate		es. All information I	must	be in English. All amou	ints <b>must</b> id	e stated in	U.S. dolla	rs	
1a Name and address of fore						<b>b(1)</b> Em	oloyer identif	ication num	her if any	
MECEMAR, SA							-0000		ioor, ii uriy	
450 M SUR D		ALDS,	CURRIDABA	т			erence ID nu		nstructions	;)
SAN JOSE							603CR			,
COSTA RICA							ntry under v STA R		incorporate	ed
d Date of e Pri incorporation SAN J	ncipal place of b OSE	ousiness	f Principal business activity code number	R	g Principal business ac EAL ESTATE	tivity		h Function	al currency	1
09/12/10COSTA	RICA		531390				COSTA	RICA	, COL	ON
2 Provide the following info	rmation for the	foreign corpo	ration's accounting p	eriod s	stated above.					
<b>a</b> Name, address, and ident	ifying number o	of branch offic	e or agent (if any) in t	the Uni	ted States	<b>b</b> If a U.S.	income tax i	return was t	filed, enter:	
NONE						(i) Taxable ii	ncome or (lo		J.S. income (after all cre	
c Name and address of fore in country of incorporatio		's statutory o	r resident agent		d Name and address person (or persons corporation, and the	) with custod	y of the bool	ks and reco	rḋs of thế f	oreign
NONE						τια				
					LUCIA LEM 2606B S A ARLINGTON	RLINGT				
	- ( 11									
Schedule A Stock	of the For	reign Cor	poration			( <b>h</b> ) Ni	mber of sha	res jesuad -	and outetor	nding
(a) Description of each class of stock					. ,	ing of annua		(ii) End of a	-	
(a) Description of each class of stock							ting period	" ( a	ccounting	period
								_		

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)

# 39-2077094

Form 5471 (Rev. 12-2015)

VIDA

Schedule B 0.5. Shareholde	rs of Foreign Corporation			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
				_
				-
				-
				_
				-
				-
				]
				_
				-
				-
				]

# Schedule C Income Statement

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

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	<b>b</b> Returns and allowances	1b		
	<b>c</b> Subtract line 1b from line 1a			
	2 Cost of goods sold			
ne	3 Gross profit (subtract line 2 from line 1c)	3		
Income	4 Dividends	4		
<u> </u>	5 Interest	5		
	6a Gross rents	6a		
	<b>b</b> Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	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>b</b> Royalties and license fees	11b		
SL	12 Interest	12		
tio	13 Depreciation not deducted elsewhere	13		
Deductions	14 Depletion	14		
Dec	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	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			
	the provision for income, war profits, and excess profits taxes (subtract line			
me	17 from line 9)	18		
S	19 Extraordinary items and prior period adjustments	19		
Net Income	20 Provision for income, war profits, and excess profits taxes	20		
ž				
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21		

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Form **5471** (Rev. 12-2015)

# Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a)	Amount of tax				
	(a) Name of country or U.S. possession	<b>(b)</b> In foreign currency	(c) Conversion rate	<b>(d)</b> In U.S. dollars		
1	U.S.					
2						
3						
4						
5						
6						
7						
	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	(a) Beginning of annual accounting period	<b>(b)</b> End of annual accounting period	
1	Cash	1		
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	(	( )
3	Inventories	3		
4	Other current assets (attach statement)	4		
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		
b	Less accumulated depreciation	8b	(	( )
9a	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		
	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	(	( )
12	Other assets (attach statement)	12		
10	Total agente	10		
13	Total assets	13		
14	Accounts payable	14		
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement)	17		
18	Capital stock:			
a	Preferred stock	18a		
	Common stock	18b		
19	Paid-in or capital surplus (attach reconciliation)	19		
20	Retained earnings	20		
21	Less cost of treasury stock	21	(	( )
22	Total liabilities and shareholders' equity	22		Earm <b>5/171</b> (Pay 12 2015)

Form 5471 (Rev. 12-2015)

# SCHEDULE J (Form 5471)

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

OMB No. 1545-0704

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

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

Attach to Form 5471.

Name of person	filing	Form	547	1
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Nam	e of person filing Form 5471						Identifying number	
vτ	DA						39-2077094	
	e of foreign corporation							
	5				EIN (if any)	Reference ID number		
ME	CEMAR, SA				00-000000 82603CR			
	Important: Enter amounts in	(a) Post-1986 Undistributed Earnings (post-86 section	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section		(c) Previously Taxed E&P ctions 959(c)(1) and (2) balar	(d) Total Section 964(a) E&P		
	functional currency.	959(c)(3) balance)	959(c)(3) balance)	(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Incom	e (combine columns (a), (b), and (c))	
1	Balance at beginning of year							
2a	Current year 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 E&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)