FOR TAX YEAR 2020

VISTA GRANDE PUBLIC LIBRARY

Gordon Groff CPA PC 8 Aguila Place Santa Fe, NM 87508 (505)699-7680 Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.

Open to Public

Form 990 (2020)

			Service	► Go to www.irs.gov/Form990 for instructions and the latest inform	nation.	Inspection
-		_		r year, or tax year beginning 07 - 01 , 2020, and endi		06-30 ,2021
-			olicable:	C Name of organizationVISTA GRANDE PUBLIC LIBRARY	D E	nployer identification number
-		ss cha		Doing business as		85-0460355
faccount.		chang	-	Number and street (or P O box if mail is not delivered to street address) Room/su	ie E Te	siephone number
				7 Avenida Vista Grande B7-192		(505) 466-7323
		eturn	terminated	City or lown, state or province country and ZIP or foreign postal code	G G	ross receipts
				Santa Fe, NM 87508	s	161,468
		ded re		F Name and address of principal officer Jim Zebora		num for subordinates? Yes X No
	Applic	ation	pending		H(b) Are all subord	= =
			[V]	Same as C above 501(c)(3)		a list. See instructions
-	-	-	WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	.VGLIBRARY.ORG	H(c) Group exempt	
-	-	ite: Þ		Corporation		l legal domicile. NM
-	-	None and a	-		73 1111 01010	
Pe	rt I		Summary	be the organization's mission or most significant activities: THE PRIMARY MISSI	ON OF VIST	A GRANDE PUBLIC
				IS TO PROVIDE RESIDENTS OF THE AREA COMMUNITIES WITH FRE	CONTRACTOR OF THE PARTY OF THE	
				S, MATERIALS, AND SERVICES THAT ENCOURAGE AND SUPPORT TH		
Governance					BIK BDOCKI	toland, controller,
Ē				ONAL, INTELLECTUAL, AND INFORMATIONAL INTERESTS. In it is organization discontinued its operations or disposed of more than 25% of	ite net accets	
8	1				_	9
				the state of the Boroward and State of the s	-	
Activities &	1			dependent voting members of the governing body (Part VI, line 1b)		
3				of individuals employed in calendar year 2020 (Part V, line 2a)		
7				of volunteers (estimate if necessary)		
•	1			ed business revenue from Part VIII, column (C), line 12		
	_	b	Net unrelated	d business taxable income from Form 990-T, Part I, line 11		b 0
					Prior Year	Current Year
				and grants (Part VIII, line 1h)	185,94	
3				vice revenue (Part VIII, line 2g)	13,82	
Revenue	1			come (Part VIII, column (A), lines 3, 4, and 7d)	1,11	
8	1			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,55	
	1			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,43	
	1			imilar amounts paid (Part IX, column (A), lines 1-3)		0
	1			to or for members (Part IX, column (A), line 4)		0
	- 1			er compensation, employee benefits (Part IX, column (A), lines 5-10)	85,48	
Expenses	1			fundraising fees (Part IX, column (A), line 11e)		0
듄				sing expenses (Part IX, column (D), line 25)		
ă	1			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,46	
	1	8	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	175,94	
	1	9	Revenue les	s expenses. Subtract line 18 from line 12	26,49	9,514
*	:			Beg	inning of Current Ye	
	Fund Balances	20	Total assets	(Part X, line 16)	248,00	
4	8			es (Part X, line 26)	18,5	
2	5 2	2	Net assets o	r fund balances. Subtract line 21 from line 20	229,43	31 238,945
P	art	1	Signatu	re Block		7 -
Un	der pe	naltie:	s of perjury. I de	clare that I have examined this neum, including accompanying schedules and statements, and to the best of my kno claration of preparer (other than officer) is based of all information of which preparer has any knowledge.	owiedge and bellet, it	15
	, 501	T	74 00111	1111		5/11/2022
				Zebora WW WW		Date
Sig			Signatur	ne of officer		Opio
He	re			Zebora, Director		the two terms and the terms are the terms and the terms are the terms ar
-			7	print name and title		, PTIN
			Print/Type pro	sparer's name Preparer's signature Date	Check	
Pa			Gordon		self-employe	d P00902230
		rer	-	► Gordon Groff CPA PC	Firm's EIN	
Us	e C	nly	Firm's address		Phone no.	
				Santa Fe NM 87508	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER,	5-699-7680
Ma	v the	IRS	discuss this	return with the preparer shown above? (see instructions)		XX Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2020) VISTA GRANDE PUBLIC LIBRARY
Par	t III Statement of Program Service Accomplishments
5000000000	Check if Schedule O contains a response or note to any line in this Part III
ı	Briefly describe the organization's mission:
	THE PRIMARY MISSION OF VISTA GRANDE PUBLIC LIBRARY IS TO PROVIDE RESIDENTS OF THE AREA
	COMMUNITIES WITH FREE AND EQUAL ACCESS TO RESOURCES, MATERIALS, AND SERVICES THAT ENCOURAGE AND
	SUPPORT THEIR EDUCATIONAL, CULTURAL, RECREATIONAL, INTELLECTUAL, AND INFORMATIONAL INTERESTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
,	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
ŧa	(Code:) (Expenses \$ 68,186 including grants of \$) (Revenue \$)
	PURCHASING, CATALOGUING AND CIRCULATION OF LIBRARY COLLECTION MATERIALS. INCLUDES PERFORMING
	REFERENCE SERVICES FOR PATRONS AND MATERIALS RECOMMENDATIONS. DURING MOST OF 2020, THE BUILDING
	WAS PHYSICALLY CLOSED TO PATRONS, SO CIRCULATION OF INHOUSE MATERIALS WAS DEPENDENT ON STAFF AND
	VOLUNTEERS PULLING AND PREPARING MATERIALS TO BE CHECKED OUT FOR PATRONS. WE ENROLLED IN THE
	STATE'S E-BOOK CONSORTIUM, NEW MEXICO'S LIBRARY-TO-GO, PROVIDING DOWNLOADABLE EBOOKS AND AUDIO
	RECORDINGS AND OFFERED CONCIERGE SERVICES, WHERE A PATRON COULD SUGGEST A TOPIC OR AUTHOR AND
	STAFF WOULD PROVIDE A SELECTION, IN ESSENCE, BROWSING FOR THE PATRON. WE ALSO CIRCULATED BINGE
	BAGS: A BAG OF BOOKS ON A SPECIFIC TOPIC. THESE NUMBERS DO NOT INCLUDE CRAFT BAGS HANDED OUT FREE
	TO PARENTS AND CHILDREN ON A WEEKLY BASIS. 24,526 ITEMS WERE CIRCULATED TO A REGISTERED PATRON
	POPULATION OF 4,051.

b	(Code:) (Expenses \$ 46,703 including grants of \$) (Revenue \$)
	PRESENTATION OF PROGRAMS AND ACTIVITIES FOR PATRONS BOTH ADULT AND YOUTH. WHILE THESE WERE
	CURTAILED FOR MUCH OF 2020 WHILE CLOSED DUE TO COVID REGULATIONS, WE STILL PROVIDED A VIBRANT,
	SUMMER READING PROGRAM, WHERE CHILDREN WERE ABLE TO DROP OFF READING LOGS, RECEIVE PRIZES AND
	WORK TOWARD A GRAND PRIZE, AS WELL AS OTHER REWARDS FOR PARTICIPATING. PRIOR TO THE STATE-ORDERED
	CLOSUE IN MARCH 2020, WE WERE PROVIDING AN ON-SITE AFTER SCHOOL READING PROGRAM WITH 40
	REGISTERED STUDENTS, PARTNERED WITH THE ELDORADO COMMUNITY SCHOOL TO HOST AN ALL-AGES ART DISPLA
	PRODUCED BY THE ART CLASSES AT THE K-8 INSTITUTION, OFFERED FAMILY AND ADULT MOVIE NIGHTS, CHESS
	CLUB, HOSTED COMPUTER AND MEDICARE COURSES, AUTHOR TALKS AND ART RECEPTIONS FOR ADULT LOCAL
	ARTISTS, WHICH SHIFTED TO VIRTUAL ART SHOWS HOSTED VIA THE LIBRARY'S WEBSITE AND OFFERED A
	DRIVE-UP HALLOWEEN EVENT WHICH GARNERED 150 VISITORS. 227 PROGRAMS WERE ATTENDED BY 1,047 PEOPLE
tc	(Code:) (Expenses \$ 9,436 including grants of \$ 629) (Revenue \$)
	ACCESS TO COMPUTER TECHNOLOGY BY PATRONS, INCLUDING THE MAINTENANCE OF PUBLIC COMPUTERS. INCLUDES
	REFERNCE SERVICES, PATRON INSTRUCTION ON COMPUTER USE, SEARCH HELP, ASSISTANCE IN DOWNLOADING,
	PRINTING AND COMPLETING FORM. VGPL OFFERS SCANNING (TO EMAIL, TO/FROM USB'S) FOR PATRONS, ID
	PHOTOCOPYING, FREE TAX FORMS AND SIMILAR. WE OFFER FREE WI-FI FROM BAM TO 10PM THAT CAN BE
	ACCESSED FROM INSIDE OR OUTSIDE THE BUILDING, A SERVICE THAT WAS USED BY MANY PATRONS DURING
	COVID CLOSURES, INCLUDING LOCALS HELPING OTHERS WITH COMPUTER ISSUES AND, OF COURSE, STUDENTS.
	WHILE THE LIBRARY WAS CLOSED TO THE PUBLIC, VGPL OFFERED COMPUTER APPOINTMENTS SO THAT PATRONS
	WITHOUT OTHER ACCESS TO TECHNOLOGY WERE ABLE TO REMOTELY ADDRESS VARIOUS BUSINESS AND PERSONAL
	ISSUES. 13 PUBLIC COMPUTERS USED 756 TIMES BY OVER 200 PATRONS.
4d	
	(Expenses \$ including grants of \$) (Revenue \$)
ie	
EA	Form 990 (2020)

EEA

85-0460355

Page 3

1 641	TIV CHOCKIET OF TOQUING CONCERNS		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		105	- NU
1	complete Schedule A	1	x	
-	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
2	•			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
		-		-
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? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		中点点	-411 % 1
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
•	-	11d		x
e		11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•		11f		x
170	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1 8.43	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
U		12b		x
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
45	-	140		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	40		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? 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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 17 If "Yes," complete Schedule I, Parts I and II	21		X

0

Form 990 (2020)

Page 5

Form	990 (2020) VISTA GRANDE PUBLIC LIBRARY 85-0460	355	F	Page 5
Pa	rt 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			
		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 5.45		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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		X
b	If "Yes," enter the name of the foreign country			. 20
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			d many
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		 	\vdash
_	required to file Form 8282?	. 7c	1	x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		x
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		_	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	9 -		73
O.	sponsoring organization have excess business holdings at any time during the year?	. 8	900 - 480.7	14.3
9	Sponsoring organizations maintaining donor advised funds.		2.00	
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		Santa Chair
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-		
10	Section 501(c)(7) organizations. Enter:	. 30	1. 1.85-51	.5
а	Initiation fees and capital contributions included on Part VIII, line 12			* + d
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			14 (11 -
a	Gross income from members or shareholders		- E.T	A TOTAL
b	Gross income from other sources (Do not net amounts due or paid to other sources		A	
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	الميانسا	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 124	160 77	18,000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state?	120		
a	Note: See the instructions for additional information the organization must report on Schedule O.	. 13a		15.25
b	Enter the amount of reserves the organization is required to maintain by the states in which		. 1	
U	the organization is licensed to issue qualified health plans	0		
~	Enter the amount of reserves on hand			
142	Did the organization receive any payments for indoor tanning services during the tax year?	44-	1 1 2	•
14a				X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4=		
	excess parachute payment(s) during the year?	. 15	2 1111	X
46	If "Yes," see instructions and file Form 4720, Schedule N.	4.0	ii.i	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			<u></u>

THE ORGANIZATION (505)466-7323, 14 AVENIDA TORREON, Santa Fe, NM 87508

Form 990 (2020) VISTA	GRANDE	PUBLIC 1	LIBRARY	260						5-046035	5	Page 7
Part VII	Compensation of	Officers,	Director	s, Trustees	Key Emplo	yees,	, Higl	hest	Com	pens	ated Emp	loyees	, and
	Independent Cont	ractors											
	Check if Schedule O cor	ntains a resp	onse or not	te to any line in I	this Part VII								🛛
Section A.	Officers, Directors, Tru	stees, Key	Employees	, and Highest C	ompensated E	mploye	es						
	1 . 11 6 10		- C-1-1 B-	4	f abl-			4:	.:45		L_		

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

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

Check this box if neither the organization nor any relat	ed organizat	on co	mpens	sate	d a	ny cum	ent	officer, director, or	trustee.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(A) Name and title	(B) Average hours par week (list any hours for related organizations below dotted line)	box	not chec unless er and t	pers	ition ore th	an on an Highest compensated employee	**************************************	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Julia Kelso Library director	45:00	»*************************************		x	and the second s			55,284	0	0
(2) Ron Levy	1.00			-						
Director		х				<u></u>		00	0	0
(3) Nancy Ostiguy	1.00				-		-			
Director		X						0	0	0
(4) Abby Smith	1.00			configurations		***************************************	******			
Director		Х		_			_	0	0	0
(5) Gemma Ball	1.00			***************************************	-				-	
Director		X			-			0	0	0
(6) Lisa Walling	1.00			mmmm	***************************************				VIII.	
Director		X		_			_	0	0	0
(7) Kennan Girdner	1.00			-	and the same of		dunanana			
Director		X		_				0	0	0
(8) Tana Monaco				***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
President		X		X			-	0	0	0
(9) Kathy Cashiola	1.00		***************************************	***************************************	***************************************	***************************************	***************************************		***************************************	
Director/Vice President		X		X.				0	0	0
(10)Felicia Probert	5:00			-		***************************************	***********		***************************************	
Vice-President		X		X				0	0	0
[11]Jim Zebora	12.00			***************************************		***************************************	********		***************************************	
Director		X		X				0	0	0
(12)Sue Faerman	1.00			***************************************	·	3	Withsteen			
Director/Vice President		Х		X				0	0	0
(13)Charles Trainor	1:00					-	-		-	
Secretary		X		X.				0	0	0
(14) Valerie Barraza	1.00					***************************************	268000n	_	-	_
Treasurer	5	X		X	8		1	0	0	0

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

received more than \$100,000 of compensation from the organization

sections 512-514 of contributions reported on line 1c). See Part IV, line 18 c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory . . . **Business Code** 11a Income Adj Endowment Fd 00099 Miscellanous Revenue 359 359 b Income Adj OpReserve Fd 00099 972 972 e Total. Add lines 11a-11d 1,331

161,468

8,132

0

Page 9

Revenue excuded

from tax under

Page 10

The second secon	ck if Schedule O contains a response or note to				The state of the s
	nounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
3b, 9b, and 10b o		•	expenses.	general expenses	expenses
	ther assistance to domestic organizations				
	governments. See Part IV, line 21				
	ther assistance to domestic				
individuals. S	ee Part IV, line 22				
	ther assistance to foreign				
•	s, foreign governments, and				
	duals. See Part IV, lines 15 and 16	•			
4 Benefits paid	to or for members				
	n of current officers, directors,				
trustees, and	key employees	55,284	41,463	13,821	e (99 zazonia mandida antida di
6 Compensation	n not included above, to disqualified				
persons (as	defined under section 4958(f)(1)) and				
persons desc	ribed in section 4958(c)(3)(B)				
7 Other salarie	s and wages	23,770	23,770		•
8 Pension plan	accruals and contributions (include				
section 401(and 403(b) employer contributions)		-		••••
9 Other employ	ree benefits				
0 Payroll taxes		6,047	4,936	1,111	
1 Fees for sen	rices (nonemployees):				
a Managemen					
b Legal					

	fundraising services. See Part IV, line 17 .				######################################
	nanagement fees	893		893	· · · · · · · · · · · · · · · · · · ·
	11g amount exceeds 10% of line 25, column	•		· · · · · · · · · · · · · · · · · · ·	
	ist line 11g expenses on Schedule O.)		000		
	nd promotion	•	•		
_	ses	4,903	864	4,039	
	echnology	16,257	13,785	2,472	***************************************
		1,624		1,624	
The second second					***************************************
	travel or entertainment expenses		T		
	al, state, or local public officials				
•	conventions, and meetings		-		
				•	
	affiliates				***
end to the second second second	depletion, and amortization	35,327	35,327		•••••••••••••••••••••••••••••••
	tepletion, and amortization	2,367	32132/	2,367	
	ses. Itemize expenses not covered	2,301		2/30/	
	niscellaneous expenses on line 24e. If				
180	ount exceeds 10% of line 25, column				
	ist line 24e expenses on Schedule O.)				
	ist lifte 24e experises on Schedule O.)	3 704	3 121	268	30
a SUPPLIES	ADD BOOK	3,794 312	3,222	312	30
b CREDIT C		<u> </u>	-	418	***************************************
c SUBSCRIP	TIUNS	418	050	418	•
d Program		958	958		
e All other exp	Access (100 mm) - 100 mm (100 mm) - 100 mm) - 100 mm (100 mm) - 100 mm) - 100 mm (100 mm) - 100 mm) - 100 mm) - 100 mm (100 mm) - 100				
AND THE RESIDENCE OF THE PARTY	consists this line only if the	151,954	124,325	27,325	30
	Complete this line only if the reported in column (B) joint costs		edels some	and the second s	
	ned educational campaign and				
fundraising s	olicitation. Check here P 98-2 (ASC 958-720)				

Page 11

Part)		Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			g***
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	•••	(B) End of year
	1	Cash - non-interest-bearing	647	1	479
	2	Savings and temporary cash investments	52,445	2	71,471
	3	Piedges and grants receivable, net		3	
	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	
04.000	6	Loans and other receivables from other disqualified persons (as defined		47.44	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
กรรษ	9	Prepaid expenses and deferred charges	***************************************	9	
•	10a	Land, buildings, and equipment: cost or other			
	iva	basis. Complete Part VI of Schedule D 10a 653 , 692			
	b	Less: accumulated depreciation	99,714	100	87,693
-		Investments - publicly traded securities		11	0,,03
1	11	Investments - other securities. See Part IV. line 11	94,864		96,564
	12	Investments - other securities. See Part IV, line 11	74,003	13	30,30
	13	Intangible assets		14	
-	14		<u> </u>	15	3.7
-	15	Other assets. See Part IV, line 11	337		33'
······································	16	Total assets. Add lines 1 through 15 (must equal line 33)	248,007	16	256,544
	17	Accounts payable and accrued expenses		17	
1	18	Grants payable		18	
	19	Deferred revenue	***************************************	19	
	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		fi	J T.M
		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	17,234	24	16,622
	25	Other liabilities (including federal income tax, payables to related third			
ditt to second		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,342	25	977
	26	Total llabilities. Add lines 17 through 25	18,576	26	17,599
***************************************		Organizations that follow FASB ASC 958, check here		- 4	
3		and complete lines 27, 28, 32, and 33.			1.121
2	27	Net assets without donor restrictions	229,431	27	238,945
8	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
3		and complete lines 29 through 33.			
-	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
É	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	229,431	32	238,945
	33	Total liabilities and net assets/fund balances	248,007	33	256,544 Form 990 (2020

Form 990 (2020) VISTA GRANDE PUBLIC LIBRARY 85-0460	355	P	age 1
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1 Total revenue (must equal Part VIII, column (A), line 12)	000000000000000000000000000000000000000	*******************************	,468
2 Total expenses (must equal Part IX, column (A), line 25)	•••••••••••••	COOK OF THE PARTY OF THE	, 954
3 Revenue less expenses. Subtract line 2 from line 1		***************************************	,514
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	C-45 4090000000000000000000000000000000000		,431
5 Net unrealized gains (losses) on investments			
6 Donated services and use of facilities	***************************************	***************************************	***************************************
7 Investment expenses	/ -/ Scalassidenterores		inenumanan
8 Prior period adjustments	***************************************		
9 Other changes in net assets or fund balances (explain on Schedule O)	***************************************		0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
32, column (B))		238	945
Part XII Financial Statements and Reporting	en e	***************************************	
Check if Schedule O contains a response or note to any line in this Part XII			.П
		ogeneral same	No
1 Accounting method used to prepare the Form 990; X Cash Accrual Other			1
If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	1 7 6 1	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		†	-
reviewed on a separate basis, consolidated basis, or both:		7,24	
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	. 2b	4.53.	v
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			X
separate basis, consolidated basis, or both:	4.4		
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	15	i	
the audit, review, or compilation of its financial statements and selection of an independent accountant?			00000
If the organization changed either its oversight process or selection process during the tax year, explain on	. 2c	-	
Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		u illytyfa	
Single Audit Act and OMB Circular A-133?			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	. 3a		X
		B000	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b	990 (

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Department of the Treasury

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public

interr	nal Rev	enue Service	► Go	to www.irs.gov/Fo	orm990 for instructions	s and the	latest info	rmation.	inspection
Nam	e of the	e organization						Employer identificati	on number
VIS	STA	GRANDE PUBLI	C LIBRARY		·			85-046035	5
Constitution in which the Party of the Party	rt I		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	y Status. (All o	rganizations must o	complete	this par	t.) See instruction	S.
-					s 1 through 12, check on				
1	ň				urches described in sect	6 0 89			
2	Ħ	A.B. 11-10-12-12-12-12-12-12-12-12-12-12-12-12-12-	Carried Control of Con		Schedule E (Form 990				
3	Ħ				n described in section 1				
4	H	THE RESIDENCE OF THE PARTY OF T			n with a hospital descrit			MAMMA Enter the	
-	ليا	hospital's name, cl	_	sieled in conjunction	iii with a nespital descrit	764 HI 366	3011 110(0)	MAMM. Enter the	
_	П		000000000	ofit of a collage or	university owned or oper	alad by a		fol unit described in	
5	Ц	- ,		_	aniversity owned or oper	aled by a	Josephine	a unit described in	
_			(A)(iv). (Complete			47011.1/41			
6	Ц			•	init described in section				
7	X		•		of its support from a go	vernmenta	unit or from	n the general public	
			8 8 8 8 8 8 8 8 8	i). (Complete Part I					
8	Ц	A community trust	described in sect	ion 170(b)(1)(A)(v	i). (Complete Part II.)				
9	Ш	An agricultural res	earch organization	n described in sect	ion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant colle	ge
		or university or a r	on-land-grant colle	ege of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:	9796.						
10		An organization th	at normally receive	es: (1) more than 33	3 1/3% of its support from	n contribut	ions, memb	ership fees, and gross	
		receipts from activ	ities related to its e	exempt functions - s	subject to certain except	ions; and (2) no more	than 33 1/3% of its	
		support from gross	investment incom	ne and unrelated bu	siness taxable income (I	ess sectio	n 511 tax) f	rom businesses	
		acquired by the or	ganization after Ju	ine 30, 1975. See :	section 509(a)(2). (Com	plete Part	III.)		
11		An organization or	ganized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12	П	An organization or	ganized and opera	ited exclusively for	the benefit of, to perform	the function	ins of or to	carry out the purpose	S
		_	•		ed in section 509(a)(1)				
					e type of supporting org		2 20 2		
	а	g.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		ised, or controlled by its		•		•
					appoint or elect a majo		_		.,9
					IV, Sections A and B.	inty of the t	II ELLOIS OF	HUSEES OF HE	
	b	grown .	100					minustantas burbardan	
	þ				introlled in connection w	V			
				and the same of th	on vested in the same pe	rsons that	control of fi	nanage ine supporteo	
		romg		plete Part IV, Sect					
	C				anization operated in co			• •	ith,
				The American State of the State	u must complete Part I				
	d	Type III non-f	unctionally integ	rated. A supporting	organization operated	in connect	ion with its	supported organization	ın(s)
		that is not fund	tionally integrated.	The organization g	enerally must satisfy a d	stribution	requiremen	t and an attentiveness	
		requirement (s	see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	8	Check this box	if the organization	received a written	determination from the II	RS that it is	a Type I,	Type II, Type III	
		functionally int	egrated, or Type II	I non-functionally in	tegrated supporting org	anization.			
	f	Enter the number of	of supported organ	izations					
	9	Provide the following	ng information abo	ut the supported or	ganization(s).				
		Name of supported orga	nization	(II) EIN	(iii) Type of organization	(iv) is the c	rganiza)ion	(v) Amount of monetary	(vi) Amount of
				***************************************	(described on lines 1-10	listed in you	r governing	support (see	other support (see
				•	above (see instructions))	gocum	ient?	instructions)	instructions)
						Yes	No		4444
A 1									
A)				-					overenew.
-									
B)									
		^&							
C)									

D)									***************************************

E)						***************************************			**************************************
r_4-	.1				Ange of cost many pro-		l		<u> </u>

Schedule A	A (Form 990 or 990-EZ) 2020 VISTA GRAI	NDE PUBLIC	LIBRARY			85-0460355	Page 2
Part I	Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
	(Complete only if you checked th	e box on line	5, 7, or 8 of F	Part I or if the	organization	failed to qualify	y under
	Part III. If the organization fails to	qualify under	the tests list	ed below, ple	ase complete	e Part III.)	
Sectio	on A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	fts, grants, contributions, and						
	embership fees received. (Do not		***************************************				
	clude any "unusual grants.")	150,627	165,447	147,058	185,748	133,712	782,592
	x revenues levied for the						
	ganization's benefit and either paid to	***************************************					
_	expended on its behalf	***					
	e value of services or facilities			i i			**************************************
fur	nished by a governmental unit to the		Berrenses				
	ganization without charge	68,916	68,916	68,915	68,916	68,916	344,580
_	tal. Add lines 1 through 3	219,543	234,363	215,974	254,664	202,628	1,127,172
	e portion of total contributions by	1.					
	ch person (other than a						
	vernmental unit or publicly				***************************************		
-	pported organization) included on					,	
	e 1 that exceeds 2% of the amount			· · · · · · · · · · · · · · · · · · ·			
	own on line 11, column (f)						00 222
	iblic support. Subtract line 5 from line 4					New Year	89,322
	on B. Total Support		.27				1,037,850
	lar year (or fiscal year beginning in) >	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	nounts from line 4	219,543	234,363		254,664		***************************************
	oss income from interest, dividends,	219,343	234,363	215,974	234,004	202,628	1,127,172
				***************************************	***************************************	*	
	yments received on securities loans,	***************************************			**********		
	nts, royalties, and income from				- and		
	t income from unrelated business	2,104	4,567	17	18	17	6,723
			-			4	
	tivities, whether or not the business			Department			
	regularly carried on her income. Do not include gain or						
	s from the sale of capital assets			***************************************			
	xplain in Part VI.)	***************************************		occurrence.	-		
	tal support. Add lines 7 through 10	the second of					2 222 205
	oss receipts from related activities, etc. (se	e instructions)				12	1,133,895
	est five years. If the Form 990 is for the or			d fourth or fifth			<u> </u>
	ganization, check this box and stop here						•
	on C. Computation of Public Suppor				· · · · · · · · ·	· · · · · · · · · · · ·	
^*************************************	blic support percentage for 2020 (line 6, co	······································	·····	rolumn (fi)		14	91.53 %
	blic support percentage from 2019 Schedu		•		300	15	99.18 %
	1/3% support test - 2020. If the organiza						
	x and stop here. The organization qualifie						
	1/3% support test - 2019. If the organiza						
	s box and stop here. The organization qua						
	%-facts-and-circumstances test - 2020.						
	% or more, and if the organization meets t						
	nt VI how the organization meets the facts						
	ganization			· ·			
	%-facts-and-circumstances test - 2019.						
	is 10% or more, and if the organization me						
	Part VI how the organization meets the fac					•	
	panization				•		
	ivate foundation. If the organization did n						📋
	structions						▶ □

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с	Jewa Ir v	4
4a		,
4b		
4c		
5a		
5b 5c		
6		
8		
9a	4	
9b		
9c		
10a		i. Lesi
10Ь		

-	Int IV Supporting Organizations (continued)	0355		Page !
1 0	at iv Supporting Organizations (continued)		Van	N.
11	Has the organization accepted a gift or contribution from any of the following persons?	224700	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b	_	+
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110	'	-
	detail in Part VI.	11c		- 100
Sec	ction B. Type I Supporting Organizations	110	1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		1	+
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	-		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	12		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- 1		
	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).	1	42.455	
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tax	nn eir i	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	9		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1,914
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	W		1 100 1 110
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-	- 1:	1 - C-31
	a significant voice in the organization's investment policies and in directing the use of the organization's		277 I	4
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3	<u></u>	
	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s The organization satisfied the Activities Test, Complete line 2 below.	ee instruc	tions	4
b				
		m4i6. / '	_4_	
	Activities Test. Answer lines 2a and 2b below.	ntity (see in		
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	140	100	
	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		15.	
	that these activities constituted substantially all of its activities.	Lagrania a	10	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		-
_	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		1 4	
	these activities but for the organization's involvement.	Live 3	L.,;;	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b	11 11 10 10 10	1 111111
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	14:3	i i	
***	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	40.00	- maid	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	190	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
-	er no supportes organizations: il 166, describe ill Fart VI tile fole played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 50		izatione 85-046	0355 Page
1 Check here if the organization satisfied the Integral			in in Part VI) See
instructions. All other Type III non-functionally int			
Section A - Adjusted Net Income	ogg organization	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for pro	duction or collection		
of gross income or for management, conservation, or	maintenance of		
property held for production of income (see instruction			•
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from			
Section B - Minimum Asset Amount	3	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use ass	sets (see		
instructions for short tax year or assets held for part of			
a Average monthly value of securities	1a	•	······································
b Average monthly cash balances	16	•	
c Fair market value of other non-exempt-use assets	1c	+	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-us	e assets 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 fro		***************************************	
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line	e 8, Column A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B,			
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unl	3		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's		rated Type III supporting	organization
(see instructions).			

and 4c.

8 Breakdown of line 7:
a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

Schedule A (For	n 990 or 990-EZ) 2020	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 11, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and P lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	art IV, Section , lines 1c, 2a, 2b,

ACT CARCLES AND SOME TO SECURE	d (a T C C C C V Prof. on absolute Line Line Line Line Line Line Line Lin	
	30.5 % At 6 1/2 % C 1/2	

errouge treet retrodering the mark has		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************
CONTRACTOR		
2 Marian Control of the Control		
		***************************************
***************************************		
/		
***********************************		
		~
***************************************		
*******		

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

> Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number VISTA GRANDE PUBLIC LIBRARY 85-0460355

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule Key For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 Name of organization Employer identification number VISTA GRANDE PUBLIC LIBRARY 85-0460355 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Total contributions (d) No. Name, address, and ZIP + 4 Type of contribution 1 SANTA FE COUNTY Person Pavroll 102 GRANT AVENUE Noncash 50,000 (Complete Part II for Santa Fe NM 87501 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 STATE OF NEW MEXICO CULTURAL AFAIRS Person Payroll 1209 CAMINO CARLOS REY Noncash П 11,601 (Complete Part II for Santa Fe NM 87507 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 NEW MEXICO SMALL BUS CARES RELIEF Person X **Payroll** 407 GALISTEO STREET 10,000 Noncash П (Complete Part II for Santa Fe NM 87501 noncash contributions.) (a) (b) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution PPP Loan - LiftFund HQ 4 Person X Payroll 2014 S Hackberry Street Noncash П 16,622 (Complete Part II for San Antonio TX 78210 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

► Attach to Form 990.

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	e of the organization	Employer identification number					
VISTA GRANDE PUBLIC LIBRARY			85-0460355				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
6.0000000000	Complete if the organization answered "Yes" on						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised					
	funds are the organization's property, subject to the organization						
6	Did the organization inform all grantees, donors, and donor ad-						
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose					
,	conferring impermissible private benefit?						
Pa	rt II Conservation Easements.						
***************************************	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)					
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area				
	Protection of natural habitat		a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	enservation				
	easement on the last day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		. 2a				
b	Total acreage restricted by conservation easements						
C	Number of conservation easements on a certified historic struc	ture included in (a)	. 2c				
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a					
			. 2d				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	anization during the				
	tax year ▶						
4	Number of states where property subject to conservation ease	ment is located >					
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it he						
6	Staff and volunteer hours devoted to monitoring, inspecting, har	edling of violations, and enforcing conservation	on easements during the year				
	<b>-</b>						
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation ea	asements during the year				
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)	)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement and				
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements that	at describes the				
_	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and ba	alance sheet works				
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public				
	service, provide, in Part XIII the text of the footnote to its financial	ial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balance	ce sheet works of				
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	e of public service.				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		▶ S				
2	If the organization received or held works of art, historical treasure.	ures, or other similar assets for financial gain	, provide the				
	following amounts required to be reported under FASB ASC 95	8 relating to these items:					
a	Revenue included on Form 990, Part VIII, line 1		▶ \$				
b	Assets included in Form 990, Part X	<u>.</u>	<b>&gt;</b> \$				

Schedule D (Form 990) 2020 VISTA GRANDE PUBLIC LIBRARY 85-046035								
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3	Using the organization's acquisition, accession,	and other records,	check any of the folk	owing that make sig	nificant use of its			
	collection items (check all that apply):							
a	Public exhibition		d 🗌 Loan	or exchange progra	ims			
b	Scholarly research		e Other					
C	Preservation for future generations				***************************************			
4	Provide a description of the organization's colle	ctions and explain h	now they further the	organization's exem	ot purpose in Part			
	XIII.		and the barrier 🗸 they have been seen that the					
5	During the year, did the organization solicit or re	ceive donations of	art, historical treasur	es or other similar				
	assets to be sold to raise funds rather than to b					Yes No		
Pa	rt IV   Escrow and Custodial Arrang					11.00 (1.00		
L	Complete if the organization ar		on Form 990. Pa	art IV. line 9. or	reported an amor	unt on Form		
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian of	or other intermedian	v for contributions or	other assets not				
						. ☐ Yes ☐ No		
b	If "Yes," explain the arrangement in Part XIII and					. La les La No		
_	in the superior and arrest general arrangement arrangement	o compate the tollo	wing table.	***************************************	Amo	***		
С	Beginning balance			<b>.</b>	16			
d				·	1 <b>d</b>			
e				-	10			
f	Ending balance			· · · · · · · · · · · · · · · · · · ·	<del>~~~</del> + <del>\$</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		
2a	Did the organization include an amount on Form			- Lancon				
					•			
Ba	If "Yes," explain the arrangement in Part XIII, Cl rt V Endowment Funds.	neck nere if the exp	anation has been pr	ovided on Part XIII	<u></u>	<u></u>		
ra		revered "Vee"	n Com 000 Dr	and IV lines 40				
<	Complete if the organization ar	1				·		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1a	Beginning of year balance	25,808	25,301	21,015	13,970	13,848		
b	Contributions		·•	2,410	5,641			
С	Net investment earnings, gains, and							
	losses	359	757	2,126	1,654	372		
ď	Grants or scholarships					Lancon Control of the		
0	Other expenditures for facilities and							
	programs					•		
f	Administrative expenses	250	250	250	250	250		
g	End of year balance	25,917	25,808	25,301	21,015	13,970		
2	Provide the estimated percentage of the current	year end balance (I	ine 1g, column (a)) t	held as:				
а	Board designated or quasi-endowment >	100.00 %						
b	Permanent endowment ▶ %							
C	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possession	on of the organization	on that are held and	administered for the				
	organization by:					Yes No		
						3a(I) X		
	(ii) Related organizations					3a(li) x		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	d on Schedule R?.			3b		
4								
Pa	Part VI Land, Buildings, and Equipment.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or other			) Accumulated	(d) Book value		
		(investmen	ri) (o	other)	depreciation			
1a	Land							
b	Buildings							
C	Leasehold improvements			30,817	13,942	16,875		
d	Equipment					,		
9	Other		6	522,875	552,057	70,818		
Total	I. Add lines 1a through 1e. (Column (d) must eq					87,693		

1. (a) Description of Hability	(b) Book value								
(1) Federal income taxes									
(2Payroll Liabilities	977	4 8 2							
(3)					1-				
(4)					Bar.				
(5)									
(6)									
(7)									
(8)	***************************************								
(9)									
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶	977								7
		~- cooccoccoccoccoccoccoccocco	***************************************	******************	 	***************************************	W0000000000000000000000000000000000000	445504-v4-v65555000	*************

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. . . . . . .

-	e O (Form 990) 2020 VISTA GRANDE PUBLIC LIBRARY	85-0460355	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	***************************************
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Add lines 2a through 2d	\$ common and	
	Subtract line 2e from line 1	3	
	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		
	Other (Describe in Part XIII.)		
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			•
***************************************	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 1	Total expenses and losses per audited financial statements	1 1	***************************************
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4 /	Amounts included on Form 990, Part IX, line 25, but not on line 1;		
a I	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
c /	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part			
	e 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 XI, lines 2d and 4b; Also complete this part to provide any additional information.	Part X, line	constitution and the second
			***************************************
		***************************************	
· x			************
			*****************************
······································	AND THE PROPERTY OF THE PROPER		
		***************************************	***************************************
*************			and the second s
*************************		***************************************	
con a management			
~ en 100 maren			
			······································

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020

Open to Public Inspection

Internal Revenue Service Name of the organization VISTA GRANDE PUBLIC LIBRARY 85-0460355 01. Form 990 governing body review (Part VI, line 11) LINE 11B. THE DRAFT 990 IS INITIALLY REVIEWED BY THE TREASURER, PRESIDENT, LIBRARY DIRECTOR, AND BOOKKEEPER. IT IS THEN REVIEWED BY THE FULL BOARD OF DIRECTORS. UPON THEIR APPROVAL, IT IS SIGNED BY THE PRESIDENT AND FILED WITH THE IRS. 02. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY VIA ANNUAL BOARD TRAINING AND PERSONAL CONVERSATIONS WITH BOARD MEMBERS. 03. CEO, executive director, top management comp (Part VI, line 15a) LINE 15. THE LIBRARY DIRECTOR IS REVIEWED BY THE EXECUTIVE COMMITTEE UNDER THE LEADERSHIP OF HER SUPERVISOR, THE LIBRARY PRESIDENT TANA MONACO. INPUT IS SOUGHT FROM THOSE WHO INTERACT WITH HER. THE EXECUTIVE COMMITTEE THEN MAKES ANY COMPENSATION RECOMMENDATIONS TO THE FINANCE COMMITTEE, WHERE THE RECOMMENDATION IS REVIEWED DURING THE ANNUAL BUDGET DEVELOPMENT CYCLE. THE BUDGET IS THEN APPROVED BY THE FULL BOARD OF DIRECTORS. 04. Other officer or key employee compensation (Part VI, line 15b SEE EXPLANATION FOR PART VI, SECTION B, LINE 15A. 05. Governing documents, etc., available to public (Part VI, line 19) LINE 19. VGPL BYLAWS, IRS TAX EXEMPTION CERTIFICATE, CERTIFICATE OF INCORPORATION, STRATEGIC PLAN, ALL POLICIES, AND THE PAST SIX 990'S ARE ALL AVAILABLE ON OUR WEBSITE. ONE YEAR OF BOARD MEETING MATERIALS AND MONTHLY FINANCIAL REPORTS ARE AVAILABLE IN THE LIBRARY IN A BINDER.

#### **PUBLIC DISCLOSURE COPY**

Schedule O (Form 990 or 890-EZ) (2020)	Page 2
Name of the organization	Employer identification number
VISTA GRANDE PUBLIC LIBRARY	85-0460355
06. Part III, response or note to any other line in Part III	
LINE 1. THE LIBRARY SEEKS TO STIMULATE LIFE-LONG LEARNING IN AN ENVIRONMENT	T THAT FOSTERS
COMMUNITY INTERACTION.	
A Secretary of the American Secretary of the	
THE STATE OF THE PROPERTY OF THE STATE OF TH	
46 S.	