990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	FOF	tne 4	2018 calend	ar year, or tax year beginn	ning	10-01	, 2018, and e	nding	09-	-30 ,2019	
В	Chec	k if apı	plicable:	C Name of organization Verd	e Valley Archaeology	Center			П	Employer identifi	ication no.
	Addre	ess cha	ange	Doing business as						27-3436708	
$\overline{}$		e chan			(if mail is not delivered to street address)			Room/suite			
\Box		l return			·			Room/suite	⁵	Telephone numbe	
$\overline{}$				385 S Main Stre					-	(928) 567-0	066
Ħ			/terminated		country, and ZIP or foreign postal code				G	Gross receipts	
$\overline{}$		nded re		Camp Verde, AZ							, 693
	Applic	cation	pending	F Name and address of principal	officer:			H(a) Is this a group			
			- T					H(b) Are all subo	rdinates	included? Yes	s 📙 No
) (insert no.) 4947(a)(1) or	52	7	If "No,"	attach a	list. (see instructions	.)
<u></u>	Webs	site:		verdevalleyarcha	eology.org			H(c) Group exe	mption n	umber 🕨	
					ociation Other	L	Year of formation: 2	010 M State	of legal	domicile: AZ	
Pa	ırt I		Summar	<u>y</u>							
		1 1	Briefl y descri	ibe the organization's mission	on or most significant activities:	The C	Organization	n's mission	is	to preserv	e
Ф		ā	archaeol	and t	o make the	 ≥m					
ű					d education; to devel						
Ë					ommunities it serves,						
Š	ļ				discontinued its operations or dis			of its net assets.			
Ğ				oting members of the gover					3	}	13
οğ O	- [•	s of the governing body (Part VI, li	ine 1h)			4		13
tie	- 1			,	calendar year 2018 (Part V, line 2	,			5		
Activities & Governance	- 1			r of volunteers (estimate if r	• • • •	,			6		3
				`	• *				<u> </u>		25
	ĺ				Part VIII, column (C), line 12				7a		0
_	-	D	Net unrelated	d business taxable income	from Form 990-1, line 38	<u>····</u>			7b		0
	Ì	_			4		-	Prior Year		Current Ye	
Revenue	ĺ			s and grants (Part VIII, line	•		<u></u>	179	<u>, 9</u> 24	1	84,597
	- 1		-	·	2g) · · · · · · · · · · · · · · · · · · ·		-	38	<u>,070</u>		34 <u>,</u> 916
	1	10	nvestment ir	ncome (Part VIII, column (A	(a), lines 3, 4, and 7 d) · · · · ·				34		<u>475</u>
æ	1	l1 (Other revenu	ue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			23	,946		14,436
	1	12	Total revenue	e - add lines 8 through 11 (r	nust equal Part VIII, column (A), li	ine 12)		241	<u>,9</u> 74	2	34,424
	1	13 (Grants and s	similar amounts paid (Part I)	X, column (A), lines 1-3)		[0
	1	14	Benefits paid	to or for members (Part IX					0		
	1	15	Salaries, oth	[47	,968		57,856			
Expenses	1	l6a l	Professional fundraising fees (Part IX, column (A), line 11e)						,500		0
en Sen		b	Total fundrais	sing expenses (Part IX, colu	umn (D), fine 25)		16,644				
ă	1	17 (Other expens	ses (Part IX, column (A), lin	nes 11a-11d, 11f-24e)			174	, 689	1	57,034
	1		-		equal Part IX, column (A), line 25)				,157		14,890
	1			·	18 from line 12	•	<i></i>		,817		19,534
	s e							Beginning of Current		End of Yea	
Net Assets or	ğ 2	20	Total assets	(Part X, line 16)				1,670			84,302
łssę	E 2			es (Part X, line 26)							
let ∤	֓֞֞֞֜֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡			or fund balances. Subtract li	ine 21 from line 20				,076		00,215
-	ert l			re Block	ille 21 Holli Mie 20	 -		1,375	,025	1,3	84,087
	***************************************		<u> </u>		n, including accompanying schedules and s	tatements a	and to the hest of my kr	nowledge and helief it	ie		
					cer) is based on all information of which pre			towicage and penel, it	10		
		Π.			= 5 . /2 . 9				2	\	
Sig	ın			eth Zoll		····				-5-30	27)
		- [Signatur	re or officer	<i>/</i>)				Date		
He	re	li		eth Zoll, Executi	ve Director						
			Type or p	print name and title					. , -		
			Print/Type pre	eparer's name	Preparer's signature		Date	Check 🛚	if P	PTIN	
Pai			Alyx Co	ohan	Alyx Cohan Chy (b)	Kun k	2-28-2020	self-employe	ed	P01229713	3
	-	rer	Firm's name	Alyx Coh	an CPA PC			Firm's EIN			
Us	e O	nly	Firm's address	s ▶ 8296 E S	tate Route 69 suite 1	.02		Phone no.			
				Prescott	Valley AZ 86314			9	28~7	71-1950	
May	the	IRS	discuss this		own above? (see instructions)					· · · X Yes	No

Part IV

No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 Χ 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 Χ 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 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 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III Χ 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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? If "Yes," complete Schedule F, Parts I and IV 14b X 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Χ Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III Χ 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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 Χ 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 Χ 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 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 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? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V............ Yes No **b** Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on fine 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 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 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b 7 Organizations that may receive deductible contributions under section 170(c). 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? h If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual properly, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. а Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization ficensed to issue qualified health plans in more than one state? 13a а Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which h the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ь Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Arizona 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Kenneth Zoll (928)567-0066, 385 S Main Street, Camp Verde, AZ 86322

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Verde Valley Archaeology Center

27-3436708

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	у			compensation from the		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Kimberly Spurr	<u>5.</u> 00	Х		Х				O	0	0
Vice President (2) Lynette Kovacovich	5.00	Δ.		27	_					
Secretary	2.00_	X		Х				٥	0	o
(3) Bob Whiting	10.00					-				
Treasurer	120.00	X		Х						0
(4) Keith Greiner	5.00									
Director		Х						d	0	0
(5) Thomas Burris	5.00									
Director		Х							0	0
(6) Ricardo Ancis	5.00									
Director		X						c	0	0
(7) R.J. Smith	5.00_									
Director		X_						0	0	0
(8) James Hose	5.00									
Director		X			_				0	0
(9) Cheri Meyerhofer	5.00					İ				
Director		X					_		0	0
(10)Dennis Shaw	5.00									
Director	<u> </u>	X				_	_	ļ	0	0
(11)Linda Guarino	5.00									
Director		X	_	_					0	0_
(12)James_Graceffa	20.00			3.7			ĺ	_		_
President	<u> </u>	-		X	_	 -	<u> </u>		0	
(13)Kenneth Zoll	30.00			٠,					_	_
Executive Director	 		_	Х			-		0_	
(14)										
		1	ı				_	l		

(20) (21) (22)	Part VI	Section A. Officers, Directors, Trustees, I	pioye	55, ai	11			Simpe		ca Linbioyees (c	J. M. Maria	
Harm and othe Autority Complete Complet		(4)	(5)									
Total from continuation sheets to Part VII. Section A Total (add lines 1) and 1c) Total (add lines 1)				(do n	ot che			an one				
Total rumber of independent contractors (including but not limited to those listed above) who Total rumber of independent companisation from the organization for the organization for the organization from the organization for the organization from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Properties Schedule Jisr such individual Total rumber of individuals is don line 1a, is the sum of reportable compensation from the organization or graded that is \$50,000 of the organization from the organization for the organization from the organization for the organization. Properties Schedule Jisr such individual Total rumber of individuals in the compensation from the organization or individual to the organization or individual to the organization or organization or organization. Properties Schedule Jisr such individual organization or individual organization or individual organization. Properties Schedule Jisr such individual organization or anization. Properties Schedule Jisr such person 2 Total number of independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization or individual organization or individual organization or		Name and title	_									
150 150				office	_	ГΠ	ctor/	trustee)		· ·	1 '	
150 150			1	or d	Insti	엹	Key	a Fig	Forr		_	
(15) (16) (17) (18) (19) (29) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (28) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20				irect	tutic	g	em	nest bloye	ner		(W-2/1099-MISC)	· I
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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Revenue excluded from tax Total revenue Related or Unrelated exempt function revenue , Gifts, Grants nilar Amounts Membership dues . . . 1b 24,586 Fundraising events 1с 28,090 Related organizations 1d Contributions, and Other Simi Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 131,921 Noncash contributions included in lines 1a-1f: \$ 21,230 184,597 **Business Code** Program Service Revenue 2a Tours and classes 611600 34,916 34,916 f All other program service revenue Total. Add lines 2a-2f 34,916 Investment income (including dividends, interest, 475 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) · · · · · · Other Revenue 8a Gross income from fundraising events (not including 28,090 of contributions reported on line 1c). See Part IV, line 18 15,222 b Less: direct expenses b 11,785 c Net income or (loss) from fundraising events . . 3,437 9a Gross income from gaming activities. See Part IV, fine 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 18,483 **b** Less: cost of goods sold h 7,484 c Net income or (loss) from sales of inventory · · · · · · · ▶ 10,999 10,999 **Business Code** 11a d All other revenue e Total. Add lines 11a-11d

234,424

45,915

Total revenue. See instructions

3,912

Form 990 (2018) Verde Valley Archaeology Center Part IX Statement of Functional Expenses

	All other organizations must complete column (A).

	Check if Schedule O contains a response or note to			(0)	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part Vill.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	50,112	26,342	15,489	8,281
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	398		398	
10	Payroll taxes	7,346	2,542	3,776	1,028
11	Fees for services (non-employees):				
а	Management				
b	Legal - · · · · · · · · · · · · · · · · · ·				
С	Accounting	16,320		11,320	5,000
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	19,850	19,660		190
12	Advertising and promotion	7,324	4,732	610	1,982
13	Office expenses	38,197	23,378	14,656	163
14	Information technology	4,773	4,290	483	
15	Royalties				
16	Occupancy	8,707	4,774	3,933	
17	Travel	22,947	19,916	3,031	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·	17,812	17,812		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,795	12,636	3,159	
23	Insurance	4,653	1,603	3,050	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Training	656		656	
ь					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	214,890	137,685	60,561	16,644
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				L

Balance Sheet

Part X

27-3436708

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 121,987 1 Cash - non-interest-bearing 101,863 2 2 3 Pledges and grants receivable, net 3 6,760 636 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 7 Inventories for sale or use 15,510 32,405 2,074 9 Prepaid expenses and deferred charges 1,890 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 1,536,999 1,520,504 ь 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 - - -14 14 15 6,895 6,880 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,670,101 1,684,302 16 17 17 3,322 4,719 18 18 9,668 24,180 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 271,316 23 Secured mortgages and notes payable to unrelated third parties 282,086 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 295,076 26 300,215 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,305,888 27 1,271,391 28 105,816 28 62,234 6,903 6,880 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 1,375,025 1,384,087 Total liabilities and net assets/fund balances 34 1,670,101 1,684,302

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

EEA

the Single Audit Act and OMB Circular A-133?

SCHEDULE A

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 2018

(Form 990 or 990-EZ) 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	ne of the organization Employer identification number									
Ver	de	Valley Archaeology Center	<u> </u>				27-34367	08		
Pa	rt I	Reason for Public Charity	Status (All org	ganizations must co	mplete t	his part.) See instruction:	S		
The	orga	nization is not a private foundation beca	iuse it is: (For lines	1 through 12, check only	y one box.)					
1	Ц	A church, convention of churches, or a	association of churc	ches described in sectior	n 170(b)(1)	(A)(i).				
2	Ц	A school described in section 170(b)(1)(A)(ii). (Attach Sc	thedule E (Form 990 or 9	90-EZ).)					
3	\sqcup	A hospital or a cooperative hospital se	rvice organization d	lescribed in section 170	(b)(1)(A)(ii	i).				
4		A medical research organization opera	ated in conjunction v	with a hospital described	in section	170(b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5	Ц	An organization operated for the bene	_	niversity owned or operat	ed by a go	vernmenta	l unit described in			
		section 170(b)(1)(A)(iv). (Complete P								
6	님	A federal, state, or local government o								
7	Ц	An organization that normally receives		of its support from a gove	ernmental i	unit or from	the general public			
0	П	described in section 170(b)(1)(A)(vi).		(Camplete Dart II)						
8	H	A community trust described in sectio			od in coniu	nation with	a land grapt college			
9	Ц	An agricultural research organization of								
		or university or a non-land-grant collect university:	ge of agriculture (se	e instructions), Line the	marrie, city	, and state	or the college of			
10	X	An organization that normally receives	: (1) more than 33	1/3% of its support from	contribution	ns membe	rshin fees, and gross			
		receipts from activities related to its ex	* *	• •				•		
		support from gross investment income	•		. , ,					
		acquired by the organization after June		,		,				
11		An organization organized and operate	ed exclusively to tes	t for public safety. See s	ection 509	(a)(4).				
12		An organization organized and operate	ed exclusively for th	ne benefit of, to perform t	he function	is of, ar to	carry out the purpose	s		
		of one or more publicly supported orga	anizations described	d in section 509(a)(1) or	section 50	09(a)(2). Se	ee section 509(a)(3).	•		
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization an	d complete	e lines 12e, 12f, and 1	12g.		
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its su	pported or	ganization(s), typically by giving			
		the supported organization(s) the	power to regularly a	appoint or elect a majorit	y of the dire	ectors or tr	ustees of the			
		supporting organization. You mus	-							
	b	Type II. A supporting organization				-	. , .			
		control or management of the sup		•	sons that o	control or m	nanage the supported			
	_	organization(s). You must compl			. 4		11			
	С	Type III functionally integrated. its supported organization(s) (see		· · · · · · · · · · · · · · · · · · ·						
	d	Type III non-functionally integra		•				2)		
	u	that is not functionally integrated.	0					•		
		requirement (see instructions). You	•			•				
	е	Check this box if the organization	-	-	•		ype II, Type III			
		functionally integrated, or Type III				,				
	f	Enter the number of supported organi	zations							
	g	Provide the following information about	it the supported org	ganization(s).						
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ent?	support (see instructions)	other support (see instructions)		
				,,			,	, , , , , , , , , , , , , , , , , , , ,		
					Yes	No				
(A)										
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(B)										
(C)										
(D)										
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(E)										
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		bedseys at 1950bg				
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·			Professional Physics			
Sec	tion B. Total Support	James Company of the Company of the	de de jui adair	100000000000000000000000000000000000000	*	I TORI E MEDICALI.	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 · · · · · · · · ·	(-)	(47-515	(3) 30	(-,	(0) = 0.0	(1)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on ,						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					lintrollor sons Prist	
12	Gross receipts from related activities, etc. (s	see instructions)		<i></i>		12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	·	<i></i>			s) 	▶□
	tion C. Computation of Public Su	··					
14	Public support percentage for 2018 (line 6,			••			%%
15	Public support percentage from 2017 Scheo	. ,					%
16a	33 1/3% support test - 2018. If the organiza						. \Box
	box and stop here. The organization qualified						▶ ∐
Ь	33 1/3% support test - 2017. If the organiza						. 🗀
	this box and stop here . The organization qu						▶ ∐
17a	10%-facts-and-circumstances test - 2018	•					
	10% or more, and if the organization meets				• '		
	Part VI how the organization meets the "fac			•			
	organization						▶ ∐
b	10%-facts-and-circumstances test - 2017					9	
	15 is 10% or more, and if the organization m				-		
	Explain in Part VI how the organization mee			•		•	
							▶ 📋
18	Private foundation. If the organization did r			,			
	instructions						▶ □

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

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67, 000	100 500	140.005	127.046	404 505	
2	Gross receipts from admissions, merchandise	67,898	182,703	148,205	137,846	184,597	721,249
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	47,451	36,002	39,529	66,115	34,916	224,013
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 -		41,666	43,234	49,331	33,795	168,026
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	115,349	260,371	230,968	253,292	253,308	1,113,288
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6.)						1,113,288
Se	ction B. Total Support	<u> Egir - Erintepittaligite - El</u>				- ter in the	1,113,200
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	115,349	260,371	230,968	253,292	253,308	1,113,288
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		34	53	4,912	475	5,474
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · · · ·		34	53	4,912	475	5,474
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	115,349	260,405	231,021	258,204	253,783	1,118,762
14	First five years. If the Form 990 is for the org						
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f	<u>)) </u>		15	99.51 %
16	Public support percentage from 2017 Schedu			<u> </u>	<u>.</u> .	16	99.46 %
Se	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2018 (line					17	0.00 %
18	Investment income percentage from 2017 Sc					18	1.00 %
19a	33 1/3% support tests - 2018. If the organization of the support tests - 2018. If the						▶ 🏻
b	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b						▶ 📋
20	Private foundation. If the organization did no	t check a box on lin	e 14, 19a, or 19b,	check this box and	see instructions		▶ 📋

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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
- 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.
- 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 (b) and (c) 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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.
- 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).
- 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
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10b	Milana.	
(Form 990	or 990-E	Z) 2018

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	874.54		
	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 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	in Fig.	189
	organizations and what conditions of 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.	2	\$1.7-a . s *	1
Sec	ion 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			
	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			
<u> </u>	the supported organization(s).	1	L	
Sec	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Sec. 5.3	162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			T BY N
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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).	2	ilani o.	1
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a		esh i	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	Mara	1.44
Sec	ion E. Type III Functionally Integrated Supporting Organizations			Ь
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	istruc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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,			1000
	how the organization was responsive to those supported organizations, and how the organization determined		Principal.	
h	that these activities constituted substantially all of its activities.	2a		1
D	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		i pieces	
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
þ	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	3b		

Schedule A (Form 990 or 990-EZ) 2018 Verde Valley Archaeology Center		27-3436	708 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organize	ation	is must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
4 Net short town control pain	T4		(optional)
1 Net short-term capital gain	1		<u> </u>
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	100		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	72.55	Transfer Hoseline	
factors (explain in detail in Part VI):	1		
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 1-1/2% 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 .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 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		

emergency temporary reduction (see instructions).

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

5 Income tax imposed in prior year

6 Distributable Amount, Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	ations (continued)	
Sec	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpos			
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.		in the second second second second second second second second second second second second second second second	hard hard and a second
_8	Breakdown of line 7:	State Hill Communication in Management and the Communication in the Comm		
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
$\overline{}$	Excess from 2017			
P	Excess from 2018	Named to the state of the state		National Control of the State of the

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

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Verde Valley Archaeology Center 27-3436708 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of 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 conservation easement on the last day of the tax year. Held at the End of the Tax Year ь Total acreage restricted by conservation easements 2b С Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1

	le D (Form 990) 2018 Verde Valley Ar					27~343	
Par	<u></u>						ets (continued)
3	Using the organization's acquisition, accession, a	nd other records, o	check any of the follow	ving that are a	significa	int use of its	
	collection items (check all that apply):						
	Public exhibition		an or exchange progr	ams			
	Scholarly research	e 📙 Ot	her				
C	Preservation for future generations						
4	Provide a description of the organization's collect	ions and explain h	ow they further the org	ganization's ex	cempt pu	rpose in Part	
	XIII.						
5	During the year, did the organization solicit or rec						
	assets to be sold to raise funds rather than to be		t of the organization's	collection?		<u> </u>	· · Yes 🔀 No
Par	t IV Escrow and Custodial Arrang						
	Complete if the organization an 990, Part X, line 21.	swered "Yes" (on Form 990, Pa 	rt IV, line 9,	or rep	orted an amou	int on Form
1a	is the organization an agent, trustee, custodian o	r other intermediar	y for contributions or	other assets n	ot		
	included on Form 990, Part X?						· · [] Yes [] No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ving table:				
						An	nount
С	Beginning balance				· · 10		
d	Additions during the year				· · 10	<u> </u>	
е	Distributions during the year				1e		
f	Ending balance				· · 1f		
2a	Did the organization include an amount on Form	990, Part X, line 2	I, for escrow or custo	dial account lia	ability?		· · · 🗌 Yes 📋 No
	If "Yes," explain the arrangement in Part XIII. Che	ck here if the expl	anation has been pro-	vided on Part)	XIII	<i></i> .	<u> </u>
Par	tV Endowment Funds.				_		
	Complete if the organization an	swered "Yes"	on Form 990, Pa	rt IV, line 10	U		
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance	6,895	2,016			2,015	1,999
ь	Contributions			ļ			20
С	Net investment earnings, gains, and						
	losses		4,879		1_		_
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs		 				
f	Administrative expenses	15		ļ			5
g	End of year balance	6,880			1	2,015	2,015
2	Provide the estimated percentage of the current	year end balance (line 1g, column (a)) h	eld as:			
а	Board designated or quasi-endowment	<u>71.00</u> %					
b	Permanent endowment • 29.00 %	•					
c	Temporarily restricted endowment	%					
_	The percentages on lines 2a, 2b, and 2c should				- 41		
3a	Are there endowment funds not in the possessio	n of the organization	on that are neid and a	aministerea to	r tne		V N-
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i) X
	(ii) related organizations						- 3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization						. 3b
4 D	Describe in Part XIII the intended uses of the org		ment funds.				
rai	t VI Land, Buildings, and Equipm		on Form 000 Do	rt IV/ lina 1	10 80	Eorm 000 D	art X line 10
	Complete if the organization an				Τ — -		
	Description of property	(a) Cost or o	1	or other basis (other)	1	Accumulated epreciation	(d) Book value

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land		1,370,000		1,370,000	
þ	Buildings					
С	Leasehold improvements					
d	Equipment		5,645	1,115	4,530	
е	Other · · · · · · STMD1E · ·		168,573	22,599	145,974	
Tota	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form		chaeology Center	27-34	36708 Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	d "Ves" on Form 990 E	Part IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1) Financial o	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				Appendict on the control of the cont
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		New 11/1 Page 44 - One France 000	D-4 V 15- 40
	Complete if the organization answered	1 "Yes" on Form 990, P	'art IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
_(1)				
_(2)				
(3)				
(5)				
(6)				
			 	
(8)				
(9)				
Part IX	must equal Form 990, Part X, col. (B) fine 13.) Other Assets.		Maria Caraca Car	The second secon
raitix	Complete if the organization answered	1 "Yes" on Form 990 F	Part IV line 11d. See Form 990	Part X line 15
		escription	47.17, 1110-110. 000 1 0111 000	(b) Book value
(1)	(a) De	somption		(b) Book raido
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990, F	Part IV, line 11e or 11f. See For	rm 990, Part X,
	(a) Description of liability	(b) Pook value		

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		and the first of the control of the
(5)		
(6)		 In the substitute of the substitute
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) life	ine 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII-

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Return	l.
	Complete if the organization answered "Yes" on Form 990, P	art I\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	251,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			15,55	
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	16,850		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		taradore	
е	Add lines 2a through 2d			2e	16,850
3	Subtract line 2e from line 1			3	234,424
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	234,424
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nent	s With Expenses p	er Ret	urn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	231,740
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	16,850		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	16,850
3	Subtract line 2e from line 1			3	214,890
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	_4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>	5	214,890
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	s 1b a	nd 2b; Part V, line 4 ; Part	X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	addition	nal information.		
_					
		_			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

2018 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

Jer/	de Valley Archaeology Ce	nter					27-34:	36708
Pai	t I Fundraising Activities	. Complete if	the organiz	zation ans	wered "Yes" on F	orm 990). Part IV	line 17.
1777	Form 990-EZ filers are no	•	_		100 0111		,,	
1	Indicate whether the organization rais			<u> </u>	ties. Check all that an	nlv		
	Mail solicitations				of non-government gra	-		
b								
c								
d								
	Did the organization have a written or	oral agreement v	vith any indivi	idual (includi	na officara directora t	muntana.		
24	or key employees listed in Form 990,						Ye	na 🖂 Na
h							_	
U	If "Yes," list the 10 highest paid individual		unuraisers) p	ursuarii io aj	greements under which	ii iile luliar	aisei is to be	
	compensated at least \$5,000 by the	organization.						
			T			(v) Amo	unt paid to	
	(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or ret	ained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		outions?	from activity		er listed in	organization
_			Yes	No			ol. (i)	
1			- 100					
•								
2								
_			1					
3								
4			-					
		}						
5								
		}	1					
6								
7								
8								
9								
10								
		1						
Total								
	List all states in which the organization	is registered or i	icensed to so	dicit contribut	ions or has been notifi	ed it is exe	mpt from	
	registration or licensing.							
				——				
_								

1	j.				
		(a) Event #1 Gala	(b) Event #2	(c) Other events 2	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	36,330		6,982	43,312
2	Less: Contributions	25,185		2,905	28,090
3	line 2)	11,145		4,077	15,222
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	_6,585		700	7,285
8	Entertainment	1,000		3,500	4,500
9	Other direct expenses				
10	Direct expense summary. Add lines				11,785
11	Net income summary. Subtract line		<u> </u>		3,437
irt II	Gaming. Complete if the o	rganization answered "\	es" on Form 990, Part I	V. line 19, or reported	
rt I	Gaming. Complete if the o than \$15,000 on Form 990		es" on Form 990, Part I	V, line 19, or reported	
rt II			(es" on Form 990, Part I (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1		-EZ, fine 6a.	(b) Pull tabs/instant		more (d) Total gaming (add
	than \$15,000 on Form 990	-EZ, fine 6a.	(b) Pull tabs/instant		more (d) Total gaming (add
1	than \$15,000 on Form 990	-EZ, fine 6a.	(b) Pull tabs/instant		more (d) Total gaming (add
1 2	than \$15,000 on Form 990 Gross revenue	-EZ, fine 6a.	(b) Pull tabs/instant		more (d) Total gaming (add
1 2 3	than \$15,000 on Form 990 Gross revenue	-EZ, fine 6a.	(b) Pull tabs/instant		more (d) Total gaming (add
1 2 3	than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs	-EZ, fine 6a.	(b) Pull tabs/instant		more (d) Total gaming (add
1 2 3 4 5	than \$15,000 on Form 990 Gross revenue		(b) Pull tabs/instant bingo/progressive bingo Yes%	(c) Other gaming	more (d) Total gaming (add
1 2 3 4 5	than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines	Yes % No 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes % No	more (d) Total gaming (add
1 2 3 4 5 6 7 8	than \$15,000 on Form 990 Gross revenue	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	more (d) Total gaming (add
1 2 3 4 5 6 7 8 En	than \$15,000 on Form 990 Gross revenue	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	(b) Pull tabs/instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
1 2 3 4 5 6 7 8 En	than \$15,000 on Form 990 Gross revenue	Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activiti	(b) Pull tabs/instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Open to Public Inspection Employer identification number

	de Valley Archaeology Co	enter			27-3436708		
Pai	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o noncash contri	determining	unts
1	Art - Works of art						
2	Art - Historical treasures	x	1	5,500	appraisal		
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods · · · · · · · · · · · · · · · · · · ·						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property · · · · · ·						
9	Securities - Publicly traded • • • •						
10	Securities - Closely held stock · ·						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous · · ·				<u> </u>		
13	Qualified conservation						
	contribution - Historic				1		
	structures						_
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial · · · ·						
17	Real estate - Other						
18	Collectibles · · · · · · · · · · · · · · · · · · ·	ļ					
19	Food inventory						
20	Drugs and medical supplies				 		
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens	<u> </u>					
24	Archeological artifacts						
25	Other ►()		 				
26	Other ►()	<u> </u>	 		 		
27	Other ►()		 				
28	Other ►()	11		with this are for			
29	Number of Forms 8283 received by	•	• ,		29		
	which the organization completed F	om 8283, Pa	it iv, Donee Acknowledgemen		29	Yes	No
200	During the year did the organization	o reacius bu e	antribution any property report	ad in Part I lines 1 through		163	110
30a	During the year, did the organization 28, that it must hold for at least three	•		-			
		•				30a X	1.75.07
L	to be used for exempt purposes for		uling periods			30a 2\square	
b 24	If "Yes," describe the arrangement in		iou that requires the review of	any popotandard			
31	Does the organization have a gift accontributions?					31 X	-
22-	Does the organization hire or use the					31 A	+
32a	contributions?					32a	X
L						JZA	1
22 D	If "Yes," describe in Part II.	mount in och	mn (a) for a time of araba-ti-fa	r which column (a) is chocked			1
33	If the organization didn't report an a	imount in colu	inii (6) ioi a type oi property io	i willon column (a) is checked,			
	describe in Part II.					بمسلون فيفرا	1

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Verde Valley Archaeology Center	27-3436708
01. Members or stockholder classes and rights (Part VI, line 6)	
In accordance with its bylaws, each member is entitled to one vote at the	annual
membership meeting.	
02. Member election for additional members (Part VI, line 7a)	
Members of the governing body (board of trustees) are nominated and then	are voted upon by
the Center's membership at the Center's annual membership meeting.	
03. Form 990 governing body review (Part VI, line 11)	
A copy of the 990 was provided to all board members for their review and	questions prior
to filing with the IRS.	
04. Conflict of interest policy compliance (Part VI, line 12c)	
The Center's operations and policy manual has a conflict of interest state	ement
incorporated into it. The policy is reviewed with staff annually and self	-reporting is
relied upon.	
05. Governing documents, etc, available to public (Part VI, line 19)	
All public documents are available for inspection by the general public u	pon request of
the Center.	
06. General explanation attachment	
Mission continued:	
	Comp. Would a comp.
c) Homestead Property: This 15.28-acre property, within the town limits of	Camp verde, was

FOR YOUR RECORDS ONLY Federal Supporting Statements	2018 PG01
Name(s) as shown on return	Tax ID Number
Verde Valley Archaeology Center	27-3436708

Form 990 - Schedule D - Part VI - Line 1e Statement #Dle Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Pathway	0	18,888	4,272	14,616
Land Improvements	0	119,546	11,966	107,580
Displays	0	30,139	6,361	23,778
Total	0	168,573	22,599	145,974