Form	99	0
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For	m <b>9</b>	90	1			OMB No. 1545-0047
1 01			Return of Organization Exempt From Inco Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr			2023
Dep Inter	artment mal Rev	t of the Treasury venue Service	Do not enter social security numbers on this form as it may be made Go to www.irs.gov/Form990 for instructions and the latest in			Open to Public Inspection
Α	For t	he 2023 calend	ar year, or tax year beginning 7/01 , 2023, and ending	6/30	,2	<b>20</b> 2024
В	Check	if applicable:	C	D Employ	er identifi	cation number
	A		VERDE VALLEY IMAGINATION LIBRARY	81-5	53713	69
	N		PO BOX 244	E Telepho	ne numbe	r
	Ir	nitial return	COTTONWOOD, AZ 86326	(928	3) 92	5-7530
	Fi	nal return/terminated				
	A	mended return		G Gross re	ceipts \$	183,940.
	A	pplication pending	LYNF, LIF, PROULY	a) Is this a group return		103 110
			Same As C Above	<li>b) Are all subordinates If "No," attach a list.</li>	included? See instr	vuctions.
I	Tax	-exempt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	.,		
J	We	ebsite: WW	V.VVILBOOKS.COM H	c) Group exemption nu	mber	
Κ	Forr	n of organization:	X Corporation Trust Association Other L Year of formation	: 2017 M s	tate of leg	gal domicile: AZ
Pa	art I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: Providing	ree books i	naile	<u>d directly</u>
8			<u>en under 5 yr. in Cottonwood, Sedona, Camp Ver</u>	<u>de area thr</u>	ough	Dolly
Ĕ		Parton II	nagination Library			
Governance	2	Check this bo	if the organization discontinued its operations or disposed of more	thop 25% of its		
ğ	2		ing members of the governing body (Part VI, line 1a)		3	eis. Q
			ependent voting members of the governing body (Part VI, line 1b)		4	9
ties	5		of individuals employed in calendar year 2023 (Part V, line 2a)		5	1
Activities &	6		of volunteers (estimate if necessary)		6	104
Å			d business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
₫	8		and grants (Part VIII, line 1h)	116,1	51.	106,958.
Revenue	9	-	ce revenue (Part VIII, line 2g)	O 1	26	10 050
Per	10 11		come (Part VIII, column (A), lines 3, 4, and 7d)	3,1	36.	<u>12,859.</u> 44,687.
_	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,2	87	164,504.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	11,2	07.	104,504.
	14		to or for members (Part IX, column (A), line 4)			
	15	•	r compensation, employee benefits (Part IX, column (A), lines 5-10)	7,3	83	9,769.
ês Sê	-		undraising fees (Part IX, column (A), line 11e)	1,5	05.	5,705.
Expense	L					
<u>3</u>	D		ng expenses (Part IX, column (D), line 25)			
	17	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)	62,9		63,904.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,3		73,673.
	19	Revenue less	expenses. Subtract line 18 from line 12	48,9		90,831.
Net Assets or Fund Balances	20	Total accesta (	Part V line 16)	Beginning of Curren		End of Year
	20 21		Part X, line 16) (Part X, line 26)	323,8		349,075.
2	21			103,8		35,946.
_			fund balances. Subtract line 21 from line 20	219,9	82.	313,129.
	art II	Signature				
Und com	er pena plete. D	Ities of perjury, I dee Declaration of prepar	lare that I have examined this return, including accompanying schedules and statements, and to the er (other than officer) is based on all information of which preparer has any knowledge.	best of my knowledge	and belief	, it is true, correct, and
		1 1				
c:	~ ~	Signature of c	fficer	Date		<u> </u>
Sig	yı i					

Here	KEN DZUG		Treasurer						
	Type or print name	e and title							
	Print/Type prepar	er's name	Preparer's signature	Date	Check X if	PTIN			
Paid	MICHAEL I	MAHON	MICHAEL MAHON		self-employed	P01977151			
Preparer	Firm's name	Mahon Account							
Use Only	Firm's address	<u>1770 E. Villa</u>	Firm's EIN						
		Cottonwood, A	Phone no. 928	36349667					
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
BAA For Pa	BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 08/23/23 Form 990 (2023)								

Form	m 990 (2023) VERDE VALLEY IMAGINATION LIBRARY	81-5371369	Page 2
Par	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		· · · · ·
•	Providing free books mailed directly to children under 5 yr.	in Cottonwood Sedor	าล
	Camp Verde area through Dolly Parton Imagination Library		<u>ia</u> ,
	Did the organization undertake any significant program services during the year which were not listed on	the prior	
2	Form 990 or 990-EZ?	·	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 prog	ram services? Yes X	No
	If "Yes," describe these changes on Schedule O.		-
4	Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and all	m services, as measured by exp locations to others, the total expe	enses.
	and revenue, if any, for each program service reported.	······································	,
4-	a (Code: ) (Expenses \$ 68,780. including grants of \$	) (Revenue \$	<u> </u>
44	Providing free books mailed directly to children under 5 yr.		/
	Camp Verde area through Dolly Parton Imagination Library		<u>ia</u> ,
4b	<b>b</b> (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
		, (, , , , , , , , , , , , , , , ,	/
4c	c (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4d	d Other program services (Describe on Schedule O.)	we de	
10	(Expenses \$including grants of \$) (Revere Total program service expenses68,780.	nue > )	
40		Form 90	0 (2022)

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. u.	oneckist of Required benedules		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>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
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>	5		Х
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>	6		Х
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>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
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>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
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? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions.	17		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>	17	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		21	
20-	complete Schedule G, Part III         Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X X
				<u></u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х
BAA	TEEA0103L 08/23/23	Form	990	(2023)

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[	Part IV	Chec	klist of F	Required	Schedules	
ł	Form 990 (2	2023)	VERDE	VALLEY	IMAGINATION	LIBR

 Form 990 (2023)
 VERDE
 VALLEY
 IMAGINATION
 LIBRARY

 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.	22	165	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? <i>If "Yes," complete Schedule J</i> .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		Х
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.	25b		Х
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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? <i>If "Yes," complete Schedule L, Part III</i>	27		X
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check in Schedule O contains a response of hole to any line in this Fail V		Yes	· No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2023)

Form	990 (2023) VERDE VALLEY IMAGINATION LIBRARY 81-537136	9	F	Page 5
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 State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u></u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70 7c		X
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7q		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	10		
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1 Ja		
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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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Part VI	Governance, Management, and Disclosure. For each "Yes" respo	onse to lines 2	through 7b belov	v, and	d for
	a "No" response to line 8a, 8b, or 10b below, describe the circums	stances, proces	sses, or changes	on	
	Schedule O. See instructions.		-		
	Check if Schedule O contains a response or note to any line in this Part VI				. Х
Section /	A. Governing Body and Management				
				Yes	No
1a Enter	the number of voting members of the governing body at the end of the tay year	19	0		

1-	Enter the number of voting members of the governing body at the end of the tax year 1a 9								
Ia	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.								
h	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>								
-	officer, director, trustee, or key employee?	2		Х					
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		Х					
4	Did the organization make any significant changes to its governing documents								
	since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		ode.)					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	112	x						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O								
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? If "No," go to line 13.       See Schedule O	11a 12a	X X						
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O								
b 12a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X						
b 12a b c	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X X						
b 12a b c 13	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? If "No," go to line 13.       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12a 12b 12c	X X X						
b 12a b c 13 14	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? If "No," go to line 13       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done         Did the organization have a written whistleblower policy?	12a 12b 12c 13	X X X X X						
b 12a b c 13 14 15	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?       Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval by independent	12a 12b 12c 13	X X X X X						
b 12a b c 13 14 15 a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> Did the organization have a written whistleblower policy?         Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?         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?	12a 12b 12c 13 14	X X X X X						
b 12a b c 13 14 15 a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?       Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official.	12a 12b 12c 13 14 15a	X X X X X						
b 12a b c 13 14 15 a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .       Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?       Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official.       Other officers or key employees of the organization.	12a 12b 12c 13 14 15a	X X X X X						
b 12a b 13 14 15 a b 16a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? If "No," go to line 13.       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       Did the organization have a written whistleblower policy?         Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official.         Other officers or key employees of the organization.         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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	12a 12b 12c 13 14 15a 15b 16a	X X X X X						
b 12a b c 13 14 15 a b 16a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> . Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 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?	12a 12b 12c 13 14 15a 15b	X X X X X						
b 12a b c 13 14 15 a b 16a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? If "No," go to line 13.       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       Did the organization have a written whistleblower policy?         Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official.         Other officers or key employees of the organization.         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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	12a 12b 12c 13 14 15a 15b 16a	X X X X X						
b 12a b c 13 14 15 a b 16a b <u>Secc</u> 17	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? If "No," go to line 13.       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.       Did the organization have a written whistleblower policy?         Did the organization have a written whistleblower policy?       Did the organization have a written document retention and destruction policy?         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?         The organization's CEO, Executive Director, or top management official.       Other officers or key employees of the organization.         If "Yes," to line 15a or 15b, describe the process on Schedule O. See instructions.       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?         tion C. Disclosure       List the states with which a copy of this Form 990 is required to be filed	12a 12b 12c 13 14 15a 15b 16a 16b		X					
b 12a b c 13 14 15 a b 16a b <u>Sec</u>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> . Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 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?. <b>tion C. Disclosure</b>	12a 12b 12c 13 14 15a 15b 16a 16b		X					
b 12a b c 13 14 15 a b 16a b <u>Secc</u> 17	Describe on Schedule O the process, if any, used by the organization to review this Form 990.       See Schedule O         Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b 16a 16b		X					

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

KEN DZUGAN PO BOX 244 COTTONWOOD AZ 86326 (928) 274-0059

Form 990 (2023) VERDE VALLEY IMAGINATION LIBRARY	81-5371369	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensa	ated Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	g with or within the	

• 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

		(C)								
(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box,	unle: er an	ss pe	rson	than o is both or/truster employee	an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LYNETTE PROUTY	0					<u>u</u>				
Chairman		Х						0.	0.	0.
(2) LINDA ALLEN	0									
Vice Chairman	0	Х						0.	0.	0.
(3) DEANA DEWITT	0									
Secretary	0	Х						0.	0.	0.
(4) KEN DZUGAN	0									
Treasurer	0	Х						0.	0.	0.
(5) LETICIA ANCIRA	0									
Director	0	Х						0.	0.	0.
(6) JEANE HOKERK	0									
Director	0	Х						0.	0.	0.
(7) VIVIANE KRAUS	0									
Director	0	Х						0.	0.	0.
(8) KARI LINK	0									
Director	0	Х						0.	0.	0.
(9) GAYLE BURNS	0									
Director	0	Х						0.	0.	0.
(10) JANET SANDOVAL	0									
Director	0	Х						0.	0.	0.
<u>(11)</u>										
(12)										
(13)										
(14)		<u> </u>								
<i>``</i>										
ВАА	TEEAO	107L	08/2	3/23	•	• •				Form <b>990</b> (2023)

Form **990** (2023)

# Form 990 (2023) VERDE VALLEY IMAGINATION LIBRARY 81-5371369 Page 8 Part VII Section A. Officers. Directors. Trustees. Key Employees. and Highest Compensated Employees (continued)

га	t vii Section A. Onicers, Directors, Th	51665, 1	Ney		•	-	<b>C</b> S,	an			Oyees		ueu)
	(A) Name and title	(B) Average hours per week	box, offic	unles er an	Pos heck ss pe d a d	rson irecto	than c is both pr/trust	i an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	0	(F) ated amou f other nsation fro	
		(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	ganizatio d related anizations	n
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal								0.	0.			0.
	Total from continuation sheets to Part VII, Section								0.	0.			0.
	Total (add lines 1b and 1c).								0.	0.			0.
	Total number of individuals (including but not limited from the organization 0	to those I	Isted	abo	ve) v	wno	recei	vea	more than \$100,00	JU of reportable comp			
3	Did the organization list any <b>former</b> officer, direct	tor, truste	e, ke	ey e	mple	oyee	e, or	higł	nest compensated	l employee		Yes	
4	on line 1a? If "Yes, "complete Schedule J for such For any individual listed on line 1a, is the sum of the organization and related organizations greate										. 3		Х
_	such individual			• • • •							. 4		Х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e compen s," comple	isatic ete S	on fr Sche	om dule	any 9 <i>J f</i> e	unre or su	elate ch p	ed organization or person	individual	. 5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest compens	sated inde	epen	den	t co	ntra	ctors	tha	t received more t	han \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								<b>((</b> Compe	;)				
Name and business address     Description of services     Ci								compe	isaliul	I			
2	Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not limi 0	ited to	o tha	ose l	isteo	d abo	ve)	who received more	than			

## Form 990 (2023) VERDE VALLEY IMAGINATION LIBRARY

## Part VIII Statement of Revenue

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

					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ดัด	1a	Federated campaigns	1a			Terende		
Contributions, Gftbs, Grants, and Other Similar Amounts	b	Membership dues	1b					
	с	Fundraising events	1c					
		Related organizations	1d					
s, G imil		Government grants (contributions)	1e					
tion er S		All other contributions, gifts, grants, and similar amounts not included above	1f	106 050				
other	a	Noncash contributions included in		106,958.				
quo		lines 1a-1f	1g					
-	h	Total. Add lines 1a-1f			106,958.			
Program Service Revenue	2-		-	Business Code				
eve	2a b							
еB	U C							
nic	L L							
١Se	u o	'						
ran	f	All other program service revenue	<u> </u>					
rog		Total. Add lines 2a-2f						1
<u> </u>	3	Investment income (including divide						
	5	other similar amounts)			12,859.			12,859.
	4	Income from investment of tax-ex	kempt	bond proceeds	•			
	5	Royalties						
		(i) Re	al	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)		(ii) Other				
	7a	Gross amount from sales of assets	nies	(ii) Other				
	_	other than inventory 7a						
	b	Less: cost or other basis and sales expenses <b>7b</b>						
	с	Gain or (loss) 7c						
		Net gain or (loss)						
•		Gross income from fundraising events						
nue	0a	(not including \$						
eve		of contributions reported on line 1c).						
Other Reve		See Part IV, line 18	88	<b>64,123</b> .				
hei		Less: direct expenses	81	1001				
ð	С	Net income or (loss) from fundrai	sing e	events	44,687.			44,687.
	9a	Gross income from gaming activities.						
	h	See Part IV, line 19	9a 91					
		Net income or (loss) from gaming						
				11163				
	10a	Gross sales of inventory, less returns and allowances	10	a				
		Less: cost of goods sold	10					
		Net income or (loss) from sales of						
Ø	L	· ·		Business Code				
N a	11a							
	b	<b></b>						
Miscellaneous Revenue	С							
Σ Σ	~							
Σ	е	Total. Add lines 11a-11d						
-	12	Total revenue. See instructions			164,504.	0.	0.	57,546.
BAA	. –			TEEA	0109L 08/23/23			Form <b>990</b> (202

26

a BOOKS, SUBSCRIPTTIONS, REF

e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . .

Joint costs. Complete this line only if

the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following

**b** <u>GRADUATE LIBRARY EVENT</u>

d Postage and Shipping

c ADMIN FEES

orm	990 (2023) VERDE VALLEY IMAGINAT	-		81-53
	t IX Statement of Functional Expense			
Sect	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).
	Check if Schedule O contains a re	esponse or note to any		
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			<u> </u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22			
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors,	<u>_</u>		<u>^</u>
-	trustees, and key employees	0.	0.	0.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.
7	Other salaries and wages	9,075.	9,075.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,073.	9,075.	
9	Other employee benefits			
9 10	Payroll taxes	CO.4	604	
10	Fees for services (nonemployees):	694.	694.	
	Management			
	Accounting	450		450
	-	450.		450.
	Lobbying.			
	Professional fundraising services. See Part IV, line 17			
	Investment management fees			
y	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)			
12	Advertising and promotion	5,954.	5,656.	298.
13	Office expenses			
14	Information technology			
15	Royalties			
16	Occupancy			
17	Travel			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization			
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.)			
		47.001	47.001	

#### 47,201 47,201

3,291

1,517

1,346.

68,780.

3,464

2,544

1,517

2,774.

73,673.

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> (D) Fundraising expenses

> > 0.

0.

0.

173

2,544

1,428.

4,893.

# Form 990 (2023) VERDE VALLEY IMAGINATION LIBRARY Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	106,941.	1	84,618
2	Savings and temporary cash investments.		2	· · · · · ·
3	Pledges and grants receivable, net	115,479.	3	68,422
4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
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	
-	Invertories for sale or use.		8	
	Prepaid expenses and deferred charges.		9	
0 1			9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		1 <b>0</b> c	
11	Investments – publicly traded securities		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11	101,383.	15	196,035
16	Total assets. Add lines 1 through 15 (must equal line 33)	323,803.	16	349,075
17	Accounts payable and accrued expenses		17	
18	Grants payable	103,821.	18	35,946
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
<u>n</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
21 22 21	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.		25	
26	Total liabilities. Add lines 17 through 25.	103,821.	26	35,946
27 28 29 30 31 32 33	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	219,982.	27	313,129
28	Net assets with donor restrictions		28	010/100
2	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		-	
5 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
2 30 2 31	Retained earnings, endowment, accumulated income, or other funds		30	
	Total net assets or fund balances	210 002	32	212 100
<b>19</b> 33	Total liabilities and net assets/fund balances.	219,982.	33	313,129
2 33 BAA	Total liabilities and het assets/fund balances.	323,803.	33	349,075 Form <b>990</b> (202

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Forn	n 990 (2023) VERDE VALLEY IMAGINATION LIBRARY 81	-5371369	)	Page 12	
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	164	,504.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	73	673.	
3	Revenue less expenses. Subtract line 2 from line 1	3	90	,831.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		,982.	
5	Net unrealized gains (losses) on investments.	5			
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	2	2,316.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	313	3,129.	
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			🗌	
			Y	es No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain				
	on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or revie	ved on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	it,	2		
			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform					
Guidance, 2 C.F.R. Part 200, Subpart F?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			
BAA	TEEA0112L 08/23/23		Form 9	<b>90</b> (2023)	

SCHEDULE A (Form 990)

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20 23

Depart Interna	Department of the Treasury nternal Revenue Service			o to www.irs.gov/For	Inspection						
Name	of the	organization						Employer identific	ation number		
VER	DE	VALLEY I	MAGINATION	I LIBRARY				81-537136	59		
Par	tl	Reason fo	r Public Cha	rity Status. (All c	organizations must	comple	ete this	s part.) See instru	ctions.		
The o	orga			· · · · ·	For lines 1 through 12,		,	,			
1		A church, conv	vention of church	es, or association of cl	hurches described in sec	tion 1 <b>70(</b>	b)(1)(A)	(i).			
2		A school dese	cribed in sectio	n <b>170(b)(1)(A)(ii).</b> (Att	tach Schedule E (Form	990).)					
3		•			ization described in se						
4		A medical res	-		unction with a hospital		d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's		
5		An organizati		the benefit of a colle	ege or university owned		ated by	a governmental unit d	escribed in		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Х	An organizatio in <b>section 17</b>	on that normally r <b>0(b)(1)(A)(vi).</b> (	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described		
8		A community	trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)					
9		An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> 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		or more publi	cly supported o	rganizations describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> of upporting organization	or sectio	on 509(a	)(2). See section 509(a	out the purposes of one a)(3). Check the box on		
а		Type I. A supp organization(s	orting organizatio	on operated, supervise gularly appoint or elect	d, or controlled by its su t a majority of the directo	oported c	, organizat	ion(s), typically by givin	g the supported ion. <b>You must</b>		
b		management	oporting organiz of the supporting <b>te Part IV, Sect</b> i	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). <b>You</b>		
С		•	,		tion operated in connectio plete Part IV, Sections	n with, a	nd functio	onally integrated with, its	supported		
d		Type III non-fu functionally in	Inctionally integrated. The c	rated. A supporting org	janization operated in co must satisfy a distribution of the contract of the	nnection Ition reg	with its s	supported organization(s	s) that is not		
e		Check this bo	ox if the organiz	ation received a writt	en determination from supporting organizatior	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally		
f	Er										
g	Pr	ovide the follo	wing information	n about the supported	d organization(s).						
	<b>(i)</b> Na	ime of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
(A)											
(B)											
(C)	(C)										
(D)											
(E)	E)										
Total											

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Page **2** 

81-5371369

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	[]					Г	
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,891.	67,738.	144,281.	116,151.	106,958.	519,019.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	83,891.	67,738.	144,281.	116,151.	106,958.	519,019.	
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)						0.	
6	Public support. Subtract line 5 from line 4						519,019.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total	
7	Amounts from line 4	83,891.	67,738.	144,281.	116,151.	106,958.	519,019.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						519,019.	
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)		
	tion C. Computation of Pul							
	Public support percentage for 20		••••••				100.00%	
15	Public support percentage from a	2022 Schedule A,	Part II, line 14			15	0.00%	
16a	<b>33-1/3% support test</b> — <b>2023.</b> If the and <b>stop here.</b> The organization							
b	<b>33-1/3% support test–2022.</b> If th and <b>stop here.</b> The organization	e organization dic qualifies as a pul	I not check a box plicly supported o	on line 13 or 16a rganization	i, and line 15 is 3	3-1/3% or more, (	check this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this t	box and stop here	. Explain in Part	VI how	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this t ion qualifies as a	box and <b>stop here</b> publicly supporte	. Explain in Part d organization	VI how the	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check thi	is box and see in	structions	

1 11

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
5	its behalf The value of services or						
Ũ	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
8	Public support. (Subtract line7c from line 6.)						
Sec	tion B. Total Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
	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 on 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 organization, check this box and						
Sec	tion C. Computation of Pu						
15	Public support percentage for 20			ine 13, column (f	))		010
16	Public support percentage from	2022 Schedule A	Part III, line 15.				010
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е		I	
17	Investment income percentage f		•		umn (f))		00
18	Investment income percentage f	-		-			0/0
	<b>33-1/3% support tests-2023.</b> If						
	is not more than 33-1/3%, check	k this box and sto	p here. The orgar	nization qualifies	as a publicly supp	orted organization	
b	33-1/3% support tests-2022. If	the organization d	lid not check a bo	ox on line 14 or line	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	line 18 is not more than 33-1/39		-				
20	Private foundation. If the organi	Zation aid not che	еск а box on line	14, 19a, or 19b, 0	CHECK THIS DOX AND	a see instructions.	· · · · · · · · · · · · · · · · · · ·

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#### Page 4

 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 12 of 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

			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1				
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 <b>Part VI</b> how the organization determined that the supported organization was	-				
3a	<ul> <li>described in section 509(a)(1) or (2).</li> <li>a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.</li> </ul>	2 3a				
ł	<ul> <li>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 <b>Part VI</b> when and how the organization made the determination.</li> </ul>	3b				
(	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 <b>Part VI</b> what controls the organization put in place to ensure such use.	30 30				
4a	a 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.	4a				
ł	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
(	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 <b>Part VI</b> 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.	4c				
5a	<b>a</b> 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 <b>Part VI</b> , including (i) the names and ElN 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).					
ł	accomplished (such as by amendment to the organizing document). <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b				
(	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	50 5c				
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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	6				
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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8				
9a	a 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 <b>Part VI</b> .	9a				
ł	b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b				
(	c Did a disqualified person (as defined on 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.	9с				
10a	a 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.	10a				
ł	<b>b</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.)	10b				

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## c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

## Section B. Type I Supporting Organizations

Schedule A (Form 990) 2023

- 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 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.*

## 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).

## 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 on line 2, above, did the organization's supported 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*

## 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.
  - 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.

in this regard.

h

- 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 on 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.

2a

2b

3a

81-5371369

11c

1

2

1

3

Yes

Yes

No

No

Yes

No

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Sche	edule A (Form 990) 2023 VERDE VALLEY IMAGINATION LIBRAR			371369	Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus <b>instructions.</b> All other Type III non-functionally integrated supporting organization				e
Sec	tion A – Adjusted Net Income		(A) Prior Year		ent Year onal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B – Minimum Asset Amount	_	(A) Prior Year		ent Year onal)
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			
Ł	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
c	I Total (add lines 1a, 1b, and 1c)	1d			
e	<ul> <li>Discount claimed for blockage or other factors (explain in detail in Part VI):</li> </ul>				
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	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C – Distributable Amount			Currer	nt 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) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

3

4 5

6

Schedule A (Form 990) 2023

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	<b>itions</b> (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported organization	S,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the organizati	ion is responsive (provide	details	8	
9	in <b>Part VI</b> ). See instructions. Distributable amount for 2023 from Section C, line 6			0 9	
	Line 8 amount divided by line 9 amount			10	
-10		(i)	(ii)	10	(!!!)
Sec	tion E – Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributio Pre-2023	ons	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2023				
-	From 2018				
b	From 2019				
	From 2020				
d	From 2021				
e	From 2022				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

BAA

Schedule A (Form 990) 2023

SCI	HEDULE D	Sup	plemental Financial Statements	5		OMB No.	1545-0047		
	rm 990)	Complete	e if the organization answered "Yes" on Form § 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o	9 <b>0</b> .		20	23		
Depar Intern	tment of the Treasury al Revenue Service	Go to www.irs.	Attach to Form 990. gov/Form990 for instructions and the latest inf	ormation.		Open t Inspec	o Public tion		
Name	of the organization				Employer id	lentification n	umber		
VEE	DE VALLEY T	MAGINATION LIBRARY			81-537	1369			
Par	t I Organiz	zations Maintaining Do	nor Advised Funds or Other Similar F	unds or A					
	Comple	ete if the organization ar	nswered "Yes" on Form 990, Part IV, I						
1	Total number at e	end of year	(a) Donor advised funds	<b>(b)</b> F	unds and	other acco	unts		
2		ntributions to (during year).							
3		ants from (during year)							
4	00 0	at end of year							
5	are the organizat	ion's property, subject to the	nor advisors in writing that the assets held in d organization's exclusive legal control?			Yes	No		
6	for charitable pur	poses and not for the benefit	ors, and donor advisors in writing that grant fun t of the donor or donor advisor, or for any other	purpose cor	nferring	Yes	No		
Par		vation Easements		·					
1			nswered "Yes" on Form 990, Part IV, I y the organization (check all that apply).	ine 7.					
•		of land for public use (for exam		ion of a histo	rically imp	ortant land	l area		
	Protection of	natural habitat	Preservat	ion of a certif	fied histori	c structure			
~		of open space		ć					
2	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								
	-		fied historic structure included on line 2a						
C	Number of conse a historic structur	rvation easements included or re listed in the National Regis	on line 2c acquired after July 25, 2006, and not ster	on 2d					
3	Number of conserv tax year	vation easements modified, tran	nsferred, released, extinguished, or terminated by t	he organizatio	on during th	e			
4	Number of states	where property subject to co	onservation easement is located	_					
5			egarding the periodic monitoring, inspection, ha	ndling of viol		Yes	No		
6			nts it holds? inspecting, handling of violations, and enforcing co	nservation ea					
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing conser	vation easeme	ents during	the year			
8	Does each conse and section 170(h	rvation easement reported on (4)(4)(B)(ii)?	n line 2d above satisfy the requirements of sec	tion 170(h)(4)	)(B)(i)	Yes	No		
9	In Part XIII, desc include, if applica conservation eas		ports conservation easements in its revenue an to the organization's financial statements that o	d expense st describes the	atement ai organizati	nd balance on's accou	e sheet, and inting for		
Par			Ilections of Art, Historical Treasures, nswered "Yes" on Form 990, Part IV, I	or Other S	imilar A	ssets			
_	-	-							
Ta	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its revenue s Id for public exhibition, education, or research al statements that describes these items.	tatement and in furtherance	balance s e of public	heet works service, p	s of art, rovide in		
b	following amount	s relating to these items.	r FASB ASC 958, to report in its revenue state or public exhibition, education, or research in furthe						
	(i) Revenue included on Form 990, Part VIII, line 1								
2	If the organization	received or held works of art, h	historical treasures, or other similar assets for finar	ncial gain, pro	vide the fol	lowing			
а	Revenue included	d on Form 990, Part VIII, line			\$				
b	Assets included i	n Form 990, Part X			\$				

b	Assets included in Form 990, I	, Part X
BAA	For Paperwork Reduction Act	ct Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

TEEA3301L 07/20/23

Schedule D (Form 990) 2023 VERDE VALL						371369	Page <b>2</b>
Part III Organizations Maintaining	Collections	s of Art, His	torical Trea	asures, or	Other Similar	Assets (cor	ntinued)
3 Using the organization's acquisition, accessio	on, and other re	cords, check ar	y of the follow	ing that make	e significant use of i	ts collection	
items (check all that apply). <b>a</b> Public exhibition							
			r exchange p	rogram			
		e Other					
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's co</li> </ul>	llastions and av	valain how thou	further the era	onization's o	vomat auracco in		
Part XIII.		cpiain now they	iurther the org		xempt purpose m		
5 During the year, did the organization solic to be sold to raise funds rather than to be	it or receive do	onations of art	, historical tre	asures, or o	ther similar assets	Yes	No
Part IV Escrow and Custodial Arra			ganization s t				
Complete if the organization	n änswered						: on
1a Is the organization an agent, trustee, cust on Form 990, Part X?	odian, or othe	r intermediary	for contribution	ons or other	assets not include	d Yes	No
<b>b</b> If "Yes," explain the arrangement in Part XIII							
		<b>J</b>				Amount	
c Beginning balance					1c		
<b>d</b> Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount or	n Form <mark>990</mark> , Pa	art X, line 21, <sup>.</sup>	for escrow or	custodial ac	count liability?	Yes	No
<b>b</b> If "Yes," explain the arrangement in Part 2	XIII. Check her	re if the explar	nation has bee	en provided	in Part XIII		
Part V Endowment Funds							
Complete if the organization	n answered	"Yes" on Fo	orm 990, Pa	art IV, line	e 10.		
(a) Cu	irrent year	(b) Prior year	(c) Two	years back	(d) Three years bac	ck (e) Four y	ears back
1a Beginning of year balance	,			,			
<b>b</b> Contributions							
C Not investment earnings, gains							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the c	urrent year en	•	e 1g, column	(a)) held as:			
<b>a</b> Board designated or quasi-endowment		00					
<b>b</b> Permanent endowment	0						
c Term endowment %							
The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%						
3a Are there endowment funds not in the posses	sion of the orga	anization that a	re held and ad	ministered fo	r the		
organization by:						Yes	s No
(i) Unrelated organizations?							
(ii) Related organizations?							
<b>b</b> If "Yes" on line 3a(ii), are the related orga		•		<i>?</i> ?		3b	
4 Describe in Part XIII the intended uses of	-	on's endowme	nt funds.				
Part VI Land, Buildings, and Equip			V E. 11. 0.	<b>. .</b>	Deat V. Line 10		
Complete if the organization answe	red "Yes" on Fo	orm 990, Part I	V, line 11a. Se	e Form 990,	Part X, line 10.		
Description of property		r other basis stment)	(b) Cost or basis (otl		(c) Accumulated depreciation	<b>(d)</b> Book	value
<b>1a</b> Land		· · ·	· · ·				
<b>b</b> Buildings		Ī				1	
c Leasehold improvements		Ī				1	
<b>d</b> Equipment							
e Other							
Total. Add lines 1a through 1e. (Column (d) mu	st equal Form	990, Part X, li	ne 10c, colun	nn (B))			0.
BAA					Sch	edule D (Form	990) 2023

Part VII	Investments – Other Securities		N/A	
	Complete if the organization answered "Yes" on			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
. ,	derivatives			
., ,	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(H)				
(l)				
	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments – Program Related		N/A	
ļ	Complete if the organization answered "Yes" on		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)				
(10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on	<u>Form 990, Part IV, line</u> scription	TTd. See Form 990, Part X, line 15.	(b) Book value
(1) UNRE	ALIZED GAINS/LOSSES			
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, c	olumn (B))		196,035.
Part X	Other Liabilities			
1.	Complete if the organization answered "Yes" on	Form 990, Part IV, line iption of liability	The or The See Form 990, Part X, line 25	(b) Book value
	l income taxes	iption of hability		
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
(11)				
Total. (Colur	nn (b) must equal Form 990, Part X, line 25, cc	olumn (B))		

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) 2023 VERDE VALLEY IMAGINATION LIBRARY	81-5371369	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return N/A	
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	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
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	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
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		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
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	-	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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.

	Suppleme	ental Informa	ition Reg	jarding F	undraising or Gami	ing Activit	ies	OMB No. 1545-0047
SCHEDULE G (Form 990)	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.					2023		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Name of the organization							ployer identific	
VERDE VALLEY I			ation answe	arad "Vas"	on Form 990, Part IV, lir		-537136	9
Form 990-E2	Z filers are not re	quired to comp	lete this p	art.				
	-	raised funds thr	rough any		owing activities. Check		-	
a Mail solicitation	ons email solicitations	:		e f	Solicitation of non-	5	5	
c Phone solicita		2		g	Special fundraising	-		
d 🗌 In-person soli	icitations			5		-		
2 a Did the organizatio	n have a written o	r oral agreement	with any i	ndividual (i	including officers, directo rofessional fundraising	ors, trustees,	or key	Yes X No
	highest paid indiv	iduals or entities	(fundraise		nt to agreements under v			
(i) Name and addres or entity (fund	ss of individual raiser)	(ii) Activity	have custor	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(or reta fundraise	nt paid to ined by) r listed in nn <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
-								
5								
6								
7								
8								
9								
10								
Total								0.
3 List all states in whor licensing.	nich the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified it is	exempt from	registration
							. <b></b>	
					·			
							·	
							·	

Schedule G	(Form	990)	2023
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## VERDE VALLEY IMAGINATION LIBRARY

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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.

		and ob. List events with gross rec	cipis greater than	φ3,000.		
			(a) Event #1 BLAZIN' FOR BO	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	64,123.			64,123.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	64,123.			64,123.
	4	Cash prizes				
	5	Noncash prizes				
ISes	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
rect	8	Entertainment				
ā	9	Other direct expenses	19,436.			19,436.
	10	Direct expense summary. Add lines 4 thr	ouah 9 in column (d)			19,436.
	11	Net income summary. Subtract line 10 fro				44,687.
Par	t III	Gaming. Complete if the organiza				
		than \$15,000 on Form 990-EZ, lin	e 6a.	, -	- , , ,	
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes <sup>§</sup>	Yes% No	Yes <sup>%</sup> No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
a	ls th	er the state(s) in which the organization co ne organization licensed to conduct gaming	onducts gaming activitie g activities in each of th	25:		
		e any of the organization's gaming license 'es," explain:	s revoked, suspended,	or terminated during th	e tax year?	YesNo

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	VERDE VALLEY IMAGINATION LIBRARY	81-5371369	Page 3
<b>11</b> Does the organization conduct	t gaming activities with nonmembers?	Ye	s No
	neficiary or trustee of a trust, or a member of a partnership or other en		s 🗌 No
13 Indicate the percentage of gamir	ng activity conducted in:		
6			010
-			010
<b>14</b> Enter the name and address of t	the person who prepares the organization's gaming/special events boo	ks and records:	
Name			
Address			
<ul> <li>15a Does the organization have a</li> <li>b If "Yes," enter the amount of g of gaming revenue retained by</li> <li>c If "Yes," enter name and addres</li> </ul>		aming revenue? T	res 🗌 No
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation	on \$		
Description of services provide	ed		
Director/officer	Employee Independent contractor		
17 Mandatory distributions:			
	er state law to make charitable distributions from the gaming proceeds		res No
	s required under state law to be distributed to other exempt organization tivities during the tax year $\$$	ins or spent in the	
Part IV Supplemental Infor and Part III, lines 9 information. See in	rmation. Provide the explanations required by Part I, , 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also structions.	line 2b, columns (iii) an provide any additional	nd (v);

## 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

#### VERDE VALLEY IMAGINATION LIBRARY

Employer identification number 81-5371369

## Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

#### Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

UNREALIZED GAINS	\$ 2,316.
Total	\$ 2,316.