

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning Jul 1, 2016, and ending Jun 30, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization VISION CHARTER ACADEMY
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) _____ Room/suite _____
1080 PIONEER ROAD
 City or town, state or province, country, and ZIP or foreign postal code _____
DELTA CO 81416

D Employer identification number 46-3203810
E Telephone number (970) 874-8226

F Name and address of principal officer:
CARYN BRADDY 1080 PIONEER ROAD DELTA CO 81416

G Gross receipts \$ 3,070,865.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If No, attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.VISIONCHARTERACADEMY.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2013 **M** State of legal domicile: CO

H(c) Group exemption number ▶ _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO PROMOTE MEANINGFUL CHOICE AND DIVERSE OPPORTUNITY WITHIN PUBLIC EDUCATION BY SUPPORTING THE DEVELOPMENT OF THE OPTIMAL LEARNING ENVIRONMENT FOR EACH LEARNER, AND THE OPTIMAL TEACHING ENVIRONMENT FOR EACH TEACHER.</u>		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	87
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,875,649.	3,046,107.
	9 Program service revenue (Part VIII, line 2g)	11,510.	24,635.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106.	123.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,887,265.	3,070,865.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,711,245.	1,901,829.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>7,689.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,119,822.	1,144,683.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,831,067.	3,046,512.	
19 Revenue less expenses. Subtract line 18 from line 12	56,198.	24,353.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 519,350.	End of Year 526,904.
	21 Total liabilities (Part X, line 26)	122,173.	105,374.
	22 Net assets or fund balances. Subtract line 21 from line 20	397,177.	421,530.

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.

Sign Here

Signature of officer: CARYN BRADDY Date: 11/10/17
 Type or print name and title: DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: Kathleen M. White, CPA Preparer's signature: [Signature] Date: 11/09/17
 Firm's name: Chadwick, Steinkirchner, Davis & Co. P.C. Check if self-employed PTIN: P00121703
 Firm's address: 225 North 5th Street, Suite 401 Grand Junction CO 81501-2645 Firm's EIN: 84-0865725
 Phone no.: (970) 245-3000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No