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TIN: 81-3835731 OMB No. 1545-0047

Form 990

# **Return of Organization Exempt From Income Tax**

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

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

		nue Service						Inspection
A Fo	or th	ne 2023 c	l alendar year, or tax year beginning 01-01-2023 , and ending 12-31	-2023				
		applicable:	C Name of organization			D Employ	er identi	fication number
		change	VISIONARIA NETWORK			81-383!	5721	
O Na		-	Daina husinaan			01-303.	3731	
O Init			Doing business as					
_		rn/terminated ed return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	-0		E Telephon	e numbei	r
		ion pending	406 Wilson St			(415) 7	47-5539	)
_ ``			City or town, state or province, country, and ZIP or foreign postal code			( - /		
			Lafayette, CO 80026			<b>G</b> Gross re	ceipts \$ 6	54,214
			F Name and address of principal officer:	H(a)	Is this	a group re	turn for	
			Paul Spurzem 406 Wilson St	` ,		dinates?		☐Yes ✓No
			Lafayette, CO 80026	H(b)	Are all	subordinat	es	☐ Yes ☐No
I Tax	-exer	mpt status:	<b>✓</b> 501(c)(3) □ 501(c) ( ) (insert no.) □ 4947(a)(1) or □ 527		includ		ist See	instructions.
1 \	ebsi	to: vici	onarianetwork.org			exemption		
, w	CDSI	te. visi	on an anetwork.org			<b>F</b>		
<b>K</b> Forn	n of o	rganization	Corporation Trust Association Other	L Year o	f forma	tion: 2016	M State	of legal domicile: CO
Pa	rt I	Sum	mary					
			scribe the organization's mission or most significant activities: IA NETWORK ACTIVATES VISIONS FOR PERSONAL AND COMMUNITY DEVEL	ODMEN	ІТ ТЫР		CD AMC	AND SEDVICES
φ			G LEADERSHIP WORKSHOPS, SUSTAINABLE DEVELOPMENT PROJECTS, ANI					
ĕ								
Ë								
Governance	2	Check th	is hox					
	_		of voting members of the governing body (Part VI, line 1a)				3	4
Activities &	4	Number (	of independent voting members of the governing body (Part VI, line 1b) .				4	3
Œ.	5	Total nun	nber of individuals employed in calendar year 2023 (Part V, line 2a)				5	0
Ě	6	Total nun	nber of volunteers (estimate if necessary)				6	4
ĕ	7a	Total unr	elated business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unre	ated business taxable income from Form 990-T, Part I, line 11				7b	0
					Pric	r Year		Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)			86,0	80	64,214
Revenue	9	Program	service revenue (Part VIII, line 2g)				0	0
90	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )				0	0
œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	0
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			86,0	80	64,214
			nd similar amounts paid (Part IX, column (A), lines 1–3 )				0	0
			paid to or for members (Part IX, column (A), line 4)				0	0
10			other compensation, employee benefits (Part IX, column (A), lines 5–10)				0	0
S			anal fundraising fees (Part IX, column (A), line 11e)				0	0
Expenses			aising expenses (Part IX, column (D), line 25) 0					
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)			102,6	75	90,803
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			102,6	_	90,803
		•	less expenses. Subtract line 18 from line 12			-16,5		-26,589
÷ S		veseure	iess expenses. Subtract file to from file 12	Poc:	nning	of Current Ye		End of Year
Net Assets or Fund Balances				begi	iii (	, current Y	sai	LIIU OI TEAF
SSe	20	Total ass	ets (Part X, line 16)			27,3	38	3,700
ğΨ			ilities (Part X, line 26)				0	2,951
žŽ	22	Net asset	27,3	38	749			

**Signature Block** 

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has 3/3/25, 9:36 PM any knowledge.

Sign	. I <u>-</u>	Name to the second			2024-11-15	
Here		Signature of officer Paul Spurzem Executive Director			Date	
	T	ype or print name and title	I Duna annula sinaahuus	I Data	I DTI	M
Paid	d	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	N
	parer	Firm's name			Firm's EIN	
use	Only	Firm's address			Phone no.	
May t	he IRS d	liscuss this return with the preparer sh	own above? See Instructions. •			☐ Yes ☐ No
		ork Reduction Act Notice, see the se		Cat	. No. 11282Y	Form <b>990</b> (2023)
			Page 2			
Form	990 (20	23)				Page <b>2</b>
	•	Statement of Program Service	Accomplishments			rage <b>z</b>
		Check if Schedule O contains a respon describe the organization's mission:	se or note to any line in this Part	II		🗆
1 VISIO	•	NETWORK ACTIVATES VISIONS FOR PE	RSONAL AND COMMUNITY DEVE	LOPMENT.		
2	Did the	organization undertake any significant	program services during the yea	r which were not	listed on	
		or Form 990 or 990-EZ?				🗆 Yes 🛂 No
3		" describe these new services on Scheoorganization cease conducting, or male		onducts, any prog	ram	
	services					🗌 Yes 🗹 No
4		" describe these changes on Schedule the organization's program service a		ree largest progra	ım services, as meas	ured by expenses.
	Section	501(c)(3) and $501(c)(4)$ organization renue, if any, for each program service	s are required to report the amou			
4a	DEVELOR ACTIVIT THE PRO CONNECT PRIZE" 1	) (Expenses \$  IONARIA FOR SCHOOLS PROGRAM IS TO EN. PMENT PROJECTS IN THEIR COMMUNITIES. THE STOR USE IN THE CLASSROOM THAT BUILD SCRAM CONTINUED WITH TEACHER TRAINING. THE WITH LOCAL GOVERNMENT LEADERS REGIO ELIGIBLE STUDENT TEAMS BUT DID NOT PATION IN THEIR CLASSROOMS DUE TO FUN	IHE PROGRAM INCLUDES TEACHING S' LD STUDENTS' SOCIO-EMOTIONAL SKI G SESSIONS RELATED TO GENDER EQ ARDING THEIR TEAM PROJECTS. THE P CONTINUE THE "WALK THE TALK" TEAG	TRATEGIES, COACHI LLS AND COLLABORA UALITY IN THE CLAS PROGRAM ALSO CON	NG SUPPORT, AND TEAM ATE WITH OTHER COMM SROOM AND SUPPORT F TINUED OFFERING THE	1-BASED PROJECT UNITY LEADERS. IN 2023 FOR STUDENT TEAMS TO "LEADER WITH A VISION
4b	(Code:	) (Expenses \$	including grants of \$		) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$		) (Revenue \$	)

Other program services (Describe in Schedule O.)

(Expenses \$

0 including grants of \$

0) (Revenue \$

0)

4e Total program service expenses

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90,616

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Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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		No
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		No
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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20b	
21	No

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Pai	Checklist of Required Schedules (continued)			
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	Yes	No No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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	U No

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to ve (gambling) winnings to prize winners?			1c		No
				F	orm <b>99</b> 0	<b>0</b> (2023)

D	2		Δ	
г	a	У	C	-

	990 (2023)		Pa	ge <b>5</b>
	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	N	0
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	N	0
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).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	N	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		N N	_
		5b	- 1	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	N	0
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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 property, 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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			

С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2023)
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Form	990 (2023)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 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	-		<b>✓</b>
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  4			
	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			
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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
р 9	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
10-	Did the every institute have been been been been been as officiated.	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	13-	Vac	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
ь	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			

3/3/25,	9:36 PM	Visio	onaria l	Network - Full F	iling	- No	onprof	it Ex	plorer - ProPublica		
	taxable entity during the year?									. 16a	No
b	If "Yes," did the organization follow a wr in joint venture arrangements under app status with respect to such arrangement	licable federal ta	ax law,	, and take step	s to	safe					
	ction C. Disclosure										
17	List the states with which a copy of this	Form 990 is requ	uired t	o be filed	СО						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public insp									ction	
	Own website Another's website										
19 20	Describe in Schedule O whether (and if s policy, and financial statements available State the name, address, and telephone	to the public du number of the p	ıring t berson	he tax year. who possesses	s the						
	MARIKA MEERTENS 406 WILSON ST	AFAYETTE, CO 8	0026 (	(303) 817-2312	2					Fo	orm <b>990</b> (2023)
				Page 7 —							
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Par	Compensation of Officers, and Independent Contract		ustee	s, Key Emp	loy	ees	, Hig	hes	t Compensated	l Employee	s,
	Check if Schedule O contains a re		to any	line in this Par	t VII						$\square$
	ction A. Officers, Directors, Trus										
<b>1a</b> Coyear.	omplete this table for all persons required	to be listed. Rep	ort co	mpensation fo	r the	e cal	endar	yea	r ending with or wi	thin the orgar	nization's tax
	List all of the organization's <b>current</b> office mpensation. Enter -0- in columns (D), (E)					als o	r orga	niza	ations), regardless o	of amount	
• L	ist all of the organization's <b>current</b> key e	mployees, if any	. See 1	the instructions	for	def	inition	of '	'key employee."		
who r	ist the organization's five <b>current</b> highes received reportable compensation (box 5 or rganization and any related organizations	of Form W-2, bo									\$100,000 from
• L	ist all of the organization's <b>former</b> officer	s, key employee			ısate	ed e	mploy	ees	who received more	than \$100,00	00
•	portable compensation from the organizat ist all of the organization's <b>former direct</b>	•		-	e ca	nacit	tv as a	a for	mer director or trus	stee of the	
organ	nization, more than \$10,000 of reportable	compensation fr	om th							stee or the	
	he instructions for the order in which to li	•									
<u> </u>	Check this box if neither the organization		organiz 			d an	y curr	ent			(5)
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	one of	ition (do not che box, unless per ficer and a direction)	neck erso ecto	n is r/tru	both a istee)	an	compensation confrom the	(E) Reportable Empensation From related Frganizations	(F) Estimated amount of other compensation
		for related organizations below dotted line)	idual trustee rector	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- (	M-2/1099- MISC/1099- NEC)	from the organization and related organizations
` ,	UL SPURZEM	10	X		X				0	0	0
	JTIVE DIRECTOR, TREASURER	0									
. ,	ARIKA MEERTENS	3	Х		Х				0	0	0
SECRE	ETARY	0									
	ENNIS FROHLICH D MEMBER	0	х						0	0	0
(4) GE PRESI	ENEVIEVE SMITH	0	х		х				0	0	0
		1		<u> </u>		L					

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																	Form <b>99</b> 0	<b>U</b> (2023)
						— Pag	ge 8	-										
Form	990 (2023)																	Page <b>8</b>
	rt VII Section A. Officers	, Directors	, Tr	ustees	, Key I	mploy	/ees	s, a	nd Hi	ghe	st C	om	pensated	Emp	loyees	(cont	inued)	rage <b>G</b>
	(A)	(B)				(C)						_	(D)		(E)		(F	<del></del>
						eportable		Estima amount o	ated									
		week (l	ist	DOX,		directo				JEI		fro	m the	n the from relat ation (W- organization			compen	sation
		any hou for relat	ed	Indi or o		utional ee;	8	Key	High	Former		2/:	1099- `				organizat	ion and
		organizat below do		vidu ling	Truste	utionai ee;	Θľ	Key employee	nest doye	mer	MIS	sC/1	.099-NEC)				relat organiz	
		line)		or ta				oloye	com									
				Individual trustee or director				Ď	Highest compensated employee									
									sate									
									Ь		-							
		_																
				<del> </del>	<del>                                     </del>			$\vdash$								-		
							$\vdash$	$\vdash$										
							$\vdash$	$\vdash$		-								
16.0	Sub-Total												1					
	Sub-10tal Fotal from continuation shee	· · · · ets to Part V	'II, S	ection	 A	•												
d T	Total (add lines 1b and 1c)												0			0		0
2	Total number of individuals (in of reportable compensation from	ncluding but om the orga	not iniza	limited tion 0	to thos	e listed	abo	ve)	who re	eceiv	/ed m	nore	than \$100	,000				
	•																Yes	No
3	Did the organization list any <b>f</b>					ee, key	emp	oloye	e, or	high	est c	omp	oensated e	nploy	ee on			-
	line 1a? If "Yes," complete Sc						_	•	•	•		•			•	3		No
4	For any individual listed on lir organization and related orga													he				
	individual								•	•						4		No
5	Did any person listed on line services rendered to the orga															5		No

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Section B. Indepen							
				ndent contractors that			ensation
nom the organization	л. К		n for the calendar y A)	rear ending with or w	iuiiii uie organizatio	(B)	(C)
			siness address		Des	cription of services	Compensation
2 Total number of indep	ende	nt contractors (inc	luding but not limite	ed to those listed abo	ove) who received m	ore than \$100,000 o	f
compensation from th	e org	anization 0 `			,	· ,	
							Form <b>990</b> (2023)
				- Page 9 ———			
F 000 (2022)							_
Form 990 (2023)							Page <b>S</b>
Part VIII Stateme	nt o	f Revenue					
Check if Sc	hedu	le O contains a re	sponse or note to ar	ny line in this Part VIII		<u> </u>	U
				(A) Total revenue	(B) Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
				iotai revenue	exempt	business	excluded from
					function	revenue	tax under sections
Fodorated assessions		a_			revenue		512 - 514
Federated campaigns	•	. <u>1a</u>					
Contributions, 0 <del>Sifts, Grants,     </del>							
Gifts, Grants, arld Membership dues	•	1b					
OtherAmt <sub>0</sub> Similar							
Arfio THE draising events .		1c					
0							
<b>d</b> Related organizations		1d					
0							
e Government grants (cont	ributio	ons) le					
0		, <u>le</u>					
<b>f</b> All other contributions, gi	ftc ar	ants I					
and similar amounts not							
above							
64,214							
<b>g</b> Noncash contributions inc	luded	in					
lines 1a - 1f:\$		1g					
0							
<b>h Total.</b> Add lines 1a-1f	•		• 64,21	4			
			Business Code				
2a							
0							
ž —			•				
9							
Service Revenue							
ğ							
<u></u>			'				
S 1							
Program							
70							
_		50 HOLIGHT	·				
<b>f</b> All other program	servi	ce revenue.					
<b>9 Total.</b> Add lines 2	2a-2f			0			
3 Investment income	(incl	uding dividends, i	nterest, and other				
similar amounts) .	•			<u> </u>			
4 Income from invest	men	of tax-exempt bo	and proceeds	l			
<b>5</b> Royalties							
		(i) Real	(ii) Personal				
<b>6a</b> Gross rents	6a	.,	( ) = =====	1			
<b>b</b> Less: rental	6b						

key employees . . . . . . . . . . . . . . . . .6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

caction 4058(c)(3)(R)

Niataa and laana ...........................

7

Cash

Accrual

Other

Accounting method used to prepare the Form 990:

	0 110 111 1 111		
Forn	n 990, Special Condition Description:		
	Software Version: v1.00		
	<b>Software ID:</b> 23018249		
Ad	ditional Data	Return to	Form
	990 (2023)		
		Form	9 <b>90</b> (2023)
b	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.	3b	222 (222
	Guidance, 2 C.F.R. Part 200, Subpart F?	За	No
32	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ( As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	$\square$ Separate basis $\square$ Consolidated basis $\square$ Both consolidated and separate basis		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	,	
b	Were the organization's financial statements audited by an independent accountant?	2b	No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
	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:		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
13123,	visionaria Network - Full Filing - Nonprolit Explorer - Profublica ii the organization changed its method of accounting from a prior year of checked. Other, explain on Schedule O.	1 1	
/3/25	9:36 PM Visionaria Network - Full Filing - Nonprofit Explorer - ProPublica		

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ObjectId: 202423209349301842 - Submission: 2024-11-15

TIN: 81-3835731

## SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public** 

Name of the organization
VISIONARIA NETWORK

81-3835731

							81-3835731			
	τI	Reason for Public					See instructions.			
	rganiz —	ation is not a private four		•	,	, ,				
1		A church, convention of	,				(A)(i).			
2		A school described in <b>se</b>	ection 170(b)(	(1)(A)(ii). (Attach Sch	nedule E (Form !	990).)				
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ibed in <b>section</b>	170(b)(1)(A)(	iii).			
4		A medical research organame, city, and state:	inization operat	ed in conjunction with	a hospital desci	ribed in <b>section</b> 1	L <b>70(b)(1)(A)(iii).</b> Ei	nter the hospital's		
5		An organization operate 170(b)(1)(A)(iv). (Co	d for the benef	it of a college or univer )	rsity owned or o	perated by a gov	ernmental unit descril	oed in <b>section</b>		
6		A federal, state, or local			scribed in <b>secti</b>	on 170(b)(1)(A	)(v).			
7	<b>~</b>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)								
8		A community trust descri	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part	II.)				
9		An agricultural research non-land grant college of						ege or university or a		
10		An organization that nor from activities related to investment income and 30, 1975. See <b>section</b> !	o its exempt fur unrelated busir <b>509(a)(2).</b> (Co	nctions—subject to cert ness taxable income (le omplete Part III.)	tain exceptions, ess section 511	and (2) no more tax) from busines	than 33 1/3% of its susses acquired by the o	ipport from gross		
11		An organization organize	ed and operate	d exclusively to test for	r public safety. S	See <b>section 509</b>	(a)(4).			
12		An organization organize more publicly supported on lines 12a through 12	l organizations	described in section 5	09(a)(1) or se	ection 509(a)(2)	). See section 509(a			
а		Type I. A supporting or organization(s) the pow-	er to regularly	appoint or elect a majo	ontrolled by its sority of the direc	supported organizators or trustees of	ration(s), typically by of the supporting orga	giving the supported nization. <b>You must</b>		
b		Type II. A supporting o management of the sup must complete Part I	organization sup porting organiz	pervised or controlled in ation vested in the san						
c		Type III functionally supported organization(	integrated. A	supporting organization				ted with, its		
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satisf	fy a distribution	requirement and				
e		Check this box if the orgintegrated, or Type III n				IRS that it is a Ty	pe I, Type II, Type III	functionally		
f	Enter	the number of supported	d organizations				<u> </u>			
g		de the following informati		r' ·			() A	(-i) A		
	(1)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
otal										
or P	aperv	work Reduction Act Not	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2023		
orm	990	or 990-EZ.								
				Pag	ge 2 ———					
chec	lule A	(Form 990) 2023						Page <b>2</b>		
Pa	rt II			<b>vations Described</b> he box on line 5, 7,						

Section A. Public Support

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

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
_	· · · · · · · · · · · · · · · · · · ·	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
_	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .			
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)? If "Yes,"	9c		
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
			n 990)	2023
b	the organization had excess business holdings).  Schedule A		n 990)	2023
b	the organization had excess business holdings).		າ 990)	2023
	Schedule A  Page 5			
Schee	the organization had excess business holdings).  Schedule A  Page 5  dulle A (Form 990) 2023			<b>2023</b>
Schee	Schedule A  Page 5		F	Page <b>5</b>
Schee	the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2023  t IV Supporting Organizations (continued)			
Schee	the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2023  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?		F	Page <b>5</b>
Schee Par	the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2023  t IV Supporting Organizations (continued)		F	Page <b>5</b>
Schee Par	the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2023  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	(Forn	F	Page <b>5</b>
Schee Par 11 a b	the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2023  **TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	(Forn	F	Page <b>5</b>
Scheo Par 11 a b	the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2023  TV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11a	F	Page <b>5</b>
Schee Par 11 a b c	the organization had excess business holdings).  Schedule A  Page 5  dule A (Form 990) 2023  **TIV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a	F	Page <b>5</b>
Schee Par 11 a b c	dule A (Form 990) 2023  **IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Section B. Type I Supporting Organizations**  Did the officers, 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 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, and what conditions or restrictions, if any, remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11a	Yes	Page 5
Schee Pan  11  a  b  c	A family member of a person described on 11a above?  A family member of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bupporting Organizations  Did the officers, 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) effectively operated, supported the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a	Yes	Page 5
Schee Pan  11  a  b  c	dule A (Form 990) 2023  t IV Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, 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 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.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11a 11b 11c	Yes	Page 5
Scheen Pan 11 a b c See 1	dule A (Form 990) 2023  tiv Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, 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 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.	11a 11b 11c	Yes	Page 5
Schee Pan 11 a b c See 1	A family member of a person described on 11a above?  A 15% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Button B. Type I Supporting Organizations  Did the officers, 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 tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," applied to such powers during the tax year? If "No," applied to such powers during the tax year? If "No," applied to such powers during the tax year.  Did the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.) that operated, supervised or controlled the supporting organization.	11a 11b 11c	Yes	Page 5
Schee Pan 11 a b c See 1	dule A (Form 990) 2023  **TV** Supporting Organizations (continued)  Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  **Extion B. Type I Supporting Organizations**  Did the officers, 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 tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's personal directors or trustees were allocated among the 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.  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(s) that operated, supervised or controlled the supporting benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organizatio	11a 11b 11c	Yes	Page 5
Schee Pan 11 a b c See 1	A family member of a person described on 11a above?  A 15% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Button B. Type I Supporting Organizations  Did the officers, 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 tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," applied to such powers during the tax year? If "No," applied to such powers during the tax year? If "No," applied to such powers during the tax year.  Did the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.) that operated, supervised or controlled the supporting organization.	11a 11b 11c	Yes	No No

2/2/25 0		N. C.	- F - 1			
3/3/25,9					1	
	supporting organization was vested in the same persons that controlled or manag	ea tne sup	oported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations				1	T
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last da tax year, (i) a written notice describing the type and amount of support provided of Form 990 that was most recently filed as of the date of notification, and (iii) copie	during the softhe or	prior tax year, (ii) a copy of the	2		
•	documents in effect on the date of notification, to the extent not previously provid	lea?		1		
	Were any of the organization's officers, directors, or trustees either (i) appointed organization(s) or (ii) serving on the governing body of a supported organization? organization maintained a close and continuous working relationship with the supp	If "No," e	explain in <b>Part VI</b> how the		<u> </u>	
	Dr. wassay of the welstingship described in line 2 shows did the sussainsticule supplied		animations have a significant	2		
,	By reason of the relationship described in line 2 above, did the organization's supprovice in the organization's investment policies and in directing the use of the orgaduring the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supproving the tax year?	nization's	income or assets at all times	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organization	าร		•		
1	Check the box next to the method that the organization used to satisfy the Integr	al Part Tes	st during the year (see instruct	tions):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
b	The organization is the parent of each of its supported organizations. Comp	olete <b>line</b>	<b>3</b> below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how	v you sup	ported a government entity (see	e instru	ıctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
:	Did substantially all of the organization's activities during the tax year directly furl supported organization(s) to which the organization was responsive? If "Yes," the organizations and explain how these activities directly furthered their exempt presponsive to those supported organizations, and how the organization determine	n in <b>Part</b> i ourposes,	VI identify those supported how the organization was			
3	substantially all of its activities.			2a		
•	Did the activities described on line 2a, above constitute activities that, but for the of the organization's supported organization(s) would have been engaged in? If "Y the organization's position that its supported organization(s) would have engaged organization's involvement.	'es," expla	nin in <b>Part VI</b> the reasons for			
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			2b		
	Did the organization have the power to regularly appoint or elect a majority of the	officers	directors or trustees of each of	3a		
1	the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, pi	•	·			
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations?			3b		
			Schedule A		n 990)	2023
			55	. (	,	,
	Page 6					
Schedu	ule A (Form 990) 2023				i	Page <b>(</b>
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting orga				ee	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea	ar
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				
	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

8

1 1a

1b 1c

1d

(A) Prior Year

https://projects.propublica.org/nonprofits/organizations/813835731/202423209349301842/full

Aggregate fair market value of all non-exempt-use assets (see instructions for short

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Other expenses (see instructions)

a Average monthly value of securitiesb Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

**Section B - Minimum Asset Amount** 

**c** Fair market value of other non-exempt-use assets

e **Discount** claimed for blockage or other factors (explain in detail in **Part VT**).

tax year or assets held for part of year):

8

(B) Current Year

(optional)

5125	(explain in octain in a are say).	I	I	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	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		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	ed Type III supporting org	anization (see
	instructions)			Jule A (Form 990) 2023

– Page 7 –

Schedule A (Form 990) 2023 Page **7** 

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	5	
6 Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	·
10 Line 8 amount divided by Line 9 amount	10	
Section E. Distribution Allocations (i) (ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<ul> <li>Carryover from 2018 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			

			_
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			
	——— Page 8 ——	Sc	hedule A (Form 990) (2023)
	. 250 0		
Schedule A (Form 990) 2023			Page <b>8</b>

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).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990) 2023

Additional Data Return to Form

**Software ID:** 23018249 **Software Version:** v1.00

efile Public Visual Render

ObjectId: 202423209349301842 - Submission: 2024-11-15

TIN: 81-3835731

### **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.

OMB No. 1545-0047

		990 for instructions and the latest info	rmatio	n.		spection
Na	ime of the organization			loyer identi		
VIS	SIONARIA NETWORK		01 2	835731		
D:	art I Organizations Maintaining Donor Advis	end Funds or Other Similar Funds				
1 6	Complete if the organization answered "Yes		JI ACC	ounts.		
		(a) Donor advised funds		(b) Funds an	d 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 advisor organization's property, subject to the organization's exc			unds are the		Yes No
6	Did the organization inform all grantees, donors, and dor charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of				Yes 🗆 No
Pa	rt II Conservation Easements.	ll an Farma 000 Bart IV line 7				
_	Complete if the organization answered "Yes					
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation	or education) U Preservation of an	ı histori	cally importa	nt land a	area
	Protection of natural habitat	☐ Preservation of a	certified	d historic stru	cture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a cleasement on the last day of the tax year.	qualified conservation contribution in the fo	rm of a			of the Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic		2c			
d	Number of conservation easements included in (c) acquir historic structure listed in the National Register	, ,	2d			
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the org	janization dur	ing the	
4	Number of states where property subject to conservation	n easement is located 🕨				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of viola		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing c	onserva			
7	Amount of expenses incurred in monitoring, inspecting, I	handling of violations, and enforcing conser	vation	easements du	uring the	e year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4		Yes	□ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement:	footnote to the organization's financial state		tement, and		∪ No
Pai	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes	of Art, Historical Treasures, or Oth	ner Sir	nilar Asset	s.	
1a	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publi Part XIII, the text of the footnote to its financial stateme	ic exhibition, education, or research in furth				
b	If the organization elected, as permitted under FASB ASC historical treasures, or other similar assets held for publi following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
	ii)Assets included in Form 990, Part X			· <del></del>		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A		ncial ga	ain, provide t	he	
а	Revenue included on Form 990, Part VIII, line 1			. <b>&gt;</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		

Cat. No. 52283D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

—— Page 2 ————

Sche	dule D	(Form 990) 2022											Page <b>2</b>
Parl	III	Organizations Ma	aintaining Col	ections of Ar	t, Histori	ical T	reasu	ıres, o	r Other	Similar A	ssets (cor	tinued)	
3		the organization's acq (check all that apply):		, and other reco		any of	the fol	llowing	that are a	significant ι	use of its co	llection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Othe	r <u></u>					
С		Preservation for future	e generations										
4	Provid Part X	de a description of the GIII.	organization's coll	ections and expl	ain how the	ey furtl	her the	e organi:	zation's ex	kempt purpo	se in		
5		g the year, did the orga s to be sold to raise fur									☐ Yes		lo
Par	t IV	Escrow and Cust Complete if the org line 21.	ganization answ	ered "Yes" on			-				nt on Fori	n 990,	Part X,
1a		organization an agent led on Form 990, Part )									☐ Yes		lo
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete th	e following	table:				Α	mount		<del></del>
c	Begin	ning balance							1c				
d	Additi	ons during the year .							1d				_
е	Distri	butions during the year							1e				<u> </u>
f	Endin	g balance							1f				<u> </u>
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, I	ine 21, for	escrow	or cu	stodial a	account lia	ability?	☐ Yes		lo
b		s," explain the arrange			•					•			
Pa	rt V	Endowment Fund						<u> </u>					-
		Complete if the org	ganization answ										
4	D = =:==	:		(a) Current year	(b) F	Prior yea	ar	<b>(c)</b> Two y	years back	(d) Three ye	ars back (e	) Four yea	rs back
	-	ing of year balance .											
		outions											
		estment earnings, gair											
		or scholarships											
	and pro	expenditures for facilities											
		strative expenses .											
g	End of	year balance											
2 a		de the estimated perce I designated or quasi-e	-	nt year end bala	nce (line 1	g, colu	mn (a)	)) held a	as:				
b	Perma	anent endowment 🕨											
С	Term	endowment 🕨											
	The p	ercentages on lines 2a	, 2b, and 2c shoul	d equal 100%.									
3а		nere endowment funds ization by:	not in the posses	sion of the organ	ization tha	t are h	eld an	d admin	istered fo	r the		Yes	No
	<b>(i)</b> Ur	nrelated organizations									3a(i		
		elated organizations					•				3a(ii	)	
ь 4		s" on 3a(ii), are the rel ibe in Part XIII the inte	-				.f •				3b		<u> </u>
	t VI	Land, Buildings,			- Idominent	ranas.							
i di		Complete if the org			Form 990	, Part	IV, lir	ne 11a.	See For	m 990, Par	rt X, line 1	.0.	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b)	Cost or other					depreciation		Book valu	e
1a	Land			0			0						0
b	Buildin	gs <b></b>		0			0			0			0
c	Leaseh	old improvements		0			0			0			0
d	Equipm	nent		635			0			594			41
e	Other			0			0			0			0
Tota	I. Add	lines 1a through 1e. (C	Column (d) must e	qual Form 990, i	Part X, colu	ımn (B	), line	10(c).)		<b>•</b>			41
				· · · · · · · · · · · · · · · · · · ·						0.1	edule D (I		0) 202

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part IV	line 11h See For	m 990 Part Y	line 12
	(a) Description of security or category (including name of security)	(b) Book		(c) Method of va or end-of-year r	luation:
	(including name of security)	value		or cha or year i	Harket value
-	al derivatives				
A)					
В)					
C)					
D)					
E)					
F)					
G)					
H)					
otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990, I	Part IV,	line 11c. See For	rm 990, Part X	, line 13.
	(a) Description of investment		(b) Book value		nod of valuation: of-year market value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
	on (b) must equal Form 990, Part X, col.(B) line 13.)	٨			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11d. See For	m 990, Part X,	
1)	(a) Description				(b) Book value
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
otal. (Colu	ımn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X	Other Liabilities.				
	Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability		ine 11e or 11f.Se	ee Form 990, P	art X, line 25. (b) Book va

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_					
_					
tal	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	ability for uncertain tax positions. In Part XIII, provide the text of the footno	ote to the o	organization's financial s	-	at reports the
	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check				
				Schedule	D (Form 990) 2022
	Page 4				
hed	dule D (Form 990) 2022				Page <b>4</b>
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat			Return.	
	Complete if the organization answered 'Yes' on Form 990,				
	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:	1 2-	I		
a L	Net unrealized gains (losses) on investments	2a 2b			
b c	Recoveries of prior year grants	26 2c			
d	Other (Describe in Part XIII.)	2d			
u e	Add lines 2a through 2d	Zu		2e	
_	Subtract line <b>2e</b> from line <b>1</b>			3	
	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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	
;	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	
ar	t XII Reconciliation of Expenses per Audited Financial Sta			er Return.	
	Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements			1	
<u>.</u>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	_
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
	Subtract line <b>2e</b> from line <b>1</b>			3	
	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			
c	Add lines <b>4a</b> and <b>4b</b>			4c	
;	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line	e 18.) .		5	_
	rt XIII Supplemental Information				
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			art V, line 4; P	art X, line 2; Part XI,
inc	5 Zu ana 40, ana rait Air, inies zu ana 40. Aiso complete uns part to provid	ac uny duu	icionai imulinatiuli.		
line	Return Reference		Explanation		

https://projects.propublica.org/nonprofits/organizations/813835731/202423209349301842/full

**Additional Data** 

**Return to Form** 

**Software ID:** 23018249 **Software Version:** v1.00

TIN: 81-3835731

OMB No. 1545-0047

2023

SCHEDULE F

(Form 990)

efile Public Visual Render ObjectId: 202423209349301842 - Submission: 2024-11-15

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

Department of the Treasury	-	Go to www.irs.go		to Form 990. nstructions an	d the latest i	nformation.			n to Public ection		
Name of the organizati							Employer iden	ntificatio	n number		
VISIONARIA NETWORK	(					8	81-3835731				
	I Information 00, Part IV, line		Outside the l	Jnited Stat	<b>es.</b> Comple	ete if the o	organization a	nswered	d "Yes" on		
other assistance	ers. Does the or e, the grantees' rants or assistance	eligibility for the	grants or assis	stance, and t	he selection	n criteria us	sed		Yes O No		
2 For grantmak outside the Uni	<b>ers.</b> Describe in ted States.	Part V the orga	nization's proce	dures for mo	nitoring the	e use of its	grants and otl				
3 Activites per Reg	gion. (The followin	g Part I, line 3 ta	able can be dupli	cated if additi	onal space i	s needed.)					
<b>(a)</b> Reg	ion	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by ty fundraising services, inves	pe) (such as, g, program tments, grant located in the	program s speci s service(s	cy listed in (d) is a service, describe ific type of c) in the region	for a	tal expenditures nd investments n the region		
South America		0		Program Ser		SUPPORTS CONTRACT PARTNER C VISIONARI CARRY OU' VISIONARI SCHOOLS	A FOR PROGRAM AND TIVITIES IN		90,616		
3a Sub-total b Total from cont Part I	inuation sheets to										
c Totals (add lin For Paperwork Reducti		the Instructions	for Form 990.	<u> </u>	Cat.	No. 50082\	N Schedu	le F (For	90,616 n 990) 2023		
			Pa	age 2 ——							
Schedule F (Form 990)											Page 2
Part II Grants Part IV,	and Other As line 15, for any	recipient who	<b>Organization</b> o received mo	<b>s or Entitio</b> ore than \$5	<b>es Outsid</b> ,000. Part	<b>e the Un</b> II can be	ited States. duplicated if	Compl addition	ete if the organiza onal space is neede	tion answered "Yes" ed.	on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	n (d) F	Purpose of grant		nount of grant	<b>(f)</b> Mann cash disburser		(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
,											

1	i	1	VISIONALIA I	letwork - Full I	Inng 1401	ipront Expi	5101 11010	I	1
Enter total number of r	ecinient organizati	one listed above th	at are recognized	as charities by	the foreign	country rec	oanized as t	-av-	
exempt by the IRS, or	or which the grant	ee or counsel has	provided a section	1 501(c)(3) equ	ivalency lett	ter		. <b>-</b>	
Enter total number of o	ther organizations	or entities				<u></u>			chedule F (Form 990) 20
				— Page 3 —					
nedule F (Form 990) 2023									Pag
		e to Individuals ditional space is n		ited States.	Complete if	the organiz	ation answ	ered "Yes" on For	m 990, Part IV, line 16
) Type of grant or assistanc		(c) Number of recipients	(d) Amount of cash grant	(e) Manne disburs		(f) Amou nonca: assista	sh	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_									
								Sc	hedule F (Form 990) 20
				Page 4					
nedule F (Form 990) 2023							Page <b>4</b>		
art IV Foreign Form	S								
Was the organization a organization may be re- Instructions for Form 9.	uired to file Form 92	6, Return by a U.S. Ti	ansferor of Propert	v to a Foreign Cor	poration (see		✓ No		
2 Did the organization ha									
to separately file Form . Gifts, and/or Form 3520 3520 and 3520-4: don'	I-A, Annual Informati	on Return of Foreign	Trust With a U.S. Ov	vner (see Instruct	ions for Form	n s S	✓ No		
3520 and 3520-A; don't file with Form 990)  Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization							No		
may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)							✓ No		
Was the organization a									
fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .							✓ No		
5 Did the organization ha may be required to file Instructions for Form 8	U.S. Persons with Re	_	✓ No						
Did the organization ha organization may be re- 5713; don't file with Fo	uired to separately f	ile Form 5713, Interna	ational Boycott Repo	ort (see Instruction	ns for Form	□ Yes	✓ No		
					Sched	ule F (Form 9	90) 2023	_	
				Page 5					
				-					

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III (accounting method); and

any additional information. See instructions.

ReturnReference	Explanation
-	
	Schedule F (Form 990) 2023

**Additional Data** 

**Software ID:** 23018249 **Software Version:** v1.00

efile Public Visual Render

ObjectId: 202423209349301842 - Submission: 2024-11-15

TIN: 81-3835731

OMB No. 1545-0047

**Open to Public** Inspection

## **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

VISIONARIA NETWORK

Name of the organization

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.

**Employer identification number** 

81-3835731

	81-3835731
Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	GENEVIEVE SMITH (DIRECTOR & OFFICER) AND PAUL SPURZEM (DIRECTOR & OFFICER) ARE RELATED BY MARRIAGE AS OF 2019.
Form 990, Part VI, Section B, Line 11b	A DRAFT OF THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO ISSUANCE.
Form 990, Part VI, Section B, Line 12c	VISIONARIA NETWORK'S CONFLICT OF INTEREST POLICY IS REGULARLY MONITORED AND ENFORCED. THE POLICY IS PRESENTED TO ALL NEW BOARD MEMBERS AND KEY EMPLOYEES AT THE START OF THEIR SERVICE. ANNUALLY, THE BOARD AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY OUTSIDE INTERESTS THAT COULD OR POTENTIALLY CAUSE A CONFLICT.
Form 990, Part VI, Section B, Line 15	TO THE EXTENT REASONABLY FEASIBLE, THE PERSON OR PERSONS DETERMINING COMPENSATION SHALL OBTAIN DATA ON THE COMPENSATION OF OFFICERS HOLDING SIMILAR POSITIONS OF AUTHORITY WITHIN COMPARABLE ORGANIZATIONS, SHALL SET THE COMPENSATION BASED ON SUCH DATA AND AN EVALUATION OF THE OFFICER'S PERFORMANCE AND EXPERIENCE AS RELATED TO THE REQUIREMENTS OF THE POSITION, AND SHALL DOCUMENT THE BASIS FOR THE DETERMINATION, INCLUDING THE COMPARISON DATA USED, THE REQUIREMENTS OF THE POSITION, AND THE EVALUATION OF THE OFFICER'S PERFORMANCE AND EXPERIENCE.
Form 990, Part VI, Section C, Line 19	VISIONARIA NETWORK'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST.
Form 990, Part IX, Line 11g	CONTRACTOR EXPENSE 85,393; TOTAL, LINE 11(G) 85,393

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2023

**Additional Data** 

**Return to Form** 

**Software ID:** 23018249 **Software Version:** v1.00