Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

| A | For the | e 2018 calendar year, or tax year beginning and e | ending | miorination. | поросион |
|--------------------------------|---------------------------|---|---------------|------------------------------|-----------------------------|
| В | Check if applicable | C Name of organization | oriding | D Employer identifie | cation number |
| | Addre | SS VISION HOUSE | | | |
| F | Name | | | 01 1 | 402474 |
| Γ | Initial | | Doom/ouite | | 493474 |
| F | Final | DO DOY 2051 | Room/suite | E Telephone number | |
| | return. termin ated | | | | 228-6356 |
| Г | Amen | ded =================================== | | G Gross receipts \$ | 4,164,664. |
| F | Application | F Name and address of principal officer:MELISSA GEHRIG | | H(a) Is this a group re | |
| | pendi | PO BOX 2951, RENTON, WA 98056-2951 | | | ? Yes X No |
| 1 | Tax-ex | empt status: X 501(c)(3) | or 527 | H(b) Are all subordinates in | |
| J | Websit | te: WWW.VISIONHOUSE.ORG | 321 | | list. (see instructions) |
| | | organization: X Corporation Trust Association Other | I Voor | H(c) Group exemption | State of legal domicile: WA |
| | | Summary | L Teal (| or iorination. 1990 N | State of legal domicile: WA |
| | T | Briefly describe the organization's mission or most significant activities: TO PF | TOTTOE | CAPP AND C | ONETDENMTAT |
| Activities & Governance | 1 | TRANSITIONAL HOUSING AND SERVICES FOR HOM | ALT EGG | EXMITTEC | ONFIDENTIAL |
| rna | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | then SEV of its not so | |
| ove. | 3 | Number of voting members of the governing body (Part VI, line 1a) | ed of more | 3 | |
| Ö | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | <u>6</u> |
| 38 | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 | 90 |
| į | 6 | Total number of volunteers (estimate if necessary) | | 6 | 598 |
| cţi | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| • | b | Net unrelated business taxable income from Form 990-T, line 38 | | 7b | 0. |
| | | , | | Prior Year | Current Year |
| 9 | 8 | Contributions and grants (Part VIII, line 1h) | | 2,239,150. | 2,666,652. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 1,455,599. | 1,473,484. |
| leve | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 17,858. | 17,876. |
| ш | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -82,201. | -105,917. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,630,406. | 4,052,095. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,446,698. | 2,440,944. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| × | p. | Total fundraising expenses (Part IX, column (D), line 25) 447,95 | 2. | | |
| - | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,317,502. | 1,393,274. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,764,200. | 3,834,218. |
| _ 0 | | Revenue less expenses. Subtract line 18 from line 12 | | -133,794. | 217,877. |
| IS O | | | Beg | inning of Current Year | End of Year |
| Bala | 20 | Total assets (Part X, line 16) | | 9,539,503. | 9,842,652. |
| Net Assets or Fund Balances | 21 | Fotal liabilities (Part X, line 26) | | 603,026. | 669,914. |
| | rt II | Net assets or fund balances. Subtract line 21 from line 20 | | 8,936,477. | 9,172,738. |
| | | | | | |
| riia | correct | ties of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | nts, and to the best of my | knowledge and belief, it is |
| iuc, | Correct | , and complete. Declaration of preparer (other than officer) is based on all information of which | ch preparer h | nas any knowledge. | 16 |
| Sigr | . | Signature of officer | | 7-9- | -19 |
| der | - 1 | | | Date ^r * | |
| ier | 6 | MELISSA GEHRIG, EXECUTIVE DIRECTOR Type or print name and title | | | |
| | | 21.2 | Da | ato Ohart | DTIN |
| aid | | Print/Type preparer's name ALLEN D. GILBERT, CPA ALLEN D. GILBERT | Da | if | PTIN |
| | F | ALLEN D. GILBERT, CPA ALLEN D. GILBERT Firm's name CLIFTONLARSONALLEN LLP | , CPO | 7/08/19 self-employed | |
| | | Firm's address 10700 NORTHUP WAY, SUITE 200 | | Firm's EIN | 41-0746749 |
| - | | BELLEVUE, WA 98004 | | | E) 050 6400 |
| /lav | the IR | S discuss this return with the preparer shown above? (see instructions) | | Phone no. (4 2 | 25) 250-6100 |
| | 01 12-31 | 20 M (C. 1981) [1982] 1983 (C. 1982) [1983] 1984 (C. 1983) [1984] 1984 (C. 1984) [1984] [| | | X Yes No |
| | | | ıs. | | Form 990 (2018) |

| art III Statement of Program | N HOUSE | 91-149347 | 74 Page 2 |
|--|--|---|---|
| | · · · · · · · · · · · · · · · · · · · | | - |
| Briefly describe the organization's mi | response or note to any line in this Part III | | Х |
| | SSIOII. | | |
| 222 561125622 6 | | | |
| | - | | |
| | | | |
| Did the organization undertake any s | anificant program services during the year which were | a not listed on the | |
| | | | Yes X No |
| | on Schedule O | | Yes LA No |
| | | v program services? | Yes X No |
| If "Yes," describe these changes on | Schedule O. | program services: | res LA No |
| Describe the organization's program | service accomplishments for each of its three largest | program services, as measured by expend | enses. |
| revenue, if any, for each program ser | vice reported. | a anotations to others, the total expens | oos, and |
| | |) (Revenue \$ 2.0 | 8 453 |
| SEE SCHEDULE O | moduling grants of ϕ | / (Nevenue \$) | 0,433. |
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| | | | |
| (Code:) (Expenses \$ | |) (Revenue \$1, 19 | 1,493. |
| SEE SCHEDULE O | | | |
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| | | | |
| (Code:) (Expenses \$ | 57 809 · including greats of 6 | \ | 7 577 |
| | moduling grants of \$ |) (Revenue \$1 | 7,577. |
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| | | | |
| Other program services (Describe in S | chedule O.) | | |
| (Expenses \$ | including grants of \$ | enue \$ | |
| Total program service expenses ▶ | 3,046,450. | | |
| | | F | m 990 (2018) |
| | | | |
| 2 12-31-18 | SEE SCHEDULE O FOR CONT | TNIIATTON (S) | 11000 (2010 |
| | Check if Schedule O contains a Briefly describe the organization's mis SEE SCHEDULE O Did the organization undertake any si prior Form 990 or 990-EZ? If "Yes," describe these new services Did the organization cease conductin If "Yes," describe these changes on S Describe the organization's program services Section 501(c)(3) and 501(c)(4) organizeronue, if any, for each program services (Code:) (Expenses \$ SEE SCHEDULE O (Code:) (Expenses \$ SEE SCHEDULE O (Code:) (Expenses \$ SEE SCHEDULE O (Code:) (Expenses \$ SEE SCHEDULE O | Briefly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were prior Form 990 or 990 to 290 to 27? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any if "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest prevenue, if any, for each program service reported. (Code:) (expenses s | Statement of Program Service Accomplishments Check (Schedule O contains a response or note to any line in this Part III Birdity describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expected the services on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expected to september of the services on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expected to report the amount of grants and allocations to others, the total expensivenue, if rank, for each program service reported. Code: (September 1,760,523. housing grants of 1,760,523. housing grants of |

Form 990 (2018)

VISION HOUSE

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------|--|---------|--------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 4 | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 7 | 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 "Ves " complete Schodule C. Port II. | | | |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | - | | v |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | X |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | Α |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | 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, | | | |
| h | Part VI | 11a | X | |
| | 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 | | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 11b | | _X_ |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 44- | | х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | 11c | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 | _ | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 14a | - | <u>X</u> |
| | 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 | 1/15 | | v |
| 15 | bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | X |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | bid the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | bid the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines | | | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| 2000 | Complete Schedule G, Part III | 19 | | X |
| h | bid the organization operate one or more nospital facilities? If "Yes," complete Schedule H | 20a | | X_ |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | - | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | ~ | | v |
| 32003 | 12-31-18 | Form 9 | 200 (0 | X |
| | - CONTROL PROPERTY AND AND A PARTY AND A SECOND STATE OF A SECOND STATE AND A SECOND STAT | I UIIII | 100 12 | UIOI |

| Pa | art IV Checklist of Required Schedules (continued) | | | |
|--------|--|-----|-------|------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 100 | 1.00 |
| | 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 | 1 | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 20 | | A |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | A |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | - |
| | any tax-exempt bonds? | 04- | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c | | - |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24d | | - |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | |
| h | Is the organization aware that it engaged in an expect honefit transporting with a discount of the property of | 25a | | X |
| ~ | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | | |
| 26 | | 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," | | 100 | |
| 07 | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | 1 |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | 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 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | bid the organization liquidate, terminate, or dissolve and cease operations? | 3.6 | - 55 | |
| | 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 | | Х |
| 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 | |
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | Т | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 168 | 140 |
| b | | 1 | | |
| С | | | | |
| | (gambling) winnings to prize winners? | 4. | х | |
| 832004 | 4 12-31-18 | 1c | 000 " | |

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

| | | | | | Yes | No |
|-----|---|------------|------------------------|-----|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 90 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule | o | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | autho | ority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | acco | unt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccou | nts (FBAR). | | | |
| 5a | a provinced tax direction at any time during the tax year? | | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ction | ? | 5b | | Х |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | ne org | ganization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | ions | 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 set | rvices | provided to the payor? | 7a | | Х |
| b | and the state of the goods of solvices provided? | | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as re | quired | | | |
| | to file Form 8282? | | | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontra | ct? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 8 | 899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation | file a Form 1098-C? | 7h | X | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| 12a | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 11b | | | | |
| | If "Vee " enter the emount of tay exempt interest and in the | | 1 | 12a | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12b | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | | | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | | 13b | | | | |
| С | Enter the emount of recovers as hand | | | | | |
| 4a | Did the organization receive any nayments for indeer tenning agricus during the | 13c | | | | v |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | | 14a | | X |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | ratio- | | 14b | | |
| | excess parachute payment(s) during the year? | allor | l Oi | 45 | | v |
| | If "Yes," see instructions and file Form 4720, Schedule N. | ••••• | | 15 | | X |
| 6 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | inco | mo? | | | v |
| | If "Yes," complete Form 4720, Schedule O. | IIICO | | 16 | | X |
| | | | | - | 000 | |

032-2SM2

91-1493474 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-------|---|---------|--------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | | 5 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| _ | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| 40 | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| Sact | exempt status with respect to such arrangements? | 16b | | |
| | | | | |
| | List the states with which a copy of this Form 990 is required to be filed WA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) | s only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in School/Je O) | | | |
| 10 | Other lexplain in Schedule Of | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | JEFFREY DARR - 425-228-6356 | | | |
| 00000 | 450 BREMERTON AVENUE NE, RENTON, WA 98056 | | | |

Form **990** (2018)

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

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

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

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

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

| (A) Name and Title | (B) | | | Pos | C) ition | 1 | | (D) | (E) | (F) |
|--|---|--------------------------------|-----------------------|-----------------|--------------|------------------------------|--------|--|--------------------------------------|--|
| Name and Title | Average hours per week (list any | offi | , unle | check ess pe | more | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) BILL NORTHEY BOARD PRESIDENT | 2.00 | x | | х | | | | 0. | 0. | 0 |
| (2) RICK WONG BOARD MEMBER | 2.00 | х | | | | | | 0. | | |
| (3) HEATHER MCDOWELL | 2.00 | | | | | | | | 0. | 0 |
| 30ARD MEMBER (4) MARK HUTCHESON | 2.00 | X | | | | | | 0. | 0. | 0 |
| 30ARD SECRETARY (5) DEREK SCIBA | 2.00 | X | | X | | | + | 0. | 0. | 0 |
| OARD VICE PRESIDENT 6) DAVE PRESLEY | 2.00 | Х | | Х | | | + | 0. | 0. | 0 |
| OARD MEMBER 7) GEOFF TAMMAN | 2.00 | Х | | | | - | - | 0. | 0. | 0 |
| OARD MEMBER 8) DAVID CHEN | 2.00 | Х | | | | | 4 | 0. | 0. | 0 |
| REASURER | | х | | х | | | | 0. | 0. | 0 |
| OARD MEMBER | 2.00 | х | | | | | | 0. | 0. | 0 |
| 10) JOHN CAMERER IRECTOR OF OPERATIONS | 40.00 | | | х | | | | 79,130. | 0. | 9,512 |
| 11) JEFF DARR INANCE MANAGER | 32.00 | | 7. | x | | | | 55,808. | 0. | 8,016 |
| 12) MELISSA GEHRIG EXECUTIVE DIRECTOR | 40.00 | | | х | | | | 103,387. | 0. | 10,034 |
| | | | | | | | | | | |

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Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) (D) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 743,888. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,922,764. g Noncash contributions included in lines 1a-1f: \$ 59,624. h Total. Add lines 1a-1f **▶** 2,666,652. **Business Code** Program Service Revenue 2 a CHILDCARE 624410 1,191,493.1,191,493. b EXEMPT PURPOSE RENTS 531110 208,453. 208,453. c THRIFT SHOP 452000 73,538. 73,538. d f All other program service revenue Total. Add lines 2a-2f ▶ 1,473,484. Investment income (including dividends, interest, and other similar amounts) 16,983. 16,983. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... ····· 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 3,506. 1,000. b Less: cost or other basis and sales expenses 3,613. 0. c Gain or (loss) -107. 1,000. d Net gain or (loss) 893. 1,000. -107.8 a Gross income from fundraising events (not Other Revenue including \$ 743,888. of contributions reported on line 1c). See Part IV, line 18a b Less: direct expenses b 108,956. c Net income or (loss) from fundraising events -108,956.-108,956. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISC REVENUE 900099 3,039. 3,039. d All other revenue e Total. Add lines 11a-11d 3,039. 12 Total revenue. See instructions ,052,095.1,477,523. 0. -92,080.832009 12-31-18

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | / / \ | this Part IX | | |
|---|--|--|--|--|
| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | | | | CAPCHISCS |
| | | - | | |
| | | 7 | | |
| | | | | |
| | | | | |
| | | | | |
| individuals. See Part IV, lines 15 and 16 | | | | |
| Benefits paid to or for members | | | | |
| Compensation of current officers, directors, | | | | |
| trustees, and key employees | 265,888. | 132,238. | 76,939. | 56,711 |
| | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | | | | |
| Other salaries and wages | 1,757,773. | 1,448,179. | 137,941. | 171,653 |
| | | | | |
| section 401(k) and 403(b) employer contributions) | 17,429. | 9,169. | 4.018. | 4,242 |
| Other employee benefits | 211,829. | | | 15,279 |
| Payroll taxes | 188,025. | | | 18,322 |
| Fees for services (non-employees): | | | 20/3301 | 10,522 |
| Management | | 7,47 | | |
| Legal | | | | |
| Accounting | 18,229. | | 18.229. | |
| Lobbying | | | | |
| Professional fundraising services. See Part IV, line 17 | | | | |
| Investment management fees | | | | |
| Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| column (A) amount, list line 11g expenses on Sch O.) | 109,385. | 47.272. | 13 912 | 48,201 |
| Advertising and promotion | | | | 76,375 |
| Office expenses | | | | 15,576 |
| Information technology | | | | 5,279 |
| Royalties | | 22/3031 | 2,173. | 3,413 |
| Occupancy | 169,837. | 165.670 | 4 167 | |
| Travel | | - | | 5,280 |
| Payments of travel or entertainment expenses | | 02/1201 | 3,303. | 5,200 |
| | 1 Y | | | |
| Conferences, conventions, and meetings | 16.326. | 10 092 | 3 000 | 2 225 |
| Internal | | | 3,003. | 3,225 |
| Payments to affiliates | | 23,300. | | |
| Depreciation, depletion, and amortization | 341.220. | 316 773 | 17 462 | 6 005 |
| | 62.192. | 57 724 | | 6,985 |
| Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) | 9=7=9=0 | 37,724. | 4,400. | |
| DAY CARE DIRECT PROGRAM | 128 230 | 120 220 | | |
| | | | | |
| | | | 4 700 | 12 242 |
| | | 20,240. | | 13,343 |
| | | 2 061 | | 6,300 |
| | | | | 1,181 |
| | 3,034,410. | 3,040,450. | 339,816. | 447,952 |
| | | | | |
| educational campaign and fundraising solicitation. | | | | |
| | | | | |
| | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) DAY CARE DIRECT PROGRAM RESIDENT SERVICES BANK CHARGES REPAIRS AND MAINTENANCE All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Content of trustees of contributions (include persons described in section 4958(c)(3)(B) 1, 757, 773. 1, 448, 179. Payson and crustees and vages 17, 429. 9, 169. 17, 429. 9, 169. 188, 025. 153, 708. 188, 025. 188, 025. 189, 169. 188, 025. 188, 025. 189, 169. 188, 025. 188, 025. 189, 169. 188, 025. 188, 0 | Comparison of current officers, directors, trustees, and key employees Compensation of current officers, directors, and was set and wa |

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Form 990 (2018)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 492,386. 572,839. 1 Savings and temporary cash investments 2 499,656. 501,177. Pledges and grants receivable, net 3 413,275. 3 333,432. Accounts receivable, net 33,155. 27,600. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 4,276. 2,000. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11,718,548. b Less: accumulated depreciation 10b 3,562,463. 7,834,008. 10c 8,156,085. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 262,747. 13 249,519. 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,539,503. 9,842,652. 16 Accounts payable and accrued expenses 17 203,949. 17 268,570. Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 399,077. 401,344. 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 603,026. 669,914. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** Unrestricted net assets 27 6,877,690. 7,393,079. Temporarily restricted net assets 28 2,014,787. 28 1,735,659. Permanently restricted net assets 44,000. 29 44,000. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 33 8,936,477. 9,172,738. 33 Total liabilities and net assets/fund balances 9,539,503. 9,842,652.

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| Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | 71-1 | 493474 | | 41 |
|---|-------------|--------|------|-----------|
| | | | Pi | age 12 |
| , | | | | |
| | Т | | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,05 | 2 (| 195 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,83 | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | | 77.7 | 877. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,93 | | |
| 5 Net unrealized gains (losses) on investments | 5 | | | 352. |
| 6 Donated services and use of facilities | 6 | | | 750. |
| 7 Investment expenses | | | | 514. |
| 8 Prior period adjustments | 8 | | ±,,- | 114. |
| 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, | | | - | 0. |
| column (B)) | 10 | 9,17 | 2 7 | 738 |
| Part XII Financial Statements and Reporting | 1.0 | | 4,, | 30. |
| Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| 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 Schedul | e O. | - | Yes | No |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | х |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | ed on a | | | |
| separate basis, consolidated basis, or both: | | | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b Were the organization's financial statements audited by an independent accountant? | | 2b | X | BROODOOOO |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te 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 | ne audit, | | | |
| review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Sch | nedule O. | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ingle Audit | | | |
| Act and OMB Circular A-133? | | За | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why in Schedule O and describe any steps taken to undergo such audits | uired audit | 3b | | |
| | | | 990 | (2018) |

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number VISION HOUSE

| Pai | rt I | Reason for Pub | lic Charity Status | (All organizations must | | | | 91-1493474 |
|----------|-------------|---|----------------------------|--|-------------------|--------------------------------|----------------------------|----------------------------|
| 00000000 | 00000000004 | ration is not a private for | oriality Status | (All organizations must | complete | this part.) | See instructions. | |
| | ligan. | A church convention | bundation because it is | s: (For lines 1 through 12, | check on | ly one box | .) | |
| 1 | H | A church, convention o | of churches, or associa | ation of churches describ | ed in sect | ion 170(b) | (1)(A)(i). | |
| 2 | H | A school described in s | section 170(b)(1)(A)(ii) | , (Attach Schedule E (For | m 990 or | 990-EZ).) | | |
| 3 | \dashv | A nospital or a coopera | tive hospital service o | rganization described in | section 17 | 70(b)(1)(A) | (iii). | |
| 4 | | A medical research org city, and state: | anization operated in o | conjunction with a hospit | al describ | ed in secti | on 170(b)(1)(A)(iii). Ente | er the hospital's name, |
| 5 | | An organization operate | ed for the benefit of a | college or university own | ed or oper | ated by a | governmental unit descr | ibed in |
| | | section 170(b)(1)(A)(iv |). (Complete Part II.) | | | , | g | 1000 111 |
| 6 | | A federal, state, or loca | government or govern | nmental unit described in | section | 170(b)(1)(A | Wv) | |
| 7 | | An organization that no | rmally receives a subs | stantial part of its support | from a go | vernment | al unit or from the genera | al public described in |
| | | section 170(b)(1)(A)(vi) | . (Complete Part II.) | | | | a and or normano goriere | a public described in |
| 8 | | A community trust desc | cribed in section 170(| b)(1)(A)(vi). (Complete Pa | rt II.) | | | |
| 9 | | An agricultural research | organization describe | ed in section 170(b)(1)(A) | (ix) opera | ted in con | unction with a land-gran | t college |
| | | or university or a non-la | nd-grant college of agr | riculture (see instructions |). Enter th | e name ci | ty and state of the colle | ac or |
| | | university: | 3 | | ,. Lintor til | c riairie, ci | ty, and state of the colle | ge or |
| 10 | X | An organization that no | rmally receives: (1) mo | ore than 33 1/3% of its su | pport from | n contribut | ions membership fees | and gross respirits from |
| | | activities related to its e | exempt functions - sub | ject to certain exceptions | and (2) r | no more th | an 33 1/3% of its suppo | t from gross investment |
| | | income and unrelated b | usiness taxable incom | ne (less section 511 tax) f | rom busin | esses aco | uired by the organization | after lune 20, 1075 |
| | | See section 509(a)(2). | (Complete Part III.) | , | om baom | 00000 404 | uncd by the organization | raiter Julie 30, 1975. |
| 11 [| | An organization organiz | ed and operated exclu | usively to test for public s | afety. See | section 5 | 09(2)(4) | |
| 2 | | An organization organiz | ed and operated exclu | usively for the benefit of, t | o perform | the functi | ons of or to carry out th | e nurnoses of one or |
| | | more publicly supported | d organizations describ | ped in section 509(a)(1) | or section | 509(a)(2) | See section 509(a)(3) | Check the box in |
| | | lines 12a through 12d th | nat describes the type | of supporting organization | on and co | mplete line | s 12e, 12f, and 12g | Check the DOX III |
| а | | Type I. A supporting of | organization operated, | supervised, or controlled | by its su | pported or | ganization(s) typically b | v aivina |
| | | the supported organiz | cation(s) the power to r | regularly appoint or elect | a maiority | of the dire | ectors or trustees of the | supporting |
| | | organization. You mus | st complete Part IV, S | Sections A and B. | , , , | | otoro or tradition or tric | supporting |
| b | | | | ed or controlled in connec | tion with | its support | ed organization(s) by h | avina |
| | | control or managemen | nt of the supporting or | ganization vested in the | same pers | ons that c | ontrol or manage the sur | avilig |
| | | organization(s). You m | nust complete Part IV | , Sections A and C. | and porc | ono mar o | orthor or manage the su | pported |
| С | | | | ng organization operated | in connec | ction with | and functionally integrat | od with |
| | | its supported organiza | ation(s) (see instruction | ns). You must complete | Part IV. S | ections A | D and F | ed with, |
| d | | Type III non-function | ally integrated. A sup | porting organization ope | rated in co | nnection v | with its supported organ | ization(s) |
| | | that is not functionally | integrated. The organ | ization generally must sa | tisfy a dist | ribution re | quirement and an attent | iveness |
| | | requirement (see instru | uctions). You must co | mplete Part IV, Sections | s A and D | and Part | V | iveriess |
| е | | Check this box if the o | rganization received a | written determination fro | m the IRS | that it is a | Type I Type II Type III | |
| | | functionally integrated | , or Type III non-function | onally integrated support | ing organi | zation | rype i, type ii, type iii | |
| f | Enter | the number of supporte | ed organizations | | | | | |
| g | Provid | de the following informat | tion about the support | ed organization(s). | | •••••• | •••••• | |
| | (1) | Name of supported | (ii) EIN | (iii) Type of organization | (iv) is the orga | anization listed ing document? | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | | |
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| tal | | | | | | | | |
| A F | or Pa | perwork Reduction Act | Notice, see the Instr | ructions for Form 990 or | 990-EZ. | 832021 10- | 11-18 Schedule A (For | m 990 or 990-EZ) 2018 |
| | | | | | | | | |

-1493474 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2017 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| | ction A. Public Support | (a) 2014 | (b) 2015 | (a) 2016 | (d) 2017 | (a) 2012 | (0 T-1-1 |
|-------|--|---------------------|------------------------|------------------------|---------------------|----------------------|-----------------|
| | Gifts, grants, contributions, and | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| ' | membership fees received. (Do not | | | 2.7 | | | |
| | | | | | | | |
| _ | include any "unusual grants.") | 1,601,341. | 1,371,247. | 2,412,609. | 2,239,150. | 2,666,652. | 10,290,999 |
| | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,392,290. | 1,513,626. | 1,478,536. | 1,455,599. | 1,473,484. | 7,313,535 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | , | | 2 7 7 7 7 | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | 1 | | , T | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 2,993,631. | 2,884,873. | 3,891,145. | 3,694,749. | 4,140,136. | 17,604,534 |
| | Amounts included on lines 1, 2, and | 2,555,051. | 2,004,073. | 3,051,143. | 3,034,743. | 4,140,136. | 17,604,534, |
| | 3 received from disqualified persons | 5,000. | 11,000. | 15,000. | 10,500. | 72,400. | 113,900. |
| 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 | | | | | | 113,500. |
| | amount on line 13 for the year | 253,500. | 422,761. | 619,490. | 496,744. | 422,439. | 2,214,934, |
| | Add lines 7a and 7b | 258,500. | 433,761. | 634,490. | 507,244. | 494,839. | 2,328,834, |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 15,275,700, |
| Sec | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 📐 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | 2,993,631. | 2,884,873. | 3,891,145. | 3,694,749. | 4,140,136. | 17,604,534. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 9,444. | 749. | 6,928. | 12 066 | 16 002 | 47 170 |
| h | Unrelated business taxable income | 7,444. | 743. | 0,940. | 13,066. | 16,983. | 47,170. |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | , , | | | | |
| С | Add lines 10a and 10b | 9,444. | 749. | 6,928. | 13,066. | 16,983. | 47,170. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | , === | , 25 | 075201 | 13,000. | 10,303. | 47,170. |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | 1,196. | 110. | 8,642. | 3,039. | 12,987. |
| | Total support. (Add lines 9, 10c, 11, and 12.) | 3,003,075. | 2,886,818. | 3,898,183. | 3,716,457. | 4,160,158. | 17,664,691. |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a section | n 501(c)(3) organiza | ation, |
| _ | check this box and stop here | | | | | | |
| | tion C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2018 (lin | ne 8, column (f), d | ivided by line 13, o | olumn (f)) | | 15 | 86.48 % |
| 16 | Public support percentage from 2017 | Schedule A, Part | III, line 15 | | | 16 | 88.83 % |
| | tion D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | 18 (line 10c, colum | nn (f), divided by lir | e 13, column (f)) | | 17 | .27 % |
| 18 | Investment income percentage from 2 | 017 Schedule A, F | Part III, line 17 | | | 18 | .23 % |
| 19a | 33 1/3% support tests - 2018. If the | organization did no | ot check the box o | n line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | |
| | more than 33 1/3%, check this box an | d stop here. The | organization qualifi | es as a publicly su | pported organizat | tion | |
| b | 33 1/3% support tests - 2017. If the | organization did no | ot check a box on | line 14 or line 19a, | and line 16 is mo | re than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, chec | ck this box and sto | p here. The organ | ization qualifies as | a publicly suppo | rted organization . | |
| | Private foundation. If the organization | n did not check a b | oox on line 14, 19a | , or 19b, check thi | | | |
| 33202 | 3 10-11-18 | | | | Sche | dule A (Form 990 | or 990-EZ) 2018 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| 0.00,000 | Yes | No |
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| 10b | | 2018 |

| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
|------|--|----------------|-------------------------|----------------|
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | v integrated T | vpe III supporting orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2018

instructions)

| гаі | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | inizations (continued) | |
|-------|---|-------------------------------|--------------------------------|----------------------------------|
| Secti | 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 | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| е | LAUG33 IIUIII 2010 | | | |

Schedule A (Form 990 or 990-EZ) 2018

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

| | VISION HOUSE | 91-1493474 |
|---|--|--|
| Organization type (che | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a priva | rate foundation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private f | foundation |
| | 501(c)(3) taxable private foundation | |
| | on is covered by the General Rule or a Special Rule . 11(c)(7), (8), or (10) organization can check boxes for both the General F | Rule and a Special Rule. See instructions. |
| | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, any one contributor. Complete Parts I and II. See instructions for determined to the contributor of the contributor. | |
| Special Rules | | |
| sections 509(a any one contril | ation described in section 501(c)(3) filing Form 990 or 990-EZ that met on the section 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ) butor, during the year, total contributions of the greater of (1) \$5,000; on the complete Parts I and II. |), Part II, line 13, 16a, or 16b, and that received from |
| year, total cont | ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E tributions of more than \$1,000 exclusively for religious, charitable, scien cruelty to children or animals. Complete Parts I (entering "N/A" in colum | ntific, literary, or educational purposes, or for the |
| year, contributi is checked, ent purpose. Don't | ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E ions exclusively for religious, charitable, etc., purposes, but no such coter here the total contributions that were received during the year for all complete any of the parts unless the General Rule applies to this organizable, etc., contributions totaling \$5,000 or more during the year | ontributions totaled more than \$1,000. If this box in exclusively religious, charitable, etc., anization because it received nonexclusively |
| Caution: An organizatio | on that isn't covered by the General Rule and/or the Special Rules does | sn't file Schedule B (Form 990, 990-EZ, or 990-PF), |
| but it must answer "No" | on Part IV, line 2, of its Form 990; or check the box on line H of its For oper the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | rm 990-EZ or on its Form 990-PF, Part I, line 2, to |
| LHA For Paperwork Red | luction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990, 990-EZ, or 990-PF) (2018) |

| Name of or | ganization | Er | nployer identification number |
|------------|---|-------------------------|--|
| VISION | HOUSE | | 91-1493474 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | J |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$150,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$149,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$92,140 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$75,000 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$73,000 | Person X Payroll |

823452 11-08-18

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

| | B (Form 990, 990-EZ, or | 990-PF) (2018) | | | Page |
|------------|-------------------------|---|--------------------------------|---|--------|
| Name of o | organization | | | Employer identification r | number |
| VISIO | N HOUSE | | | 91-1493474 | |
| Part I | Contributors (se | e instructions). Use duplicate copies of Part | if additional space is needed. | | |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) | oution |
| 7 | | | \$60,0 | Person Payroll Noncash (Complete Part III noncash contribut | |
| (a) | | (b) | (c) | (d) | |
| No. | | Name, address, and ZIP + 4 | Total contribution | ns Type of contrib | oution |
| 8 | | | \$50,0 | Payroll | |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contrib | oution |
| 9 | | | \$ 45,7 | Payroll | |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) | oution |
| 10 | | | \$\$\$ | Person Z | X |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) | oution |
| 11 | | | \$\$ | Person 2 | K. |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) | oution |
| 12 | | | \$\$ | Person 2 | K. |

823452 11-08-18

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

Name of organization

| VISION | N HOUSE | | 9: | L-1493474 |
|------------|-------------------|---|--------------------------------|--|
| Part I | Contributors (see | instructions). Use duplicate copies of Part I | if additional space is needed. | |
| (a) No. | | (b) Name, address, and ŽIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | | \$\$. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | | | \$ <u>27,000.</u> | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | | | \$\$ 26,918. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | | \$\$. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 | | | \$\$\$ | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | | | \$\$\$ | Person X Payroll Noncash (Complete Part II for |

Name of organization

Employer identification number

| VISION HO | DUSE | 91 | -1493474 |
|------------|---|--------------------------------|-----------------------------|
| | ntributors (see instructions). Use duplicate copies of Part I | if additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | \$ <u>25,000.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | | \$\$ | Person X Payroll |

823452 11-08-18

(a)

No.

24

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

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

20,000.

X

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

Name of organization **Employer identification number** VISION HOUSE 91-1493474 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 26 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 27 X Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 X Person Payroll 19,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll Noncash 17,500. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 30 Person Payroll Noncash 17,089. (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| VISION | N HOUSE | | | 91-1493474 |
|------------|---------|--|-----------------------------|---|
| Part I | | instructions). Use duplicate copies of Part I if | additional space is needed. | |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 31 | | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) |
| 32 | | | \$ 15,0 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) |
| 33 | | | \$15,0 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) |
| 34 | | | \$15,0 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 35 | | | \$13,0 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 36 | | | \$12,8 | Person X Payroll |

| VISION | N HOUSE | | 91 | -1493474 |
|------------|-------------------|--|-------------------------------|--|
| Part I | Contributors (see | instructions). Use duplicate copies of Part I is | f additional space is needed. | |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 37 | | | \$12,300. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 38 | | | \$10,110. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 39 | | | \$10,109. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 40 | | | \$\$ | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 41 | | | \$10,000. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 42 | | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| VISION HOUS | R | | 91-1493474 |
|-------------|---|----------------------------|--|
| | outors (see instructions). Use duplicate copies of Part I | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 43 | | \$10,000 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 44 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 45 | | \$10,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 46 | | \$10,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 47 | | \$10,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 48 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| VISION | N HOUSE | | 9 | 1-1493474 |
|------------|---------|--|-----------------------------|-----------------------------|
| Part I | | instructions). Use duplicate copies of Part I if | additional space is needed. | |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 49 | | | \$9,985. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 50 | | | \$\$, 9,431. | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 51 | | | \$\$, 9,200 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 52 | | | \$\$ | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 53 | | | \$\$ 8,100 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 54 | | | \$8,100 | Person X Payroll |

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

| reame or or | | | | Employer identification number |
|------------------|-------------------|--|---------------------------|--|
| VISION Part I | N HOUSE | inetwetions) Headwritests assists of Date | 17 - 127 - 1 | 91-1493474 |
| (a) | Contributors (see | instructions). Use duplicate copies of Part (b) | | (4) |
| No. | | Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 55 | | | \$7,5 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) |
| 56 | | reame, address, and zir + 4 | \$\$ 7,0 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 57 | | | \$7,0 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 58 | | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution |
| 59 | | | \$\$, 7,00 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution |
| 60 | | | \$6,90 | Person X Payroll |
| 323452 11-08-1 | 18 | | Schedule E | 3 (Form 990, 990-EZ, or 990-PF) (2018 |

| THE GOOD STREET | | | | Employer identification number |
|--|-------------------|---|---------------------------|--|
| VISION HOUSE Part I Contributors (see | | incharations) Headarline to 150 H | | 91-1493474 |
| (a) | Contributors (see | instructions). Use duplicate copies of Part | | |
| No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 61 | | | \$6,8 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 62 | | | \$6,7 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 63 | | | \$6,2 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 64 | | | \$6,1 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution |
| 65 | | | \$6,12 | Person X Payroll |
| (a) No. | | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) s Type of contribution |
| 66 | | | \$6,00 | Person X Payroll |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number VISION HOUSE 91-1493474 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 67 X Person Payroll Noncash 6,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 68 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 69 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 Person **Payroll** Noncash 5,500. (Complete Part II for noncash contributions.) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 72 X Person Payroll Noncash 5,500. (Complete Part II for

823452 11-08-18

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

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** VISION HOUSE 91-1493474 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 Person Payroll 5,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 74 X Person Payroll Noncash 5,000. (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 75 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 X Person Payroll Noncash 5,000. (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 78 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.)

823452 11-08-18

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** VISION HOUSE 91-1493474 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 79 X Person Payroll Noncash 5,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 80 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 81 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 82 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 84 X Person Payroll 5,000. Noncash

823452 11-08-18

(Complete Part II for noncash contributions.)

| Name of org | ganization | | | | | Emplo | yer identification number |
|-------------|-------------------|--------------|---|--------|---------------------------|-------|-----------------------------|
| VISION | HOUSE | | | | | 91 | -1493474 |
| Part I | Contributors (see | instructions |). Use duplicate copies of Part I if addition | al spa | ce is needed. | | |
| (a) No. | | Name, addı | (b) ress, and ZIP + 4 | | (c) Total contribution | ns | (d) Type of contribution |
| 85 | | | | \$_ | 5,0 | 00. | Person X Payroll |
| (a) No. | | Name, addı | (b) ress, and ZIP + 4 | | (c) Total contribution | ns | (d) Type of contribution |
| 86 | | | | \$_ | 5,0 | 00. | Person X Payroll |
| (a) No. | | Name, add | (b) ress, and ZIP + 4 | | (c) Total contribution | ns | (d) Type of contribution |
| 87 | | | | \$_ | 5,0 | 00. | Person X Payroll |
| (a) No. | | Name, add | (b) ress, and ZIP + 4 | | (c) Total contribution | ns | (d) Type of contribution |
| 88 | | | | \$_ | 5,0 | 00. | Person X Payroll |
| (a) No. | / / | Name, addr | (b) ress, and ZIP + 4 | | (c) Total contribution | ns | (d) Type of contribution |
| 89 | | | | \$_ | 5,0 | 00. | Person X Payroll |
| (a) No. | | Name, addr | (b) ress, and ZIP + 4 | | (c) Total contribution | าร | (d) Type of contribution |
| 90 | | | | \$_ | 5,0 | 00. | Person X Payroll |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification number VISION HOUSE 91-1493474 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 Person X Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 92 Person Payroll Noncash 5,000. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person

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

Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

| VISION H | ΟU | SE |
|----------|----|----|
|----------|----|----|

91-1493474

| ATRIOL | HOUSE | | -14934/4 |
|------------------------------|---|---|----------------------|
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Name of organization

| Name of org | anization | | Employer identification number |
|---------------------------|--------------------------------|---|---|
| VISION | HOUSE | | 91-1493474 |
| Part III | |) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le | etion 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| (a) No. | | Space to Hoodea. | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee |
| 123454 11-08-18 | 8 | | Schedule B (Form 990, 990-EZ, or 990-PF) (2018) |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2018 Open to Public Inspection

Name of the organization

Employer identification number

| | VISION HOUSE | | 91-1493474 |
|----------|--|-------------------|--|
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Simila | r Funds or A | ccounts. 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, 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 |
| 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 do | | |
| | are the organization's property, subject to the organization's exclusive legal control? | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fund | | |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other | purpose confer | ring |
| | impermissible private benefit? | | |
| Pai | rt II Conservation Easements. Complete if the organization answered "Yes" on Fo | orm 990, Part IV, | 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) | of a historically | important land area |
| | Protection of natural habitat | of a certified hi | storic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in | the form of a co | onservation 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 | | 2b |
| С | | | 2c |
| | Number of conservation easements included in (c) acquired after 7/25/06, and not on a histo | | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminal | | |
| | year > | iou by the organ | neador during the tax |
| 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, har | adling of | |
| - | violations, and enforcement of the conservation easements it holds? | _ | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor | | |
| | > | cing conscivati | on casements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing | conservation ea | sements during the year |
| | ▶\$ | conscivation ca | soments during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of se | otion 170/b)///// | nva |
| • | | | |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and | | Yes No |
| 9 | | | |
| | include, if applicable, the text of the footnote to the organization's financial statements that d | escribes the org | ganization's accounting for |
| Par | rt III Organizations Maintaining Collections of Art, Historical Treasure | o or Other | Cimilar Assats |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | s, or other . | Sillilar Assets. |
| 10 | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven | | |
| la | | | |
| | historical treasures, or other similar assets held for public exhibition, education, or research in | i furtherance of | public service, provide, in Part XIII, |
| b | the text of the footnote to its financial statements that describes these items. | | |
| ь | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue s | | |
| | treasures, or other similar assets held for public exhibition, education, or research in furtheran | nce of public ser | vice, provide the following amounts |
| | 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 | • | provide |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these its | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Schedule D (Form 990) 2018 |
| 832051 | 1 10-29-18 | | |

| | ile D (Form 990) 2018 VISION | | | | | | 91-14 | 9347 | 4 Pa | ge 2 |
|--------|--|----------------------------------|------------------------------|----------------|-----------|-------------|------------|------------|---------|-------------|
| Part | III Organizations Maintaining (| Collections of Ar | t, Historical Tre | easures, o | r Othe | r Simila | ar Asse | ts(contin | ued) | |
| 3 L | sing the organization's acquisition, access | ion, and other records | s, check any of the | following that | are a sig | gnificant i | use of its | collection | items | |
| (0 | check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Loan or excl | hange prograi | ms | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | |
| 4 P | rovide a description of the organization's c | ollections and explain | how they further th | ne organizatio | n's exer | npt purpo | se in Par | t XIII. | | |
| | uring the year, did the organization solicit | | | | | | | | | |
| | be sold to raise funds rather than to be m | | | | | | | Yes | | No |
| Part | | | | | | | | | | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a ls | the organization an agent, trustee, custod | ian or other intermed | iary for contribution | s or other ass | ets not | included | | | | |
| 0 | n Form 990, Part X? | | | | | | | Yes | | No |
| | "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | | | | | | Amount | | |
| c B | eginning balance | | | | | 1c | | | | |
| | dditions during the year | | | | | | | | | |
| | istributions during the year | | | | | | | | | |
| | nding balance | | | | | | | | | |
| | id the organization include an amount on F | | | | | | | Yes | | No |
| | "Yes," explain the arrangement in Part XIII | | and the second second second | | | | | | | |
| Part | | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | | | ears back | (e) Four | years b | ack |
| 1a B | eginning of year balance | 44,000. | 44,000. | | .000. | | 44.000. | | 44.0 | 1000 |
| | contributions | | | | | | | | | |
| | let investment earnings, gains, and losses | | | | | | | | | |
| | irants or scholarships | | | | | | | | | |
| | other expenditures for facilities | | | | | | | | | |
| а | nd programs | | | | | | | | | |
| | dministrative expenses | 7.5 | | | | | | | | |
| | nd of year balance | 44,000. | 44.000. | 44 | .000. | | 44.000. | | 44.0 | 000. |
| - | rovide the estimated percentage of the cur | | | | , | | , | | | |
| | oard designated or quasi-endowment | | % | " | | | | | | |
| | ermanent endowment | % | - | | | | | | | |
| | emporarily restricted endowment | % | | | | | | | | |
| | he percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| | re there endowment funds not in the posse | | tion that are held a | nd administer | ed for th | e organiz | ation | | | |
| | y: | | | | | | | | Yes | No |
| | unrelated organizations | | | | | | | 3a(i) | | X |
| | i) related organizations | | | | | | | | | X |
| b If | "Yes" on line 3a(ii), are the related organization | ations listed as require | ed on Schedule R? | | | | | 3b | | |
| | escribe in Part XIII the intended uses of the | | | | | | | | | |
| Part | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, | Part X, | line 10. | | | | |
| | Description of property | (a) Cost or ot basis (investm | , , | | | cumulate | ed | (d) Book | value | |
| 1a L | and | | | 7,209. | | | | 1,85 | 7.20 | 9. |
| | uildings | | | 4,383. | 3.3 | 28,9 | | 5,42 | | |
| c L | easehold improvements | | | | | | | | | |
| | quipment | | 24 | 3,665. | 1 | 68,3 | 38. | 7 | 5,32 | 27. |
| | ther | | | 3,291. | | 65,1 | | | 3,16 | |
| otal / | Add lines 1a through 1e. (Column (d) must e | agual Form 990 Part | X column (R) line 1 | Oc.) | | | • | 8,15 | 5 08 | 15. |

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2018

832053 10-29-18

| | dule D (Form 990) 2018 | VISION HOUSE | | | 91- | 1493474 Page 4 |
|---------|----------------------------------|--|------------------------|---|---------|-----------------------|
| Pai | | f Revenue per Audited Financial S | | Revenue per F | Return | n. |
| | | ization answered "Yes" on Form 990, Part IV | | | | |
| 1 | Total revenue, gains, and oth | er support per audited financial statements | | | 1 | 4,065,606. |
| 2 | Amounts included on line 1 b | out not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) | on investments | 2a | -28,852. | | |
| b | Donated services and use of | facilities | 2b | 48,750. | | |
| С | Recoveries of prior year gran | ts | 2c | | | |
| d | Other (Describe in Part XIII.) | | 2d | -4,873. | | |
| е | Add lines 2a through 2d | | | | 2e | 15,025. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 4,050,581. |
| 4 | Amounts included on Form 9 | 90, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not inc | luded on Form 990, Part VIII, line 7b | 4a | 1,514. | | |
| b | Other (Describe in Part XIII.) | | 4b | | | |
| С | Add lines 4a and 4b | | | | 4c | 1,514. |
| 5 | Total revenue. Add lines 3 an | d 4c. (This must equal Form 990, Part I, line | 12.) | | 5 | 4.052.095. |
| Pai | t XII Reconciliation of | Expenses per Audited Financial | Statements Wit | h Expenses per | Retu | rn. |
| | | zation answered "Yes" on Form 990, Part IV, | | • | | |
| 1 | | er audited financial statements | | | 1 | 3,829,345. |
| 2 | Amounts included on line 1 b | ut not on Form 990, Part IX, line 25: | | | | 2,025,015. |
| а | | facilities | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| С | Other losses | | 2c | | | |
| d | | | | | | |
| е | | | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 . | | | ••••••••••••••••••••••••••••••••••••••• | 3 | 3,829,345. |
| 4 | Amounts included on Form 9 | 90, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | 4b | 4,873. | | |
| | | | | | 4c | 4,873. |
| 5 | Total expenses. Add lines 3 a | nd 4c. (This must equal Form 990, Part I, line | 18.) | | 5 | 3,834,218. |
| Par | t XIII Supplemental Inf | ormation. | | | | |
| Provi | de the descriptions required for | or Part II, lines 3, 5, and 9; Part III, lines 1a an | d 4; Part IV, lines 1b | and 2b; Part V, line | 1; Part | X, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2 | ed and 4b. Also complete this part to provide | any additional inform | nation. | | |
| | | | | | | |
| חאם | m v | | | | | |
| PAR | T X, LINE 2: | | | | | |
| mir | ODGANITGAMION I | 0110110 -101 | | | | |
| THE | ORGANIZATION E | OLLOWS FASB ASC TOPIC | 740, INCOM | E TAXES (T | OPIC | 2 740). |
| ШΟТ | TC 740 CTARTETE | C MIID ACCOUNTMENTS TOO | | | | |
| TOP | IC 740 CLARIFIE | S THE ACCOUNTING FOR U | NCERTAINTY | IN INCOME | TAX | KES. |
| MAN | ACEMENT EXTATION | TED THE ODGANTEATTONIC | Mar Dog | | | |
| ייייייי | AGEMENT EVALUAT | ED THE ORGANIZATION'S | TAX POSITI | ONS AND CO | NCLU | JDED THAT |
| тнг | ORGANITZATION D | IND MAKEN NO INICEDMATA | MAY DOGTAT | | | |
| 1111 | ORGANIZATION I | AD TAKEN NO UNCERTAIN | TAX POSITI | ONS THAT R | EQU. | IRE |
| ד.מ ב | דוכיישבאיים יים יים | ETNANCIAL CHAMEMENTO | mo compra | | | |
| טעני | ODIMENTS TO THE | FINANCIAL STATEMENTS | TO COMPLY | WITH THE P | ROV | ISION OF |
| тит | S GUIDANCE. | | | | | |
| 1111 | b GOIDANCE. | | | | | |
| | | | | | | |
| | | | | | | |
| PAR | т XT т.тыж 2D - | OTHER ADJUSTMENTS: | | | | |
| | I MI, DINE ZD | OTHER ADJUSTMENTS: | | | | |
| CAP | ITAL CAMPAIGN E | XPENSES | | | | |
| | | ALL LINDED | | | | |
| | | | | | | |
| | | | | | | |
| PAR | T XII, LINE 4B | - OTHER ADJUSTMENTS: | | | | |
| | 10-29-18 | January and Colling Herrio: | | | C-L- | - I- D /F 2001 25 15 |
| | | | 12 | | sched | ule D (Form 990) 2018 |

VISION HOUSE

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| vame of the organization | TOP | | | | | | ntification number |
|--|--|--|---|---|-----------|--|---|
| Part I Fundraising Activities. Cor | | | | 5 000 B 1 11/ | | 91-1493 | 474 |
| Part I Fundraising Activities. Cor required to complete this part. | nplete if the organization answe | ered "Y | es" o | n Form 990, Part IV, | line 1 | 7. Form 990-EZ | filers are not |
| 1 Indicate whether the organization raised for a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or orange with the organization have a writen or orange with the organization have a written or orange with the organi | e Solicitat f Solicitat g Special Il agreement with any individual II) or entity in connection with p Ils or entities (fundraisers) pursu | tion of the tion o | non-g gover ising ling o onal f | overnment grants rnment grants events fficers, directors, true fundraising services? | stees, | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundra have cu or cont contribu | rol of | (iv) Gross receipts from activity | to (o | Amount paid r retained by) undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 List all states in which the organization is r or licensing. | | contribu | utions | s or has been notified | l it is e | exempt from re | gistration |
| HA For Paperwork Reduction Act Notice, s | ee the Instructions for Form 9 | 990 or 9 | 990-E | Z. S | ched | ule G (Form 99 | 90 or 990-EZ) 2018 |

| 1 | | gross income on Form 990 (a) Event #1 | (b) Event #2 | (c) Other events | |
|---|---|--|--|------------------|--|
| | | | 1 '' | (c) Other events | (d) Total events |
| | | NO HOMELESS | | | (add col. (a) through |
| | | | HOPE BREAKFA | 1 | col. (c)) |
| | | (event type) | (event type) | (total number) | |
| 1 | Gross receipts | 390,973. | 298,471. | 54,444. | 743,888 |
| 2 | Less: Contributions | 390,973. | 298,471. | 54,444. | 743,888 |
| 3 | Gross income (line 1 minus line 2) | | | | |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | , | | |
| 6 | Rent/facility costs | 26,566. | 10,435. | | 37,001 |
| 7 | Food and beverages | 23,169. | 13,583. | | 36,752 |
| | Entortainment | 100. | 100. | | 200 |
| 8 | | | | 859. | 35,862 |
| 10 | Other direct expenses Direct expense summary. Add lines 4 throu | | | | 109,815 |
| 11 | "이 가지 보다 없이 되는 생각을 보면 되어 보다 되었다. | | | | -109,815 |
| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (d |
| 1 | Gross revenue | | | | |
| 2 | Cash prizes | | | | |
| 3 | Noncash prizes | | | | |
| 4 | Rent/facility costs | | , | | |
| 5 | Other direct expenses | Yes % | Yes % | No. 0/ | |
| 6 | Volunteer labor | | Yes % No | Yes % No | |
| 7 | Direct expense summary. Add lines 2 throu | ugh 5 in column (d) | | > | |
| 1 | | 7 from line 1 column (d) | | | |
| 8 | Net gaming income summary. Subtract line | 7 Hommine 1, column (a) | | | |
| | | | | | |
| En | ter the state(s) in which the organization con | ducts gaming activities: | atataa? | | |
| En ls 1 | ter the state(s) in which the organization con the organization licensed to conduct gaming | nducts gaming activities: activities in each of these | | | Yes No |
| En ls 1 | ter the state(s) in which the organization con | nducts gaming activities: activities in each of these | | | Yes No |
| En ls 1 | ter the state(s) in which the organization con the organization licensed to conduct gaming | nducts gaming activities: activities in each of these | | | Yes No |
| Enda Ist | ter the state(s) in which the organization con the organization licensed to conduct gaming | nducts gaming activities: _ activities in each of these | | | |
| En ls is is built in the left | ter the state(s) in which the organization con the organization licensed to conduct gaming 'No," explain: | aducts gaming activities: activities in each of these | erminated during the tax | | |
| En ls is is built in the left | ter the state(s) in which the organization con the organization licensed to conduct gaming 'No," explain: | aducts gaming activities: activities in each of these | erminated during the tax | | |
| En ls is is built in the left | ter the state(s) in which the organization con the organization licensed to conduct gaming 'No," explain: | aducts gaming activities: activities in each of these | erminated during the tax | | |

| | reduie G (Form 990 or 990-EZ) 2018 VISION HOUSE | 91 - 1 | 493 | 474 | Page 3 |
|-------|--|----------|----------|---------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | | | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | | |
| | to administer charitable gaming? | | | Vac | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | 103 | 140 |
| | The organization's facility | 1 | 10- | | 0/ |
| b | An outside facility | | 138 | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and recon | L | 130 | | % |
| | record and address and record the organization's gaming/special events books and record | JS: | | | |
| | Name > | | | | |
| | Name | | | | |
| | Address > | | | | |
| | Address > | | | | |
| 45- | Does the americation to the state of the sta | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | | Yes | ∟ No |
| | | | | | |
| b | olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | unt | | | |
| | of gaming revenue retained by the third party > \$ | | | | |
| С | If "Yes," enter name and address of the third party: | | | | |
| | | | | | |
| | Name | | | | |
| | | | | | |
| | Address > | | | | |
| | | | | | |
| 16 | Gaming manager information: | | | | |
| | | | | | |
| | Name | | | | |
| | | | | | |
| | Gaming manager compensation ▶ \$ | | | | |
| | | | | | |
| | Description of services provided | | | | |
| | | | | | |
| | | | | 1.5 | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| | | | | | |
| 17 | Mandatory distributions: | | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| | retain the state gaming license? | - 1 | | es | □ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in | | | 65 | i NO |
| | organization's own exempt activities during the tax year > \$ | rtne | | | |
| Par | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); | and Dark | III lim | 0 / | N- 401- |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | and Part | III, III | es 9, s | 9D, 1UD, |
| | any additional information. See instructions. | | | | |
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| 32083 | 3 10-03-18 Schedule G | (Form C | 900 or | 000 | 7) 2010 |

| Schedule C | (Form 990 or 990-EZ) | VISION HOUSE | 91-1493474 Page 4 |
|------------|----------------------|---|----------------------------------|
| Part IV | Supplemental Inf | VISION HOUSE ormation (continued) | |
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| | | | Schedule G (Form 990 or 990-EZ) |
| | | | Ochedule G (FOITH 350 OF 350-EZ) |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

VISION HOUSE

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

Inspection Employer identification number

91-1493474

| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on | (d) Method of determ | | to |
|----------|--|-------------------------------|--------------------------------------|--|---|--------|----|
| | | арріісаріє | | Form 990, Part VIII, line 1g | Horicash contribution | amouni | 12 |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | 4 | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | | | | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| 40 | trust interests | | | | | | |
| 12 | Securities - Miscellaneous Qualified conservation contribution - | - | - | | | | |
| 13 | 그 귀하면 어디 맛있게 어린 어린 사람이 얼마나 하는데 얼마나 없다. | Ta . | | | | | |
| | Historic structures Qualified conservation contribution - Other | | | | | | |
| 14 | Real estate - Residential | | - | | | | |
| 15 16 | Real estate - Commercial | | | | | | |
| | | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | - |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | - | | | | |
| 22 | Historical artifacts | | - | | | | |
| 23 | Scientific specimens | | | | | | _ |
| 24 | Archeological artifacts | | 17 | E0 624 | TOWN 7 | | |
| 25 | Other (VARIOUS TYPES) | X | 1/ | 59,624. | FMV | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organi | | | | | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowled | gement 29 | | T., | Τ |
| 20- | During the constitution of | | | and the Death Form Aller | | Yes | No |
| sua | During the year, did the organization receive b | | | | 50000000 | | |
| | must hold for at least three years from the dat | | | | *************************************** | | v |
| | exempt purposes for the entire holding period | · | | | | | X |
| | If "Yes," describe the arrangement in Part II. | noliou that | amuluaa thaa waxdaa | of any nameto-de-dedededededededede- | utions0 | | 17 |
| 31 | Does the organization have a gift acceptance | | | | | - | X |
| 32a | Does the organization hire or use third parties contributions? | | - | | | | x |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in o | column (c) fo | or a type of propert | y for which column (a) is che | ecked, | | |
| | describe in Part II. | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

VISION HOUSE

Employer identification number 91-1493474

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO FOLLOW OUR LORD AND SAVIOR JESUS CHRIST IN WORKING WITH POOR AND HOMELESS TO PROMOTE POSITIVE TRANSFORMATION OF THEIR LIVES. THIS IS CARRIED OUT BY PROVIDING TRANSITIONAL HOUSING AND SUPPORT SERVICES FOR PRIMARILY SINGLE MOTHERS AND THEIR CHILDREN, AND HOMELESS FAMILIES. SEPARATELY FOR HOMELESS MEN RECOVERING FROM DRUG OR ALCOHOL ADDICTION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SINCE ITS INCEPTION IN 1990, VISION HOUSE HAS HELPED MORE THAN 1,300 HOMELESS MEN, WOMEN, AND CHILDREN REBUILD THEIR LIVES. VISION HOUSE OWNS AND OPERATES FOUR TRANSITIONAL HOUSING FACILITIES AND TWO CHILD CARE CENTERS THAT SERVE WASHINGTON'S GREATER PUGET SOUND REGION -LOCATED IN SHORELINE AND RENTON VICINITIES. THE FAMILY PROGRAM HAS A TOTAL OF 36 APARTMENTS FOR PARENTS AND CHILDREN, AND A RESIDENTIAL HOUSE THAT PROVIDES HOUSING FOR TWO HOMELESS FAMILIES. RESIDENTS SIGN A LEASE AND PAY 30 PERCENT OF THEIR INCOME TOWARD RENT. IF THEY DO NOT HAVE ANY INCOME, THEN THEY DO NOT PAY ANY RENT. NO ONE IS TURNED AWAY BECAUSE THEY CANNOT PAY. HOWEVER, CASE MANAGERS WORK WITH RESIDENTS TO FIND AN INCOME SOURCE SO THEY CAN PAY SOME LEVEL OF RENT, WHICH IS PART OF THEIR FINANCIAL MANAGEMENT TRAINING FOR HANDLING LIFE AFTER VISION HOUSE. THE GOAL OF VISION HOUSE IS TO COORDINATE SUCCESSFUL RE-INTEGRATION OF RESIDENTS INTO THE COMMUNITY THROUGH A PROGRAM OF QUALITY HOUSING AND SUPPORT SERVICES SUCH AS: COUNSELING, CHILD CARE, FOOD, CLOTHING, AND REFERRALS FOR MEDICAL AND DENTAL CARE. RESIDENTS LIVE AT VISION HOUSE FOR UP TO TWO YEARS, DURING WHICH TIME THEY SET GOALS IN THE AREAS OF EDUCATION, EMPLOYMENT, FINANCE, PARENTING

HEALTH, AND OTHER AREAS IN ORDER TO ASSIST THEM IN ACHIEVING

SELF-SUFFICIENCY. WEEKLY ONE-ON-ONE MEETINGS WITH A CASE MANAGER AND

MONTHLY GROUP MEETINGS OFFER COUNSELING AND SUPPORT, WHILE PROVIDING

ACCOUNTABILITY IN HELPING RESIDENTS TO MAKE PROGRESS WITH THEIR GOALS.

IN 2018, VISION HOUSE PROVIDED HOUSING AND SUPPORT SERVICES FOR A TOTAL

OF 182 HOMELESS CHILDREN, WOMEN AND MEN. THE BREAKOUT IS AS FOLLOWS:

115 CHILDREN (FAMILY PROGRAM), 59 MOTHERS AND 8 FATHERS. OUR SUCCESS

RATE REPRESENTS FAMILIES WHO LEAVE VISION HOUSE FOR PERMANENT HOUSING,

A JOB AND A BETTER WAY OF LIFE. IN 2018, THE SUCCESS RATE WAS 96

PERCENT. SINCE THE BEGINNING, VISION HOUSE HAS HAD A STRONG SUCCESS

RATE WITH 84 PERCENT OF ALL RESIDENTS TRANSITIONING TO PERMANENT

HOUSING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

A.CHILDREN'S VILLAGE CHILD CARE CENTER IN RENTON, OWNED AND OPERATED

BY VISION HOUSE, IS LICENSED FOR 96 CHILDREN. IN 2018, APPROXIMATELY 30

PERCENT OF THE CHILDREN WERE VISION HOUSE AND LOW INCOME CHILDREN; 70

PERCENT WERE CHILDREN FROM THE COMMUNITY PAYING FULL MARKET RATES. IN

2018, CHILDREN'S VILLAGE CHILD CARE CENTER PROVIDED CHILDCARE AND EARLY

CHILDHOOD EDUCATION TO 110 CHILDREN OVERALL, INCLUDING RESIDENT

CHILDREN, ALUMNI CHILDREN, AND CHILDREN FROM THE COMMUNITY. CHILDREN'S

VILLAGE CHILD CARE CENTER IS REGARDED AS ONE OF THE BEST CHILDCARE

CENTERS IN THE AREA, AFFIRMED BY THE CENTER RECEIVING ACCREDITATION

FROM EA, EARLY ACHIEVERS OF WASHINGTON.

B.CHILDREN'S VILLAGE CHILD CARE CENTER IN SHORELINE, ALSO OWNED AND
OPERATED BY VISION HOUSE, IS LICENSED FOR 18 CHILDREN. IT HAD 25
CHILDREN ATTEND IN 2018. HALF THE CHILDREN WHO ATTENDED WERE VISION

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

Name of the organization **Employer identification number** VISION HOUSE 91-1493474 HOUSE RESIDENTS FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OUR VISION HOUSE THRIFT STORE/RESALE IS LOCATED IN RENTON, WA. THE RESALE OPERATIONS IN 2018 INCLUDED SALES FROM CRAIGSLIST, ONE DAY SALES AT THE VISION HOUSE FURNITURE WAREHOUSE (LOCATED IN RENTON), AND MONTHLY SPRING AND SUMMER SIDEWALK SALES AT THE RENTON THRIFT STORE. OUR FURNITURE WAREHOUSE CONTINUES TO BE A DONATION SITE AS WELL AS A STORAGE FACILITY FOR FURNITURE WE ACQUIRE FROM OUR ESTATE SALE CLEANOUT SERVICES. BETWEEN ITEMS DONATED AND ITEMS FROM OUR CLEANOUTS, WE ARE ABLE TO PROVIDE OVER \$7,944 IN FURNISHINGS AND HOUSEHOLD GOODS FOR RESIDENT HOMES AS THEY EXIT OUR PROGRAM. VISION HOUSE RESIDENTS ARE GIVEN VOUCHERS SO THEY CAN SHOP FOR ITEMS THEY NEED AT EITHER OUR THRIFT STORE OR FURNITURE WAREHOUSE. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR SENDS A COPY OF THE DRAFT TAX RETURN TO BOARD MEMBERS VIA EMAIL. THE DRAFT IS REVIEWED BY THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST REVIEW AND SIGN CONFLICT OF INTEREST STATEMENT ANNUALLY. IMMEDIATELY UPON BECOMING AWARE THAT SUCH A CONFLICT MAY EXIST, A BOARD MEMBER MUST DISCLOSE THE EXISTENCE OF THE POTENTIAL CONFLICT TO THE REMAINING BOARD MEMBERS AND WITHDRAW FROM FURTHER DELIBERATION ON THE ISSUE. ANY SUCH DISCLOSURE AND WITHDRAWAL SHALL BE FULLY DOCUMENTED IN THE BOARD MINUTES. FORM 990, PART VI, SECTION B, LINE 15:

832212 10-10-18

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

VISION HOUSE

Employer identification number 91-1493474

COMPENSATION IS MADE ON THE BASIS OF JOB TITLE AND JOB CONTENT AS

IDENTIFIED BY THE UNITED WAY WAGE AND BENEFIT SURVEY. FOUR MARKET CUT AREAS

ARE AVERAGED TO COME UP WITH THE INTERQUARTILE RANGE OR "GOING RATE" FOR

EACH POSITION. HUMAN RESOURCES PROVIDES THE BOARD OF DIRECTORS WITH THE

WAGE SCALE INFORMATION FROM WHICH THEY ESTABLISH THE ANNUAL RATE OF

COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

THESE DOCUMENTS WOULD BE MADE AVAILABLE UPON REQUEST. THE ORGANIZATION'S

WEBSITE DIRECTS THE PUBLIC TO CALL THE ORGANIZATION'S OFFICE TO OBTAIN

COPIES OF THE AUDITED FINANCIAL STATEMENT AND FORM 990. IN ADDITION THE

ANNUAL REPORTS, COPIES OF THE AUDITED FINANCIAL STATEMENTS, AND FORM 990

ARE NOW ALSO AVAILABLE FOR DIRECT DOWNLOAD FROM THE ORGANIZATION'S WEBSITE.

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

THESE DOCUMENTS WOULD BE MADE AVAILABLE UPON REQUEST. THE ORGANIZATION'S
WEBSITE DIRECTS THE PUBLIC TO CALL THE ORGANIZATION'S OFFICE TO OBTAIN
COPIES OF THE AUDITED FINANCIAL STATEMENT AND FORM 990. IN ADDITION THE
ANNUAL REPORTS, COPIES OF THE AUDITED FINANCIAL STATEMENTS, AND FORM 990
ARE NOW ALSO AVAILABLE FOR DIRECT DOWNLOAD FROM THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE SELECTION OF THE AUDITOR PROCESS AND REVIEW OF FINANCIAL STATEMENTS
HAS NOT CHANGED FROM LAST YEAR.

Form **8868** (Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| | ils form, visit www.irs.go | | | | | | |
|--------------------------|---|----------------------------|--------------------------|--------------------------------------|-----------------|-------------------|-------------------|
| | | | , , | al (no copies needed). | , | | |
| | | | | (including 1120-C filers), partners | hips, REMI | Cs, and trust | S |
| must use | Form 7004 to request a | an extension of time to | file income tax retui | rns. | | | |
| | | | | | Enter fi | ler's identify | ing number |
| Type or | Name of exempt org | anization or other filer, | see instructions. | | Employ | er identification | on number (EIN) o |
| print | | | | | | | |
| File by the | VISION HOU | | | | | | 93474 |
| due date for filing your | | | | | | | er (SSN) |
| return. See | | | | | | | |
| instructions. | | | de. For a foreign add | lress, see instructions. | | | |
| Enter the | RENTON, WA | | on in for /file a concre | ate application for each return) | | | |
| | | uni triat triis applicatio | | | | | 01 |
| Applicati Is For | on | | Return | Application | | | Return |
| | or Form 990-EZ | | Code | Is For | | | Code |
| Form 990 | | | 01 | Form 990-T (corporation) Form 1041-A | | | 07 |
| | 0 (individual) | | 03 | Form 4720 (other than individua | n | | 09 |
| Form 990 | | | 04 | Form 5227 | <u> </u> | | 10 |
| Form 990 | -T (sec. 401(a) or 408(a) | trust) | 05 | Form 6069 | | | 11 |
| | -T (trust other than above | | 06 | Form 8870 | | | 12 |
| If the o | s for a Group Return, er | nter the organization's | four digit Group Exe | inted States, check this box | . If this is fo | or the whole g | roup, check this |
| JOX P | If it is for part of th | ie group, check this bo | ox and atta | ch a list with the names and EINs | of all memi | pers the exter | nsion is for. |
| 1 I red | quest an automatic 6-m | onth extension of time | until NOVE | MBER 15, 2019 , to | file the exer | not organizat | ion return for |
| | organization named about X calendar year 201 | | for the organization's | return for: | | pr organizat | ion rotalin ioi |
| ▶[| tax year beginning | | , and | d ending | | | |
| 2 If th | e tax year entered in lin Change in accounting | | months, check reaso | on: Initial return | Final retu | rn | |
| 3a If th | is application is for Form | ns 990-BL, 990-PF. 99 | 0-T, 4720, or 6069. e | enter the tentative tax, less | | I | |
| any | nonrefundable credits. | See instructions. | , | | 3a | \$ | 0. |
| | | | 0, or 6069, enter any | refundable credits and | | - | |
| | mated tax payments ma | | | | 3b | \$ | 0. |
| | | | | this form, if required, by | | | |
| | g EFTPS (Electronic Fed | | | | 3c | \$ | 0. |
| caution: Instruction | f you are going to makens. | an electronic funds w | rithdrawal (direct deb | oit) with this Form 8868, see Form | 8453-EO a | nd Form 8879 | 9-EO for payment |
| HA Fo | or Privacy Act and Pap | erwork Reduction Ac | t Notice, see instru | ctions. | | Form 8 | 868 (Rev. 1-2019) |
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