

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**Department of the Treasury  
Internal Revenue Service

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

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Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED		<b>D</b> Employer identification number 94-1196206
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
	2500 EL CAMINO REAL	100	(650) 858-0202
	City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94306		<b>G</b> Gross receipts \$ 3,353,436.
<b>F</b> Name and address of principal officer: KARAE LISLE SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.VISTACENTER.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1945	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: VISTA CENTER ENABLES INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED TO ACHIEVE THEIR HIGHEST		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	44
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,084,187.	2,331,938.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	614,810.	566,225.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,286.	366,789.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,667.	-13,094.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,044,950.	3,251,858.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	36,115.	25,153.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,412,431.	2,335,952.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	380,619.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,024,808.	1,115,469.
	19	Revenue less expenses. Subtract line 18 from line 12	3,473,354.	3,476,574.
			-428,404.	-224,716.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	11,471,008.	12,198,427.
	22	Net assets or fund balances. Subtract line 21 from line 20	397,434.	346,166.
		11,073,574.	11,852,261.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>TAXPAYER COPY</b>			
	Signature of officer KARAE LISLE, EXECUTIVE DIRECTOR		Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MATTHEW PETROSKI		Preparer's signature MATTHEW PETROSKI	Date 04/28/22
	Firm's name ARMANINO LLP		Check if self-employed <input type="checkbox"/>	PTIN P00853132
	Firm's address 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113		Firm's EIN 94-6214841	
Phone no. 408-200-6400				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒

- 1 Briefly describe the organization's mission:  
VISTA CENTER ENABLES INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED TO  
ACHIEVE THEIR HIGHEST POTENTIAL THROUGH EVALUATION, COUNSELING,  
EDUCATION AND TRAINING WHICH PROMOTES INDEPENDENCE AND IMPROVES  
QUALITY OF LIFE.
- 2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ 1,058,312. including grants of \$ ) (Revenue \$ 46,042. )  
A. SAFE AND HEALTHY LIVING - WITHOUT SIGHT THE MOST ROUTINE TASKS CAN  
SEEM INSURMOUNTABLE. THE SAFE AND HEALTHY LIVING PROGRAM ASSESSES THE  
INDIVIDUAL NEEDS OF A CLIENT AND DEVELOPS A CUSTOMIZED PLAN OF ACTION  
FOR TEACHING SKILLS THAT ENABLE INDEPENDENCE. CLIENTS MAY RECEIVE  
INDIVIDUAL OR GROUP COUNSELING TO ASSIST THEM WITH ACCEPTING THEIR  
VISION LOSS AND DISCOVER NEW WAYS OF CONQUERING ACTIVITIES OF DAILY  
LIVING. OUR DAILY LIVING SKILLS INSTRUCTORS TEACH NEW SKILLS WHICH  
ALLOW THE VISUALLY IMPAIRED INDIVIDUAL TO CONTINUE COOKING, MANAGE  
THEIR MEDICATIONS, MAINTAIN HYGIENE, HOUSEKEEPING AND MONEY MANAGEMENT.  
WE PROVIDE ORIENTATION AND MOBILITY TRAINING TO TEACH THEM HOW TO CROSS  
STREETS SAFELY, USE A CANE, TAKE PUBLIC TRANSPORTATION AND NAVIGATING  
EVERYDAY ENVIRONMENTS. THE HEALTH LIBRARY RESPONDS TO THOUSANDS OF
- 4b (Code: ) (Expenses \$ 473,792. including grants of \$ 25,153. ) (Revenue \$ 178,123. )  
LOW VISION SERVICES - WHEN SOMEONE IS SLOWLY LOSING SIGHT, LOSING FAITH  
IN ONE'S ABILITY TO FUNCTION INDEPENDENTLY BECOMES A REAL FEAR. BY  
CONDUCTING LOW VISION EVALUATIONS, WHICH RESULT IN RECOMMENDATIONS AND  
EDUCATION TO ENHANCE THE USE OF REMAINING FUNCTIONAL VISION, VISTA  
CENTER'S SPECIALLY TRAINED LOW VISION OPTOMETRISTS PROVIDE DEVICES,  
SERVICES AND SUPPORT THAT ALLEVIATE FEAR AND RESTORE HOPE. APPROPRIATE  
LOW VISION AIDS ARE IDENTIFIED SUCH AS A MAGNIFIER, PRISM SPECTACLES,  
TELESOPES, HIGH POWER READERS, HAND-HELD AND STAND MAGNIFIERS, VIDEO  
MAGNIFIERS, SPECIALTY LOW VISION TINTS FOR CONTRAST AND GLARE TO  
ENHANCE CONTRAST WHEN WALKING INDOORS AND OUTDOORS. PROPER LIGHTING &  
CONTRAST ENHANCEMENT IS DEMONSTRATED AND DISCUSSED TO IMPROVE ONES HOME  
ENVIRONMENT. OUR LOW VISION EXPO IS A BIENNIAL EVENT DESIGNED TO
- 4c (Code: ) (Expenses \$ 400,252. including grants of \$ ) (Revenue \$ 349,316. )  
CHILDREN AND YOUTH SERVICES - BLIND AND VISUALLY IMPAIRED YOUNG PEOPLE  
ARE NO DIFFERENT FROM THEIR SIGHTED PEERS IN THEIR DESIRE FOR  
OPPORTUNITIES TO ENGAGE WITH OTHERS AND MAKE A DIFFERENCE IN THE WORLD.  
THE CHILDREN AND YOUTH SERVICES PROGRAM PROVIDES THEM WITH THE TOOLS,  
STRATEGIES, CONFIDENCE, AND COURAGE TO BUILD THE FUTURE THAT THEY DREAM  
OF AND THAT IS POSSIBLE. VISTA VOYAGERS OFFERS OUTINGS THAT ARE  
RECREATIONAL AND INSTRUCTIONAL WITH THE OPPORTUNITY FOR OUR VISUALLY  
IMPAIRED YOUTHS TO MEET AND BE MENTORED BY A BLIND ADULT ROLE MODEL.  
TEENS TOGETHER PLUS IS A SUPPORT GROUP TO HELP TEENS GET THROUGH THE  
EMOTIONAL STRUGGLES OF BLINDNESS. INSTRUCTION IN SCHOOLS PROVIDES  
TRAINING AND SUPPORT THEY NEED TO SUCCEED IN PUBLIC SCHOOL. WE  
COLLABORATE WITH TWO OTHER LOCAL BLIND AGENCIES TO PROMOTE THE ANNUAL
- 4d Other program services (Describe on Schedule O.)  
(Expenses \$ 685,696. including grants of \$ ) (Revenue \$ 17,871. )
- 4e Total program service expenses 2,618,052.

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

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part 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 ☐

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

**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	44		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

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

☒ X**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	21		
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	20		
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, 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		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

**Section 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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b 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 exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **CA**

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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **MARTIN CUNNIE - (650) 858-0202**  
**2500 EL CAMINO REAL, NO. 100, PALO ALTO, CA 94306**

**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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARAE LISLE EXECUTIVE DIRECTOR	45.00	X		X				163,026.	0.	16,237.
(2) SHARON HUDSON CHIEF OPERATING OFFICER	45.00					X		104,405.	0.	13,085.
(3) AMY ANDONIAN PRESIDENT	2.00	X		X				0.	0.	0.
(4) JOHN GLASS TREASURER	2.00	X		X				0.	0.	0.
(5) CLAIRE BIANCALANA VICE PRESIDENT - FUND DEVE	2.00	X		X				0.	0.	0.
(6) KATIE HOGAN SECRETARY	2.00	X		X				0.	0.	0.
(7) MEAUX COSTELLO BOARD MEMBER	2.00	X						0.	0.	0.
(8) SUSAN GLASS BOARD MEMBER	2.00	X						0.	0.	0.
(9) BILL MIKLOS BOARD MEMBER - FINANCE CHAIR	2.00	X						0.	0.	0.
(10) MICHAEL FREITAS BOARD MEMBER	2.00	X						0.	0.	0.
(11) JOAN DESMOND BOARD MEMBER	2.00	X						0.	0.	0.
(12) JOHN HUFFERD BOARD MEMBER	2.00	X						0.	0.	0.
(13) ARTIS MONTAGUE, MD, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(14) STEVEN SANISLO, MD BOARD MEMBER	2.00	X						0.	0.	0.
(15) BOB STEWART BOARD MEMBER	2.00	X						0.	0.	0.
(16) PATRICE MAGINNIS BOARD MEMBER	2.00	X						0.	0.	0.
(17) ASHLEY TUAN, MD BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN GIDDINGS BOARD MEMBER	2.00	X						0.	0.	0.
(19) ROBERTO MANDUCHI BOARD MEMBER	2.00	X						0.	0.	0.
(20) DAN MOSKOWITZ BOARD MEMBER	2.00	X						0.	0.	0.
(21) MIKE PLEISHA BOARD MEMBER	2.00	X						0.	0.	0.
(22) CHRISTY TALL BOARD MEMBER	2.00	X						0.	0.	0.
(23) NELSON WESTMAN - TO AUG 2020 BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								267,431.	0.	29,322.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								267,431.	0.	29,322.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	323,021.			
	d	Related organizations	1d	225,333.			
	e	Government grants (contributions)	1e	993,020.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	790,564.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,192.			
	h	<b>Total.</b> Add lines 1a-1f		2,331,938.			
<b>Program Service Revenue</b>	2 a	SCHOOL CONTRACT FEES	Business Code	621400	349,316.	349,316.	
	b	LOW VISION CLINIC FEES	621400	154,562.	154,562.		
	c	PROGRAM FEES	621400	62,347.	62,347.		
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		566,225.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		68,854.			68,854.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b		0.		
	c	Gain or (loss)	7c	297,935.			
	d	Net gain or (loss)		297,935.			297,935.
	8 a	Gross income from fundraising events (not including \$ 323,021. of contributions reported on line 1c). See Part IV, line 18	8a		0.		
	b	Less: direct expenses	8b		38,551.		
	c	Net income or (loss) from fundraising events		-38,551.			-38,551.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a		88,154.			
b	Less: cost of goods sold	10b		63,027.			
c	Net income or (loss) from sales of inventory		25,127.	25,127.			
<b>Miscellaneous Revenue</b>	11 a	MISCELLANEOUS INCOME	Business Code	900099	330.		330.
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		330.			
12	<b>Total revenue.</b> See instructions		3,251,858.	591,352.	0.	328,568.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,153.	25,153.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	192,869.	77,148.	28,930.	86,791.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,764,497.	1,464,992.	154,381.	145,124.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,214.	26,541.	4,595.	3,078.
9 Other employee benefits	208,492.	158,256.	28,147.	22,089.
10 Payroll taxes	135,880.	110,405.	9,634.	15,841.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	73,689.	25,379.	37,945.	10,365.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	271,296.	93,436.	139,699.	38,161.
12 Advertising and promotion	8,132.			8,132.
13 Office expenses	195,763.	153,253.	25,236.	17,274.
14 Information technology				
15 Royalties				
16 Occupancy	360,381.	315,511.	25,954.	18,916.
17 Travel	1,346.	956.	248.	142.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	255.		184.	71.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	133,306.	111,414.	12,915.	8,977.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMPLOYEE RELATED EXPENS	35,377.	29,586.	5,626.	165.
b PROGRAM EVENTS	19,599.	19,558.	41.	
c MISCELLANEOUS	14,945.	5,084.	4,368.	5,493.
d BAD DEBTS	1,380.	1,380.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,476,574.	2,618,052.	477,903.	380,619.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	-481.	1	1,515.
	2 Savings and temporary cash investments .....	667,961.	2	269,658.
	3 Pledges and grants receivable, net .....	91,782.	3	98,794.
	4 Accounts receivable, net .....	54,344.	4	97,716.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	50,627.	8	47,136.
	9 Prepaid expenses and deferred charges .....	861,169.	9	789,175.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 6,000,527.		
	b Less: accumulated depreciation .....	10b 577,715.		
		5,444,069.	10c	5,422,812.
	11 Investments - publicly traded securities .....	4,249,506.	11	5,419,590.
	12 Investments - other securities. See Part IV, line 11 .....	52,031.	12	52,031.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,471,008.	16	12,198,427.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	170,738.	17	238,140.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 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 .....	226,696.	25	108,026.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	397,434.	26	346,166.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	7,548,576.	27	7,629,503.
	28 Net assets with donor restrictions .....	3,524,998.	28	4,222,758.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances</b> .....	11,073,574.	32	11,852,261.
	33 <b>Total liabilities and net assets/fund balances</b> .....	11,471,008.	33	12,198,427.

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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 ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,251,858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,476,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	-224,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,073,574.
5	Net unrealized gains (losses) on investments	5	1,003,403.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,852,261.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED**

Employer identification number  
**94-1196206**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,878,991.	1,597,781.	1,506,348.	2,084,187.	2,331,938.	9,399,245.
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 <b>Total.</b> Add lines 1 through 3 .....	1,878,991.	1,597,781.	1,506,348.	2,084,187.	2,331,938.	9,399,245.
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) .....						199,760.
6 <b>Public support.</b> Subtract line 5 from line 4.						9,199,485.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	1,878,991.	1,597,781.	1,506,348.	2,084,187.	2,331,938.	9,399,245.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	102,262.	113,131.	89,397.	83,285.	68,854.	456,929.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	4,093.	40,181.	75,852.	36,439.	330.	156,895.
11 <b>Total support.</b> Add lines 7 through 10 .....						10,013,069.
12 Gross receipts from related activities, etc. (see instructions) .....					12	3,617,982.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	91.87	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	88.79	%
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐ ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐ ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐ ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		



**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

## 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

## 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

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

## OTHER INCOME

2016 AMOUNT: \$ 4,093.

2017 AMOUNT: \$ 466.

2018 AMOUNT: \$ 1,586.

2019 AMOUNT: \$ 2,812.

2020 AMOUNT: \$ 330.

## FUNDRAISING INCOME

2017 AMOUNT: \$ 39,715.

2018 AMOUNT: \$ 74,266.

2019 AMOUNT: \$ 33,627.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED

Employer identification number

94-1196206

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1196206
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**Part I Contributors** (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
1	CARPIGNANO, JOSEPHINE  1 BALDWIN AVENUE, #723  SAN MATEO, CA 94401-3851	\$ 50,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TITLEVII  131 M STREET, NE  WASHINGTON, DC 20507	\$ 205,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MENLO CHARITY HORSE SHOW  190 PARK LANE  ATHERTON, CA 94027-4121	\$ 55,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GLASS, JOHN & SUSAN  19821 VINEYARD LANE  SARATOGA, CA 95070	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANONYMOUS DONOR  2500 EL CAMINO REAL, SUITE 100  PALO ALTO, CA 94306	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	VISTA CENTER FOUNDATION  2500 EL CAMINO REAL, SUITE 100  PALO ALTO, CA 94306	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1196206
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**Part I Contributors** (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
7	SANTA CLARA COUNTY GRANT  333 W JULIAN ST STE 100  SAN JOSE, CA 95110	\$ 51,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SMALL BUSINESS ADMINISTRATION  409 THIRD STREET, SW  WASHINGTON, DC 20024	\$ 568,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

94-1196206

94-1196206

**Part II**   **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]



Name of organization VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1196206
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**  
Open to Public  
Inspection

Name of the organization **VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED**

Employer identification number  
**94-1196206**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....

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

Schedule D (Form 990) 2020

032051 12-01-20

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	3,466,548.	3,420,728.	3,370,636.	3,249,594.	2,600,256.
<b>b</b> Contributions		25,577.	10,000.	25,000.	350,000.
<b>c</b> Net investment earnings, gains, and losses	754,334.	152,291.	169,890.	219,590.	417,052.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	132,631.	132,048.	129,798.	123,548.	117,714.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	4,088,251.	3,466,548.	3,420,728.	3,370,636.	3,249,594.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ .0000 %

**b** Permanent endowment ☐ 65.5900 %

**c** Term endowment ☐ 34.4100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		4,100,000.		4,100,000.
<b>b</b> Buildings		472,830.	75,448.	397,382.
<b>c</b> Leasehold improvements		1,020,014.	325,876.	694,138.
<b>d</b> Equipment		387,184.	155,892.	231,292.
<b>e</b> Other		20,499.	20,499.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,422,812.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	108,026.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	108,026.

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

Schedule D (Form 990) 2020

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,255,261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,003,403.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,003,403.	
3	Subtract line 2e from line 1	3	3,251,858.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,251,858.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,476,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,476,574.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,476,574.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED ENDOWMENT CONSISTS OF ONE

INDIVIDUAL FUND ESTABLISHED FOR EARNINGS THEREON TO SUPPORT GENERAL

OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL AND

CALIFORNIA INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE (IRC) AND 23701(D) OF THE STATE OF CALIFORNIA

REVENUE AND TAXATION CODE. AS SUCH, THE ORGANIZATION QUALIFIES FOR THE

MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION BY DONORS.

**Part XIII** Supplemental Information *(continued)*

THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED

THAT AS OF JUNE 30, 2021, THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT

UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

Multiple horizontal lines for supplemental information.

(Form 990 or 990-EZ)

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

# 2020

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED

Employer identification number

94-1196206

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HATS OFF TO VISTA (event type)	SITE TECH GLOBAL (event type)	1 (total number)	
Revenue	1 Gross receipts .....	54,189.	230,662.	38,170.	323,021.
	2 Less: Contributions .....	54,189.	230,662.	38,170.	323,021.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	1,386.	32,045.	5,120.	38,551.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				38,551.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-38,551.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2020

Open to Public  
Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1196206
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LOW VISION AIDS GIVEN TO CLIENTS	150	0.	740.	COST	AIDS PROVIDED TO THOSE FOR WHOM FUNDING SOURCE DOES NOT COVER TO TOTALLY COVER
LOW VISION EXAMS GIVEN TO INDIVIDUAL WHO DO NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR DO NOT HAVE INSURANCE COVERAGE	150	0.	24,403.	MEDICARE BILLING RATE	SPECIALIZED LOW VISION EXAM

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE LOW VISION CLINIC STAFF MONITOR QUALIFICATIONS FOR GOVERNMENT

ASSISTANCE AND DETERMINE SUSTAINABILITY OF SCHOLARSHIPS FOR THOSE UNABLE TO

OBTAIN.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED

Employer identification number

94-1196206

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**2**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**4a**

X

**a** Receive a severance payment or change-of-control payment?

**4b**

X

**b** Participate in or receive payment from a supplemental nonqualified retirement plan?

**4c**

X

**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**5a**

X

**a** The organization?

**5b**

X

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**6a**

X

**a** The organization?

**6b**

X

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**7**

X

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8**

X

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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

Schedule J (Form 990) 2020

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</b> Use duplicate copies if additional space is needed.
----------------	---

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED

Employer identification number

94-1196206

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POTENTIAL THROUGH EVALUATION, COUNSELING, EDUCATION AND TRAINING WHICH

PROMOTES INDEPENDENCE AND IMPROVES QUALITY OF LIFE.

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

INQUIRIES A YEAR ABOUT VISION RELATED ISSUES BY EMAIL OR PHONE. SHARED

PATHS IS A SOCIAL RECREATION PROGRAM FOR BLIND/VISUALLY IMPAIRED

SENIOR/ADULTS THAT OFFERS THE OPPORTUNITY TO EXPERIENCE OR TO CONTINUE

ENJOYING SOCIAL ACTIVITIES AND ENTERTAINMENT WHILE BEING IN A

SUPPORTIVE ATMOSPHERE.

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

EDUCATE THE VISUALLY IMPAIRED COMMUNITY ABOUT THE RESOURCES, LOW VISION

AIDS, LATEST TECHNOLOGIES AND SERVICES AVAILABLE.

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

BRAILLE CHALLENGE INVOLVING SCHOOL AGE YOUTH TO WHO COMPETE AND PUT

THEIR BRAILLE LITERACY SKILLS TO THE TEST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TECHNOLOGY SERVICES - VISTA CENTER'S TECHNOLOGY PROGRAM IS LEADING THE

WAY IN BRINGING TECHNOLOGY THAT WAS ONCE ONLY AVAILABLE TO THE SIGHTED

COMMUNITY, TO THOSE WHO ARE BLIND OR VISUALLY IMPAIRED, VISTA CENTER'S

ASSISTIVE TECHNOLOGY SPECIALISTS PROVIDE BASIC TO ADVANCED CUSTOMIZED

TRAINING TO ENRICH, SIMPLIFY, TRANSFORM AND OPEN UP NEW WORLDS TO

VISTA CENTER CLIENTS. OUR TECHNOLOGY LAB DAYS INVOLVES ONE-ON-ONE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20



Name of the organization VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED

Employer identification number  
94-1196206

TRAINING FOR CLIENTS WHO WANT TO LEARN HOW TO USE TECHNOLOGY TO ENRICH

AND SIMPLIFY THEIR LIVES. USERS GROUPS PROVIDE EDUCATION ON THE LATEST

RAPIDLY EMERGING SMART PHONE AND COMPUTER TECHNOLOGIES, AND INVITES

CLIENTS TO SHARE THEIR TECHNOLOGY LEARNING EXPERIENCES. CUSTOMIZED

ASSISTIVE TECHNOLOGY TRAINING FOCUSES ON THE INDIVIDUAL CLIENT NEEDS.

VISTA CENTER TECHNOLOGY USERS CONFERENCE (VISTA TEC) IS AN ANNUAL EVENT

TO INTRODUCE AND DEMONSTRATE THE NEWEST ADVANCES IN ADAPTIVE TECHNOLOGY

BY REPUTABLE LEADERS AT GOOGLE, AMAZON, NETFLIX, ETC.

COMMUNITY SERVICES VISTA CENTER IS COMMITTED TO COMMUNICATING THE

ORGANIZATION'S MISSION AND HOW IT CAN HELP ALL INDIVIDUALS IN ITS

SERVICE AREA WHO ARE EXPERIENCING VISION LOSS, THROUGH A COMPREHENSIVE

COMMUNITY SERVICES PROGRAM. WE PROVIDE OUTREACH, EDUCATION,

PROFESSIONAL STAFF IN-SERVICES AND CONSULT WITH SEVERAL LOCAL AGENCIES

ON HOW COMMUNITY TRAVEL CAN BE SAFER AND MORE CONVENIENT FOR THE

VISUALLY IMPAIRED. WE ASSIST CORPORATIONS SUCH AS FACEBOOK, GOOGLE AND

MICROSOFT WITH THEIR ACCESSIBLE PROJECTS BY PROVIDING CLIENT FOCUS

GROUPS. OUR ENTHUSIASTIC VOLUNTEERS WORK DIRECTLY WITH OUR CLIENTS

FILLING A VARIETY OF NEEDS SUCH AS READING THEIR EMAIL, ASSIST WITH

SHOPPING, WORK ON THEIR MEMOIRS, ETC. THEY ALSO WORK IN THE STORE, THE

HEALTH LIBRARY OR ASSIST VISUALLY IMPAIRED STAFF MEMBERS.

EXPENSES \$ 685,696. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,871.

FORM 990, PART VI, SECTION A, LINE 2:

JOHN AND SUSAN GLASS ARE MARRIED.

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

FORM 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE FOR COMPLETENESS

Name of the organization VISTA CENTER FOR THE BLIND  
AND VISUALLY IMPAIRED

Employer identification number  
94-1196206

AND ACCURACY. ANY QUESTIONS ARISING DURING THE REVIEW ARE RESOLVED PRIOR TO

FILING. AFTER THE FORM 990 HAS BEEN REVIEWED BY THE AUDIT COMMITTEE AND ANY

NECESSARY REVISIONS HAVE BEEN MADE, THE COMMITTEE MAKES A PRESENTATION AT

THE NEXT FULL BOARD OF DIRECTORS MEETING TO UPDATE THE BOARD REGARDING THE

COMMITTEE'S REVIEW OF FORM 990.

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

BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST POLICY

STATEMENT IN WHICH THEY ATTEST THAT THEY WILL DISCLOSE ANY INTERESTS AND

UNDERSTAND THAT AFTER SUCH DISCLOSURE THEY WILL NOT BE PERMITTED TO VOTE ON

ANY RELATED ISSUES. THE DISCLOSURE STATEMENTS ARE REVIEWED BY DIRECTOR OF

FINANCE TO IDENTIFY ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR ORGANIZATION'S EXECUTIVE

DIRECTOR: THE EXECUTIVE DIRECTOR'S ANNUAL SALARY IS BASED ON THE COMPARABLE

MARKET RATES IN THE SAME GEOGRAPHIC AREA. THE EXECUTIVE DIRECTOR'S SALARY

IS APPROVED BY THE EXECUTIVE COMMITTEE AND DOCUMENTED IN THE MINUTES.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE AUDITED

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S AND

VISUALLY IMPAIRED VISTA CENTER FOR THE BLIND WEBSITE.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



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

[illegible]

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

[illegible]

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

	Yes	No
<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		

- |   | Σ  |
|---|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a |

b Gift, grant, or capital contribution to related organization(s)	1b	Σ

	1c	X
c Gift, grant, or capital contribution from related organization(s)		

d	Loans or loan guarantees to or for related organization(s)	1d	Σ
	.....		

e	Loans or loan guarantees by related organization(s)	1e	4

f	Dividends from related organization(s)	ff	x

g	1g	Δ
Sale of assets to related organization(s)		
.....		

[illegible]

	X
i lease of facilities, equipment or other assets to related organization(s)	1i

[illegible]

	IK	IP
k Lease of facilities, equipment, or other assets from related organization(s)		

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

1n	Σ
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	

	10	X
o Sharing of paid employees with related organization(s)		

[illegible][illegible][illegible]

	I	II	III	IV	V
Cumulative transfer of cash or property to related organization(s)	.....	.....	.....	.....	.....
Cumulative transfer of cash or property to related organization(s) (%)	.....	.....	.....	.....	.....

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

Schedule R (Form 990) 2020									

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED	Taxpayer identification number (TIN)  94-1196206
	Number, street, and room or suite no. If a P.O. box, see instructions. 2500 EL CAMINO REAL, NO. 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PALO ALTO, CA 94306	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARTIN CUNNIE

- The books are in the care of ► 2500 EL CAMINO REAL, NO. 100 - PALO ALTO, CA 94306  
Telephone No. ► (650) 858-0202 Fax No. ► (650) 858-0214
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year        or  
► ☒ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)



TAXABLE YEAR  
**2020**

# California Exempt Organization Annual Information Return

028941 12-22-20  
FORM  
**199**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) <b>07/01/2020</b> , and ending (mm/dd/yyyy) <b>06/30/2021</b>	
Corporation/Organization name <b>VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED</b>	
California corporation number <b>0197552</b>	
Additional information. See instructions.	
FEIN <b>94-1196206</b>	
Street address (suite or room) <b>2500 EL CAMINO REAL, NO. 100</b>	
PMB no.	
City <b>PALO ALTO</b>	State <b>CA</b>
ZIP code <b>94306</b>	
Foreign country name	Foreign province/state/county
Foreign postal code	

<b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D</b> Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	<b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Enter date: (mm/dd/yyyy) <input type="checkbox"/>	<b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	<b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	<b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date filed with IRS <input type="checkbox"/>
<b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	

## Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	1,021,498	00
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>		00
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	<b>3</b>	2,331,938	00
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	<b>4</b>	3,353,436	00
	<b>5</b> Cost of goods sold <b>STMT 2</b>	<b>5</b>	63,027	00
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>		00
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	63,027	00
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	3,290,409	00
Expenses	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	3,515,125	00
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	-224,716	00
Filing Fee	<b>11</b> Total payments	<b>11</b>		00
	<b>12</b> Use tax. See General Information K	<b>12</b>		00
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>		00
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>		00
	<b>15</b> Penalties and Interest. See General Information J	<b>15</b>		00
	<b>16</b> Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<b>16</b>		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer <b>TAXPAYER COPY</b>	Title <b>EXECUTIVE DIRECTOR</b>	Date	• Telephone
	Preparer's signature <b>MATTHEW PETROSKI</b>	Date <b>04/28/22</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P00853132</b>
	Firm's name (or yours, if self-employed) and address <b>ARMANINO LLP 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113</b>	• Firm's FEIN <b>94-6214841</b>		
				• Telephone <b>408-200-6400</b>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	00
	9	Contributions, gifts, grants, and similar amounts paid	9	00
Expenses and Disbursements	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	00
	16	Depreciation and depletion (See instructions)	16	00
	17	Other expenses and disbursements	17	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	00

**Schedule L** Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation	( )		( )	
11 Land				•
12 Other assets				•
13 Total assets				
<b>Liabilities and net worth</b>				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return	•		
6 Total. Add line 1 through line 5			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BENEVITY COMMUNITY IMPACT FUND	#700, 611 MEREDITH RD CALGARY, ALBERTA, CANADA T2E 2W5	06/30/21	8,289.
CARPIGNANO, JOSEPHINE	1 BALDWIN AVENUE, #723 SAN MATEO, CA 94401-3851	06/30/21	50,021.
FACEBOOK, INC.	1 HACKER WAY MENLO PARK, CA 94025	06/30/21	10,000.
MONTEREY PENINSULA FOUNDATION	1 LOWER RAGSDALE DR BLDG 3 STE 100 MONTEREY, CA 93940-5749	06/30/21	10,000.
KABAK, JACK	10 COYOTE HILL PORTOLA VALLEY, CA 94028-8017	06/30/21	10,000.
MICROSOFT CORPORATION	1065 LA AVENIDA ST MOUNTAIN VIEW, CA 94043-1421	06/30/21	5,000.
APPLE, INC.	1070 E ARQUES AVE SUNNYVALE, CA 94085	06/30/21	15,000.
AMAZON.COM (SAMANTHA EISEN)	110 COOPER STREET, SUITE 400 SANTA CRUZ, CA 95060	06/30/21	5,000.
HENSLEY, KEZRA	1242 PERALTA DR SAN JOSE, CA 95120	06/30/21	8,055.
PAYPAL GIVING FUND	1250 I STREET NW, SUITE 1202 WASHINGTON, DC 20005	06/30/21	7,963.
MOJO VISION, INC. (AKA TECTUS CORP)	12950 SARATOGA AVE SARATOGA, CA 95070	06/30/21	23,000.
PARIS, GEORGE & MARY ANNE	130 ATHERTON AVENUE ATHERTON, CA 94027-4021	06/30/21	20,000.
TITLEVII	131 M STREET, NE WASHINGTON, DC 20507	06/30/21	205,291.
ABILITY CENTRAL	1333 BROADWAY STE 600 OAKLAND, CA 94612-1906	06/30/21	10,000.

## VISTA CENTER FOR THE BLIND AND VISUALLY

94-1196206

CUPERTINO HOST LIONS CHARITIES, INC.	1426 SOUTHWOOD DR SAN JOSE, CA 95130-1046	06/30/21	10,000.
GOOGLE LLC	1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043-1351	06/30/21	20,000.
WAYMO LLC	1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	06/30/21	25,000.
COMCAST NBC UNIVERSAL	1701 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103-2838	06/30/21	5,000.
FREEDOM SCIENTIFIC BLV GROUP	17757 US HWY 19 N STE 560 CLEARWATER, FL 33764-6570	06/30/21	10,000.
LOS ALTOS COMMUNITY FOUNDATION	183 HILLVIEW AVENUE LOS ALTOS, CA 94022	06/30/21	5,000.
MENLO CHARITY HORSE SHOW	190 PARK LANE ATHERTON, CA 94027-4121	06/30/21	55,133.
GLASS, JOHN & SUSAN	19821 VINEYARD LANE SARATOGA, CA 95070	06/30/21	50,000.
CITY OF SAN JOSE - EMERGENCY OPERATIONS C	200 E. SANTA CLARA ST. SAN JOSE, CA 95113	06/30/21	39,922.
THE CONWAY FAMILY CHARITABLE FUND	2000 WASHINGTON STREET #3 SAN FRANCISCO, CA 94109-2844	06/30/21	10,000.
FOX FAMILY FOUNDATION	2019 3RD STREET SANTA MONICA, CA 90405	06/30/21	30,000.
CRAFT GALLERY ANNEX	209 CAPITOLA ROAD CAPITOLA, CA 95010-3204	06/30/21	5,000.
LENOVO FOUNDATION	222 W MERCHANDISE MART PLAZA STE 1800 CHICAGO, IL 60654	06/30/21	5,000.
FIRST STOP HEALTH (FSHEALTH.COM)	233 N MICHIGAN AVE SUITE 1400 CHICAGO, IL 60601	06/30/21	10,000.
GRIFFON, HARRY	2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040	06/30/21	15,013.
SILICON VALLEY COMMUNITY FOUNDATION	2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040	06/30/21	10,000.
ACCESSIBE	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	5,000.
ANONYMOUS DONOR	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	100,000.
CHAHIL FOUNDATION	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	5,000.
HATS OFF TO VISTA	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	10,989.
ISENPAI	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	10,000.
O'SULLIVAN FOUNDATION	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	10,000.
ROSETINE FOUNDATION	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	10,000.
SIGHT TECH GLOBAL	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	7,122.
VISTA CENTER FOUNDATION	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	155,000.
EL CAMINO HEALTHCARE DISTRICT	2500 GRANT RD MOUNTAIN VIEW, CA 94040-4378	06/30/21	20,502.
EL CAMINO HOSPITAL	2500 GRANT RD MOUNTAIN VIEW, CA 94040-4378	06/30/21	25,888.
HERBST FOUNDATION	30 VAN NESS AVENUE, SUITE 3600 SAN FRANCISCO, CA 94102	06/30/21	5,000.

## VISTA CENTER FOR THE BLIND AND VISUALLY

94-1196206

SMITH, STEPHEN	321 MELVILLE AVENUE PALO ALTO, CA 94301	06/30/21	5,000.
WICK, KARIN & PAUL	330 GOLDEN HILLS DRIVE PORTOLA VALLEY, CA 94028	06/30/21	5,000.
SANTA CLARA COUNTY GRANT	333 W JULIAN ST STE 100 SAN JOSE, CA 95110	06/30/21	51,200.
SANTA CLARA COUNTY SENIOR NUTRITION	333 W JULIAN ST STE 100 SAN JOSE, CA 95110	06/30/21	22,501.
TAE FOUNDATION	37 COBBLESTONE LANE SAN CARLOS, CA 94070	06/30/21	36,000.
CITY OF PALO ALTO GRANT	4000 MIDDLEFIELD RD #T2 PALO ALTO, CA 94303	06/30/21	41,999.
MIKLOS, SUE & BILL	417 PATRICK WAY LOS ALTOS, CA 94022-1636	06/30/21	13,900.
LIFEGUARD - MARK HYDE	4320 E WAILOA LOOP KIHEI, HI 96753	06/30/21	36,000.
MAGINNIS, PATRICE	444 WHISPERING PINES DRIVE UNIT 195 SCOTTS VALLEY, CA 95066	06/30/21	5,000.
SALESFORCE.ORG	50 FREMONT STREET SUITE 300 SAN FRANCISCO, CA 94105-2231	06/30/21	15,000.
CITY OF MOUNTAIN VIEW GOVT GRANT	500 CASTRO ST MOUNTAIN VIEW, CA 94041	06/30/21	20,350.
ARRILLAGA, JOHN	500 LOS TRANCOS ROAD PORTOLA VALLEY, CA 94028	06/30/21	10,000.
SEQUOIA HEALTHCARE DISTRICT	525 VETERANS BLVD. REDWOOD CITY, CA 94063	06/30/21	25,000.
PAIEMENT, NICOLE & BRIAN STAUFENBIEL	54 CROWN TERRACE SAN FRANCISCO, CA 94114	06/30/21	7,150.
WELLS FARGO & COMPANY	550 S 4TH ST 7TH FL MINNEAPOLIS, MN 55415	06/30/21	5,000.
MOHR, LAWRENCE & NANCY	59 LEON WAY ATHERTON, CA 94027-4117	06/30/21	10,000.
EYEDAPTIC	7 SAN SIMEON LAGUNA NIGUEL, CA 92677-7951	06/30/21	5,000.
CHAMBERS, JEFFREY	70 SANTIAGO AVE ATHERTON, CA 94027-5413	06/30/21	5,000.
CITY OF MENLO PARK	701 LAUREL STREET MENLO PARK, CA 94025	06/30/21	15,000.
CITY OF MENLO PARK	701 LAUREL STREET MENLO PARK, CA 94025	06/30/21	15,000.
COUNTY OF SANTA CRUZ	701 OCEAN ST ROOM 100 SANTA CRUZ, CA 95060-4007	06/30/21	15,000.
VERIZON (JOSHUA NESS)	710 2ND AVE STE 800 SEATTLE, WA 98104	06/30/21	5,000.
BIANCALANA, CLAIRE	7426 MESA DRIVE APTOS, CA 95003	06/30/21	6,112.
COMMUNITY FOUNDATION SANTA CRUZ COUNTY	7807 SOQUEL DRIVE APTOS, CA 95003	06/30/21	5,000.
WOLLENBERG, DAVID	85 MICHAELS WAY ATHERTON, CA 94027-4144	06/30/21	10,000.
FORD MOTOR COMPANY	PO BOX 1758 DEARBORN, MI 48121	06/30/21	30,000.
ALMADEN SUPER LIONS CHARITABLE FOUNDATION	PO BOX 18511 SAN JOSE, CA 95158	06/30/21	5,500.
AIG PC GLOBAL SERVICES, INC.	PO BOX 2308 NEWYORK, NY 10272	06/30/21	15,000.

## VISTA CENTER FOR THE BLIND AND VISUALLY

94-1196206

LIONS VISION RESOURCE NETWORK	PO BOX 27404 OAKLAND, CA 94602	06/30/21	5,000.
PETRICCIANI FOUNDATION	PO BOX 3247 LOS ALTOS, CA 94024-0247	06/30/21	5,000.
PALO ALTO COMMUNITY FUND	PO BOX 50634 PALO ALTO, CA 94303	06/30/21	5,000.
LOS GATOS LIONS CHARITIES, INC	PO BOX 522 LOS GATOS, CA 95031	06/30/21	5,000.
AMERICAN PRINTING HOUSE	PO BOX 6085 LOUISVILLE, KY 40206-0085	06/30/21	5,000.
APODACA, NOAH	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	14,434.
CERVANTES, ALEJANDRO	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	6,203.
CHOPRA, ABHA	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	13,572.
CLARK, DECLAN	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	14,915.
CLARK, FIONN	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	15,010.
DIAZ, JESSE	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	6,335.
ESTRADA, LORENZO	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	16,663.
HIGGINBOTHAM, MICHAEL	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	11,437.
KAUFUSI, TEVITA	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	8,264.
KO, SARAH	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	17,981.
LEE, KIRA	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	6,809.
MERAZ, GAUGE	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	6,615.
MURRAY, MAX	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	16,961.
RAUSCH, AMELIE	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	5,519.
RODRIGUEZ, MELANIE	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	5,273.
SMALL BUSINESS ADMINISTRATION	409 THIRD STREET, SW WASHINGTON, DC 20024	06/30/21	568,273.
SEYMOUR, ETHAN	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	9,203.
SHENKMAN, SAMUEL	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	16,603.
VAZQUEZ-CARRILLO, ALEJANDRA	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	15,584.
WERNEY, ASHTON	2500 EL CAMINO REAL, SUITE 100 PALO ALTO, CA 94306	06/30/21	9,135.

TOTAL INCLUDED ON LINE 3

2,307,689.

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

## COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		50,627
2. MERCHANDISE PURCHASED. . . . .		
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .	59,536	
5. OTHER COSTS. . . . .		
6. ADD LINES 1 THROUGH 5 . . . . .		110,163
7. INVENTORY AT END OF YEAR . . . . .		47,136
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		63,027

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<b>VISTA CENTER FOR THE BLIND AND VISUALLY IMPAIRED</b> Name of Organization	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used  2500 EL CAMINO REAL, NO. 100 Address (Number and Street)	State Charity Registration Number <b>CT010753</b>
PALO ALTO, CA 94306 City or Town, State, and ZIP Code	Corporation or Organization No. <b>0197552</b>
(650) 858-0202      INFO@VISTACENTER.ORG Telephone Number      E-mail Address	Federal Employer ID No. <b>94-1196206</b>

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Total Revenue (including noncash contributions) \$ 3,251,858 Noncash Contributions \$ 1,192 Total Assets \$ 12,198,427  
 Program Expenses \$ 2,618,052 Total Expenses \$ 3,476,574

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <span style="float:right">SEE STATEMENT 3</span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

**TAXPAYER COPY**

KARAE LISLE

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date



CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 3

## CITY OF MENLO PARK

701 LAUREL STREET, MENLO PARK, CA 94025

CONTACT PERSON: NICOLE CASADOS (650) 330-6610

## CITY OF PALO ALTO

4000 MIDDLEFIELD ROAD, T-2, PALO ALTO, CA 94303

CONTACT PERSON: MINKA VAN DER ZWAAG (650) 463-4953

## COUNTY OF SANTA CRUZ, HSD

1040 EMELINE AVE, BLDG E, SANTA CRUZ, CA 95060

CONTACT PERSON: KATHY ANZALONE (831) 454-4718

## CITY OF CAPITOLA

420 CAPITOLA AVE, CAPITOLA, CA 95010

CONTACT PERSON: LARRY LAURENT (831) 475-7300

## CITY OF SCOTTS VALLEY

ONE CIVIC CENTER DRIVE, SCOTTS VALLEY, CA 95066

CONTACT PERSON: TINA FRIEND 831-440-5606

## COUNTY OF SANTA CLARA, SOCIAL SERVICES AGENCY

333 WEST JULIAN STREET, SAN JOSE, CA 95110

CONTACT PERSON: JENNIFER NHEM (408) 755-7830

## SAN MATEO COUNTY TRANSIT DISTRICT

1250 SAN CARLOS AVENUE, 2ND FLOOR, SAN CARLOS, CA 94070-1306

CONTACT PERSON: RYAN MCCAULEY (650) 622-8087

## SENIORS COUNCIL OF SANTA CRUZ AND SAN BENITO COUNTIES

234 SANTA CRUZ AVE, APTOS, CA 95003

CONTACT PERSON: CLAY KEMPF (831) 688-0400

## DEPARTMENT OF REHABILITATION

721 CAPITOL MALL, SACRAMENTO, CA 95814

CONTACT PERSON: JAY HARRIS (916) 558-5484

## DEPARTMENT OF REHABILITATION, BLIND FIELD SERVICES

721 CAPITOL MALL, 4TH FLOOR, SACRAMENTO, CA 95814

CONTACT PERSON: PETER DAWSON (916) 558-5840

## CITY OF MOUNTAIN VIEW, COMMUNITY DEVELOPMENT DEPARTMENT

500 CASTRO STREET/ PO BOX 7540, MOUNTAIN VIEW, CA 94039-7540

CONTACT PERSON: GRACE MONTGOMERY (650) 903-6455