

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491291000067

2016

OMB No 1545-0052

Return of Private Foundation

990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Open to Public ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number VISTA FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 1991 MADISON ROAD (513) 488-0053 City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45208 C If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name <u>change</u> Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual J Accounting method F If the foundation is in a 60-month termination of year (from Part II, col (c), line 16)▶\$ 8,331,156 under section 507(b)(1)(B), check here Other (specify) (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach 613.999 schedule) Check ► L If the foundation is **not** required to attach 2 1.221 3 Interest on savings and temporary cash investments 1.221 4 Dividends and interest from securities 168,573 168,573 5a Net rental income or (loss) -379,877 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) c Other income (attach schedule) 12 **Total.** Add lines 1 through 11 403.916 169,794 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . . Accounting fees (attach schedule) 2,400 2.400 Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 22 Printing and publications . . . 23 Other expenses (attach schedule) 31,083 31,083 24 Total operating and administrative expenses. Add lines 13 through 23 33.483 25 Contributions, gifts, grants paid 347.610 347.610 26 Total expenses and disbursements. Add lines 24 and 33,483 347,610 27 Subtract line 26 from line 12 Excess of revenue over expenses and 22,823 disbursements 136.311 Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-)

3,462,554

5,239,788

6,591,287

Investments—land, buildings, and equipment basis ▶ ___

Land, buildings, and equipment basis ▶ ___

Other assets (describe > _____

Less accumulated depreciation (attach schedule) ▶ _____

Less accumulated depreciation (attach schedule) ▶ _____

C

11

12

13

14

15

Liabilities

Net Assets or Fund Balances

Pa

2

5

	15	Other assets (describe)				
	16	Total assets (to be completed by all filers—see the				
		ınstructions Also, see page 1, item I)	7,315,720		7,338,543	8,331,156
	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities(add lines 17 through 22)			0	
~~~		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.				
:	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds	7,315,720		7,338,543	
:	30	Total net assets or fund balances (see instructions)	7,315,720		7,338,543	
	31	Total liabilities and net assets/fund balances (see instructions) .	7,315,720		7,338,543	
3	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		il net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	30 (must agree with end	1		7,315,720
2		er amount from Part I, line 27a		2		22,823
3		er increases not included in line 2 (itemize) 🟲		3		
4		lines 1, 2, and 3		4		7,338,543
5		reases not included in line 2 (itemize)		5		7.222.542
5	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30 .	6		7,338,543
					Fo	rm <b>990-PF</b> (2016)

Page **3** 

<u> </u>					
	(a) the kınd(s) of property sold (e g , re chouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a 16712 shs FEDERATED S	TRG VL DV FD		Р	2015-12-04	2016-01-08
<b>b</b> 4000 SHS FIRST TRUST I	NORNINGSTAR DIVIDEND LEADERS	Р	2014-12-09	2016-02-18	
c 10000 SHS ENSCO PLC C	LA		Р	2016-11-11	2016-12-22
d CIL FIRST HORIZON INT	d CIL FIRST HORIZON INTL CORP				2016-01-11
e Capital Gain Dividends	e Capital Gain Dividends				
(-)	(f)		(g)	(1	h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
<u> </u>	(or allowable)	plus exp	ense of sale		) minus (g)
	2,084		92,583	-	-499
_	7,068		95,640		1,428
	1,238		532,710		-431,472
d	2		1		1
e					50,665
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	l)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col (ı) (]), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a	35 5. 22, 52, 53	515.55.	(3// 4)	,	-499
b					1,428
c					-431,472
d					1
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F	,	2	-379,877
· -	ann or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	-431,970
Part V Qualification L	Inder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
	rivate foundations subject to the sec				
Tor optional use by domestic p	Tivate foundations subject to the set	ction 4940(a) tax on he	et investment incom	ie <i>)</i>	
if section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributa		ın the base period	? \ \ \ \ \ \ \ \ \	es 🔽 No
1 Enter the appropriate am	ount in each column for each year,	see instructions before	making any entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2015	350,873		7,365,471	, , , , , , , , , , , , , , , , , , , ,	0 04764
2014	323,200		7,221,874		0 04475
2013	236,150		5,860,304		0 04030
2012	249,436		5,258,372		0 04744
2011	195,259		4,726,501		0 04131
2 Total of line 1, column (c	i)		2		0 221436
3 Average distribution ratio	for the 5-year base period—divide	the total on line 2 by 5.	, or by the		
number of years the foun	dation has been in existence if less	than 5 years	<u>3</u>		0 044287
	ncharitable-use assets for 2016 fron	•	<b>———</b>		7,687,943
<b>5</b> Multiply line 4 by line 3			5		340,476
	ent income (1% of Part I, line 27b)		6		1,363
					341,839
	ons from Part XII, line 4 ,				347,610
If line 8 is equal to or gre	ater than line 7, check the box in Pa			ng a 1% tax rate Se	e the Part VI
instructions				Fo	orm <b>990-PF</b> (2016)

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees and Contractors (continued)	s, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional serv	rices (see instructions). If none, ent	er "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities	alanan kabababaa langan arabaa anala a biranan	
List the foundation's four largest direct charitable activities during the tax year. Include riorganizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 NONE		0
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	e instructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1		
2		
<u> </u>		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		. •
		Form <b>990-PF</b> (2016)

1a

1b

2

За 3b

4

5

347,610

347.610

1.363

346.247

Form 990-PF (2016)

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9 a Excess from 2012. **b** Excess from 2013. c Excess from 2014. d Excess from 2015. e Excess from 2016. .

indicated below:

same amount must be shown in column (a) )

Page 9

362,634

Form **990-PF** (2016)

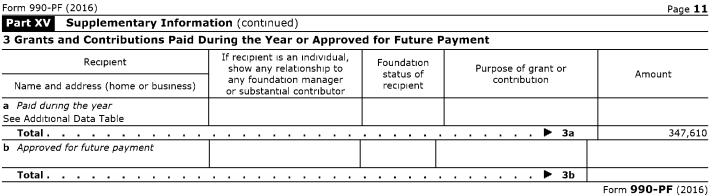
		Corpus	Years prior to 2015	2015	2016
1	Distributable amount for 2016 from Part XI, line 7				383,034
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only			327,210	
b	Total for prior years 20 , 20 , 20 ,				
3	Excess distributions carryover, if any, to 2016				
а	From 2011				
b	From 2012				
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part				
	XII, line 4 🕨 \$347,610				
а	Applied to 2015, but not more than line 2a			327,210	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	C			
d	Applied to 2016 distributable amount				20,400

(a)

(b)

(c)

	XII, line 4 ▶ \$347,610			
а	Applied to 2015, but not more than line 2a		327,210	
b	Applied to undistributed income of prior years (Election required—see instructions)			
С	Treated as distributions out of corpus (Election required—see instructions)	0		
d	Applied to 2016 distributable amount			20,400
е	Remaining amount distributed out of corpus			
5	Excess distributions carryover applied to 2016			



	amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	512, 513, or 514	(e) Related or exemp
L Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
_	and contracts from government agencies					
	ership dues and assessments est on savings and temporary cash					
ınvest	ments			14	1,221	
	nds and interest from securities			14	168,573	
	Ital Income or (loss) from real estate					
	ebt-financed property					
	ental income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than			1.0	-379,877	
	ory			18	-3/9,6//	
Gross	profit or (loss) from sales of inventory					
	revenue a					
		-				
Culabata	-   Add				-210,083	
Total.	Add line 12, columns (b), (d), and (e).			13	l	-210,083
art XVI	heet in line 13 instructions to verify calculation  Relationship of Activities to th	ns ) e Accomplish:	ment of Exem	pt Purposes		
				CD INDIA III		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )					
▼						
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
▼	the accomplishment of the foundation's ex instructions )					
ine No.	the accomplishment of the foundation's ex instructions )					

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi	zations							•				
		ganization directly or in Code (other than sectio	directly enga								ion 501		Yes	No
<b>a</b> Tra	nsfers f	rom the reporting foun	dation to a n	oncha	ırıtable ex	empt organizatio	on c	of						
(1)	Cash.											1a(1)		No
(2)	Other	assets										1a(2)		No
		sactions												
		of assets to a nonchari		_								1b(1)		No
		ases of assets from a n							•			1b(2)		No
		il of facilities, equipmer oursement arrangemen	-						•			1b(3) 1b(4)		No No
		s or loan guarantees.										1b(5)		No
٠.		mance of services or m										1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists,	other	assets, or	paid employees						1c		No
		ver to any of the above												
		ds, other assets, or ser Isaction or sharing arra										e		
0		saction of onaring arra			column (c	ay the value of the		goods, caner a	5500	5, 5, 50, 1,005, 1,000	,,,,,			
(a) Line	No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Description	n of ti	ransfers, transactions	s, and sha	rıng arrar	ngemen	ts
	-+													
2a Is t	he foun	ndation directly or indire	ctly affiliate	d with	or relate	d to one or mor	re t	av-evemnt ord	anız	ations				
		in section 501(c) of the	•		•	•					г	Yes	<b>☑</b> N	0
		omplete the following so	•	chan	Section 50	31(c)(3)) or iii s		OH 327	•			_ ,		Ü
		(a) Name of organization			(	<b>b)</b> Type of organiza	atıor	n		(c) Description	n of relatio	nship		
	Unde	er penalties of perjury,	I declare tha	t I hav	ı ve examır	ned this return. II	nclu	uding accompa	nvin	a schedules and s	tatement	s. and t	to the	best
	of m	y knowledge and belief	, it is true, c											
Sign		h preparer has any kno	wledge			I						26. 1		
Here	·	*****				2017-10-18		_ _*****			May the If with the p			
	<b>7</b> s	Signature of officer or ti	rustee			Date		Title			(see ınstr	)² 🗹 <b>Y</b>	es 🗆 N	lo
	<u> </u>	Deunt/Turn comments		Dec	avade C				П		DTIN			
		Print/Type preparer's	name	Prepa	arer's Sıgı	пасиге		Date		Check if self-	PTIN			
		GI							-  ,	employed 🕨 🗹		P00947	411	
Paid		Christina K Mooney	Y											
Prep	arer	Firm's name ► Chris	stina K Moon	L ey							F	TN: 6		
Use	Only										Firm's E	IN ►		
		Firm's address ► 55	91 Squirrel F	Run La	ane									
		Cii	ncinnati, OH	4524	7						Phone n	o (513)	923-4	4637
· ·										I				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation HELEN K HEEKIN Pres & TRUSTEE 0.00 1991 MADISON RD CINCINNATI, OH 45208 CHARLES L HEEKIN II **VP & TRUSTEE** 0.00 1991 MADISON RD CINCINNATI, OH 45208 R MCSHANE HEEKIN Sec & TRUSTEE 0.00 1991 MADISON RD CINCINNATI, OH 45208 PETER HEEKIN **VP & TRUSTEE** 0.00 1991 MADISON ROAD CINCINNATI, OH 45208 MICAFLA HEFKIN TREAS & TRUSTEE 0 00 1991 MADISON ROAD

CINCINNATI, OH 45208

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CONTEMPORARY ARTS CENTER	NONE	V	GENERAL OPERATING FUNDS	1.0

a Paid during the year				
CONTEMPORARY ARTS CENTER 44 E SIXTH ST CINCINNATI, OH 45202	NONE	Υ	GENERAL OPERATING FUNDS	1,500

CINCINNATI, OH 45202				
CANTERBERRY SCHOOL 101 ASPETUCK AVENUE NEW MILFORD, CT 06776	NONE	Υ	GENERAL OPERATING FUNDS	10,000
CINCINNATI ART MUSEUM	NONE	Υ	GENERAL OPERATING FUNDS	119,000

101 ASPETUCK AVENUE NEW MILFORD, CT 06776	NONE	r	GENERAL OPERATING FUNDS	10,000
CINCINNATI ART MUSEUM 953 EDEN PARK DR CINCINNATI, OH 45202	NONE	Y	GENERAL OPERATING FUNDS	119,000
CINCINNATI COUNTRY DAY SCHOOL 6095 GIVEN ROAD	NONE	Y	GENERAL OPERATING FUNDS	9,500

CINCINNATI ART MUSEUM 953 EDEN PARK DR CINCINNATI, OH 45202	NONE	Y	GENERAL OPERATING FUNDS	119,000
CINCINNATI COUNTRY DAY SCHOOL 6095 GIVEN ROAD CINCINNATI, OH 45243	NONE	Y	GENERAL OPERATING FUNDS	9,500
CINCINNATI PARKS FOUNDATION 950 EDEN PARK DRIVE	NONE	Y	GENERAL OPERATING FUNDS	11,000

CINCINNATI, OF 45202				
CINCINNATI COUNTRY DAY SCHOOL 6095 GIVEN ROAD CINCINNATI, OH 45243	NONE	Υ	GENERAL OPERATING FUNDS	9,500
CINCINNATI PARKS FOUNDATION 950 EDEN PARK DRIVE CINCINNATI, OH 45273	NONE	Y	GENERAL OPERATING FUNDS	11,000

Total				347,610
CINCINNATI PARKS FOUNDATION 950 EDEN PARK DRIVE CINCINNATI, OH 45273	NONE	Y	GENERAL OPERATING FUNDS	11,000
6095 GIVEN ROAD CINCINNATI, OH 45243				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CINCINNATI NATURE CENTER NONE GENERAL OPERATING FUNDS 1.000 4949 TEALTOWN ROAD MILFORD, OH 45150 NONE 5,000 COMMUNITY SCHOOL PO BOX 2118 **GENERAL OPERATING FUNDS** SUN VALLEY, ID 83353

<u>'</u>				
CINCINNATI ARTS ASSOCIATION 650 WALNUT ST CINCINNATI, OH 45202	NONE	Υ	GENERAL OPERATING FUNDS	5,000
ARTSWAVE 20 EAST CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	Υ	GENERAL OPERATING FUNDS	2,000
HILLSIDE TRUST	NONE	Υ	GENERAL OPERATING FUNDS	500

LINCINNATI, OH 45202				
HILLSIDE TRUST 710 TUSCULUM ALMS PARK CINCINNATI, OH 45226	NONE	Υ	GENERAL OPERATING FUNDS	

Total. 3a

347,610

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
ST CECILIA SCHOOL 4115 TAYLOR AVENUE CINCINNATI, OH 45209	NONE	Y	GENERAL OPERATING FUNDS	8,000	
UNITED WAY PO BOX 632711 CINCINNATI, OH 45263	NONE	Y	GENERAL OPERATING FUNDS	8,000	
WCET PO BOX 630210 CINCINNATI, OH 45263	NONE	Y	GENERAL OPERATING FUNDS	1,000	
WVXU PO BOX 634916 CINCINNATI, OH 45263	NONE	Y	GENERAL OPERATING FUNDS	1,000	
YWCA 898 WALNUT STREET CINCINNATI, OH 45202	NONE	Y	GENERAL OPERATING FUNDS	1,000	
Total				347,610	

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS GIRLS CLUB OF GTR CINTI NONE GENERAL OPERATING FUNDS 1,500 600 DALTON AVE

CINCINNATI, OH 45203				
TAFT MUSEUM OF ART 316 PIKE STREET CINCINNATI, OH 45202	NONE	Y	GENERAL OPERATING FUNDS	5,000

42,500

1			.,		
	CHATFIELD COLLEGE 20918 STATE ROUTE 251 ST MARTIN, OH 45118	NONE	Υ	GENERAL OPERATING FUNDS	
	CINCINNATI, OH 45202				

20918 STATE ROUTE 251 ST MARTIN, OH 45118				
CATHOLIC INNER-CITY SCHOOLS 100 E 8TH STREET CINCINNATI, OH 45202	NONE	Y	GENERAL OPERATING FUND	

3a

CATHOLIC INNER-CITY SCHOOLS 100 E 8TH STREET CINCINNATI, OH 45202	NONE	Υ	GENERAL OPERATING FUND	3,000
ARTWORKS 20 E CENTRAL PARKWAY	NONE	Υ	GENERAL OPERATING FUND	1,500

CINCINNATI, OH 45202				
ARTWORKS 20 E CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	Y	GENERAL OPERATING FUND	1

CINCINNATI, OH 45202	NONE	'	GENERAL OF ERATING TOND	
ARTWORKS 20 E CENTRAL PARKWAY	NONE	Y	GENERAL OPERATING FUND	

ARTWORKS 20 E CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	Y	GENERAL OPERATING FUND	1
Total				347,610

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
RAILROAD STEWARDS 805 EARLY STREET SUITE 204B SANT FE, NM 87505	NONE	Y	GENERAL OPERATING FUNDS	300	
UNIVERSITY OF CINCINNATI ART HISTOR PO BOX 210016 CINCINNATI, OH 45221	NONE	Y	GENERAL OPERATING FUNDS	10,000	
HAZELDON DEVELOPMENT BC2 PO BOX 11 CENTER CITY, MN 55012	NONE	Y	GENERAL OPERATING FUNDS	1,500	
CAMPING EDUCATIONAL FOUNDATION 230 NORTHLAND BLVD STE 206 CINCINNATI, OH 45246	NONE	Y	GENERAL OPERATING FUNDS	1,000	
ST CECLIA CHURCH 3105 MADISON ROAD CINCINNATI, OH 45209	NONE	Y	GENERAL OPERATING FUNDS	3,000	

За

347,610

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CINCINNATI ZOO 3400 VINE STREET NONE GENERAL OPERATING FUNDS 14,000 CINCINNATI, OH 45220 NONE 3,000 THE ACCESS FUND PO BOX 17010 GENERAL OPERATING FUND BOULDER, CO 80308 Υ LINDNER CENTER OF HOPE NONE GENERAL OPERATING FUND 5.000 าดก

4075 OLD WESTERN ROW ROAD MASON, OH 45040				
THE NATURE CONSERVATORY 201 MISSION STREET 4TH FLOOR SAN FRANSISCO, CA 94105	NONE	Y	GENERAL OPERATING FUND	15,000
THE SUN CLUB PO BOX 1982	NONE	Υ	GENERAL OPERATING FUND	3,000

201 MISSION STREET 4TH FLOOR SAN FRANSISCO, CA 94105				
THE SUN CLUB PO BOX 1982 KETCHUM, ID 83340	NONE	Y	GENERAL OPERATING FUND	

SAN FRANSISCO, CA 94105				
THE SUN CLUB PO BOX 1982 KETCHUM, ID 83340	NONE	Y	GENERAL OPERATING FUND	

За

347,610

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	Y	GENERAL OPERATING FUND	3,000	
AQUABILITY 802 W BANNOCK ST 702 BOISE, ID 83702	NONE	Y	GENERAL OPERATING FUNDS	3,000	
MUSEUM OF CONTEMPORARY ART 220 E CHICAGO AVE CHICAGO, IL 60611	NONE	Y	GENERAL OPERATING FUNDS	3,000	
LOYOLA ACADEMY 1100 LARAMIE WILMETTE, IL 60091	NONE	Y	GENERAL OPERATING FUNDS	5,000	
NEURO ACURUNCTURE INCTITUTE	NONE	V	CENEDAL OPERATING FUNDS	35.000	

LOYOLA ACADEMY 1100 LARAMIE WILMETTE, IL 60091	NONE	Y	GENERAL OPERATING FUNDS	5,0
NEURO ACUPUNCTURE INSTITUTE	NONE	Υ	GENERAL OPERATING FUNDS	25,0

LOYOLA ACADEMY 1100 LARAMIE WILMETTE, IL 60091	NONE	Y	GENERAL OPERATING FUNDS	5,
NEURO ACUPUNCTURE INSTITUTE	NONE	Υ	GENERAL OPERATING FUNDS	25,

WILMETTE, IL 60091				I .
NEURO ACUPUNCTURE INSTITUTE 2019 GALISTEO STREET SUITE C-1	NONE	Y	GENERAL OPERATING FUNDS	25,00
SANTA FF NM 87505				i e e e e e e e e e e e e e e e e e e e

SANTA FE, NM 87505	NEURO ACUPUNCTURE INSTITUTE 2019 GALISTEO STREET SUITE C-1 SANTA FE, NM 87505	NONE	Y	GENERAL OPERATING FUNDS	25,
--------------------	-------------------------------------------------------------------------------------	------	---	-------------------------	-----

347,610 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
ASSUMPTION CHURCH 323 WEST ILLINOIS ST CHICAGO, IL 60654	NONE	Y	GENERAL OPERATING FUNDS	1,000	
ALZHEIMER'S FUND 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601	NONE	Y	GENERAL FUNDS	5,000	
ERIK HENDRICK'S MEMEORIAL 320 MILL CREEDK ROAD HAVERFORD, PA 19041	NONE	Y	GENERAL FUNDS	2,000	
LEUKEMIA LYMPHOMA AML RESEARCH SOCI 404 BNA DRIVE SUITE 102	NONE	Y	GENERAL FUNDS	2,000	

ERIK HENDRICK'S MEMEORIAL 320 MILL CREEDK ROAD HAVERFORD, PA 19041	NONE	Y	GENERAL FUNDS	2,000
LEUKEMIA LYMPHOMA AML RESEARCH SOCI 404 BNA DRIVE SUITE 102 NASHVILLE, TN 37217	NONE	Y	GENERAL FUNDS	2,000

LASOUPE 4150 ROUND BOTTOM RD Υ GENERAL FUNDS NONE

1,810 CINCINNATI, OH 45244

347,610 Total . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PROJECT HUGS FOUNDATION NONE **GENERAL FUNDS** 3,000 2333 N HARLEM AVE CHICAGO, IL 60707 AIDSLIFE CYCLE NONE GENERAL FUNDS 500 500

1625 N SCHRADER BOULEVARD LOS ANGELOS, CA 90028				
ANIMAL SHELTER OF WOOD RIVER VALLEY PO BOX 1496	NONE	Y	GENERAL FUNDS	50

HAILEY, ID 83333

347,610

За

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491291000067								
TY 2016 Accounting Fees Schedule								
Name: VISTA FOUNDATION								
	<b>EIN:</b> 31-1347794							
Softv	<b>Software ID:</b> 16000303							
Software \	Software Version: 2016v3.0							
Category Amount Net Investment Adjusted Net Disbursements Income Income Purposes								
PROFESSIONAL FEES		2,400	2,400	0	0			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491291000067 TY 2016 Explanation of Non-Filing with Attorney General Statement Name: VISTA FOUNDATION **EIN:** 31-1347794 **Software ID:** 16000303 **Software Version:** 2016v3.0

# **Statement:**OHIO ATTORNEY GENERAL DOES OT ACCEPT IRS FORM 990-PF. TAXPAYER IS REQURIED TO FILE ONLINE INSTEAD.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491291000067

## **TY 2016 Investments Corporate Stock Schedule**

Name: VISTA FOUNDATION

**EIN:** 31-1347794

**Software ID:** 16000303

Software Version: 2016v3.0				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
5000 ENSCO PLC DHD CL A				
1000 ENSCO PLC SHS CL A				
AT&T	251,475	318,975		
COMPUTER PROGRAMS & SYS	30,250	11,800		
2000 ENSCO PLC SHS CLA A				
2000 ENSCO PLC CL A				
8000 ENSCO PLC CL A	386,640	77,760		
2000 ENSCO	94,960	19,440		
FIRST HORIZON INT'L				
5000 APOLLO INVESTMENT CORP	39,400	29,300		
10000 APOLLO INVESMEMT CORP	78,500	58,600		
5000 APOLLO INVESTMENT CORP	38,400	29,300		
750 HCP INC	25,141	22,290		
300 MAGNA INT'L INC	28,230	26,040		
1000 TRINITY INDUS INC	39,030	27,760		
1000 TRINITY INDUS INC	33,780	27,760		
3000 TRINITY INDUS INC	100,590	83,280		
2500 THE TRAVELERS CO.	254,450	306,050		
150 QUALITY CARE PROPERTIES INC	4,628	2,325		
2500 CAL-MINE FOODS INC.	100,010	110,438		
50000 NAGACORP LTD.	26,510	27,500		
1000 PUBLIC STORAGE	229,010	223,500		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491291000067
TV 0046 To 1010 110 010 1	~ -11 1-	

## **TY 2016 Investments - Other Schedule**

Name: VISTA FOUNDATION

**EIN:** 31-1347794

**Software ID:** 16000303

<b>301144416 1D.</b> 10000303					
<b>Software Version:</b> 2016v3.0					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
HARBOR CAPITAL APPRECIATION FD	FMV	113,857	226,600		
VANGUARD TOTAL STOCK MKT IND FD SIG. SHS	FMV	639,420	1,308,290		
VANGUARD TOTAL STOCK MARKET ETF	FMV	639,906	1,045,722		
348991.008 FED. STRATEGIC VALUE DIV.	FMV	1,881,148	1,963,769		
FIRST TR MORNINGSTAR DID LEADERS INDEX	FMV				
OAK HILLS CAPITAL PARTNERS IV	FMV	140,088	140,088		
500 ISHARES CORE S&P ETF	FMV	110,582	112,495		
1300 ISHARES TR CORE RUSSELL US GROW ETF	FMV	54,930	55,796		
20000 ISHARES TR CORE DIV GROWTH ETF	FMV	541,410	578,000		
1900 SPDR TR S&P 500 ETF	FMV	398,060	424,707		
1100 SPDR TR S&P 500 ETF	FMV	230,450	245,883		
LDR CAPITAL	FMV	489,937	489,937		

efile GRAPHIC print - DO NOT PROCESS   As Filed Data -   DLN: 93491291000067						
TY 2016 Other Expenses Schedule						
Name:	VISTA FOUNDAT	TION				
EIN:	31-1347794					
Software ID:	16000303					
Software Version:	2016v3.0					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAXES PAID	150	150	 			
INVESTMENT FEES	6,313	6,313	<u> </u>			
LDR CAPITAL	1,477	1,477				
OAK HILLS CAPITAL PARTNERS IV	22,943	22,943				
OHIO ATATORNEY GENERAL	200	200				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491291000067
TY 2016 Substantial Contribut Schedule	ors		
Name:	VISTA FOUND	ATION	
EIN:	31-1347794		
Software ID:	16000303		
Software Version:	2016v3.0		<u>.</u>
Name			Address
CHARLES L HEEKIN CLAT II			NC BANK TRUSTEE 620 LIBERTY AVE ITTSBURGH, PA 15222

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -		DLN: 93491291000067	
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	0-PF)  Menent of the Treasury  Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at			
Name of the organizat	ion	Employer ide	entification number	
	<u> </u>	31-1347794		
Organization type (ch	eck one)			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on		
	☐ 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 foundation			
•	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution or property) from any one contributor. Complete Parts I and II. See instructions for d	•	•	
Special Rules				
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ su $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), Par ny one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 one 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	rt II, line 13, 1	6a, or 16b, and that	
during the year.	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive total contributions of more than \$1,000 exclusively for religious, charitable, scientification the prevention of cruelty to children or animals. Complete Parts I, II, and III			
during the year. If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an extra complete any of the parts unless the <b>General Rule</b> applies to this organization because, contributions totaling \$5,000 or more during the year	ributions totale xclusively reli cause it rece	ed more than \$1,000 glous, charitable, etc , ived <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file So t it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line H Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of S	of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		B (Form 990,	990-EZ, or 990-PF) (2016)	

Part I (a) No.	Contributors (see instructions) Use duplicate copies of Part I if ad	dditional space is needed		
	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
1	CHARLES L HEEKIN CLAT II PNC BANK 620 LIBERTY AVE  PITTSBURGH, PA 15222	\$ 613,999	Person Payroll Noncash (Complete Part II for contributions)	☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
-		\$	Person Payroll Noncash (Complete Part II for contributions)	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
-		\$	Person Payroll Noncash (Complete Part II for contributions)	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
		\$	Person Payroll Noncash (Complete Part II for contributions)	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
		\$	Person Payroll Noncash (Complete Part II for contributions)	□ □ noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri	bution
-		\$	Person Payroll Noncash (Complete Part II for contributions)	□ □ noncash

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>	
Name of organization VISTA FOUNDATION		Employer identification number		
1151771 001157111011		31-13	47794	
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)