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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 - ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 7/1/2011, and ending 6/30/2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: VERDE VAQUEROS
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
1095 EAST INDIAN SCHOOL ROAD 100
 City or town state or country ZIP + 4
PHOENIX AZ 85014

D Employer identification number: 86-6006592

E Telephone number: _____

F Group Exemption Number: ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 182,940

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I.

	Description		Amount	
Revenue	1	Contributions, gifts, grants, and similar amounts received	6,846	
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments	38,050	
	4	Investment income	11	
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0	
	6	Gaming and fundraising events	a	Gross income from gaming (attach Schedule G if greater than \$15,000)
			b	Gross income from fundraising events (not including \$ <u>6,846</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
			6b	138,033
6c			186,489	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	-48,456		
7	Gross sales of inventory, less returns and allowances	7a		
		7b		
		7c	0	
8	Other revenue (describe in Schedule O)			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-3,549		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
	12	Salaries, other compensation, and employee benefits		
	13	Professional fees and other payments to independent contractors		
	14	Occupancy, rent, utilities, and maintenance		
	15	Printing, publications, postage, and shipping	2,009	
	16	Other expenses (describe in Schedule O)	8,353	
17	Total expenses. Add lines 10 through 16	10,362		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-13,911	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	271,312	
	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	257,401	

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12

Part V Other information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.	39a	10,500
b	Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed. ▶ AZ		
42 a	The organization's books are in care of ▶ Donald A. Pearse Telephone no. ▶ (480) 671-1377 Located at ▶ 11014 EAST PALM WAY City GOLD CANYON ST AZ ZIP + 4 ▶ 85118		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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 any knowledge

Sign Here Signature of officer: *John B. Weldon* JOHN B WELDON, PRES. Date: 11/15/12
Type or print name and title

Paid Preparer Use Only Preparer's name: Robert K. Mitchell Preparer's signature: *Robert K Mitchell* Date: 11/7/2012 Check if self-employed PTIN: P01078828
Firm's name: Mitchell & Erickson, CPA's, LLP Firm's EIN: 86-0292738
Firm's address: 1095 E. Indian School Rd., Suite 100, Phoenix, AZ 85014 Phone no: (602) 263-9502

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

VERDE VAQUEROS

Employer identification number

86-6006592

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Annual Trail Ride (event type)	(event type)	NONE (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	144,879	0	0	144,879
	2	Less: Charitable contributions	6,846	0	0	6,846
	3	Gross income (line 1 minus line 2)	138,033	0	0	138,033
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	2,763	0	0	2,763
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	84,338	0	0	84,338
	8	Entertainment	0	0	0	0
	9	Other direct expenses	99,388	0	0	99,388
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(186,489)
	11	Net income summary. Combine line 3, column (d), and line 10				-48,456

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue			0	
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8	Net gaming income summary. Combine line 1, column d, and line 7				0

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

VERDE VAQUEROS

86-6006592

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 300

Form 990-EZ, Part I, Line 16, Other Expenses: Office Supplies: 590

Form 990-EZ, Part I, Line 16, Other Expenses: Board Expenses: 127

Form 990-EZ, Part I, Line 16, Other Expenses: Web Site Communications: 140

Form 990-EZ, Part I, Line 16, Other Expenses: Admin Expenses: 225

Form 990-EZ, Part I, Line 16, Other Expenses: Storage Rental: 5,516

Form 990-EZ, Part I, Line 16, Other Expenses: CPA Expense: 1,455

Form 990-EZ, Part II, Line 24, Other Assets: Inventories: Beginning of year: 4,091, End of
year: 3,903

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year: 17,250,

End of year: 12,750

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	6,846
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	6,846

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	11
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	11

Part II (Sch G (990/990EZ)) - Events

Event type	Line 1 Gross receipts	Line 2 Less (Charitable contributions)	Line 3 Gross income (line 1 minus line 2)	Line 4 Cash prizes	Line 5 Noncash prizes	Line 6 Rent/facility costs	Line 7 Food and beverages	Line 8 Entertainment	Line 9 Other direct expenses
1 Annual Trail Ride	144,879	6,846	138,033	0	2,763	0	84,338	0	99,388
2			138,033		2,763		84,338		99,388
3			0						
4			0						
5			0						
6			0						
7			0						
8			0						
9			0						
10			0						
11			0						
12			0						
13			0						
14			0						
15			0						
16			0						
17			0						
18			0						
19			0						
20			0						

VERDE VAQUEROS

OFFICERS AND BOARD OF DIRECTORS

JULY 1, 2012

OFFICERS – TERM EXPIRING JUNE 30 2013

President	JOHN WELDON
President Elect	JIM SWEENEY
Vice President – Camp	BOB STINSON
Vice President – Activities	DAN WALKER
Vice President – Rides	TOM DALZELL
Treasurer	STEVE SAVAGE
Secretary	DAVE OGLESBY

DIRECTORS

TERM EXPIRING JUNE 30, 2013

WAYNE ANDERSON
BILL BOHANNAN
JEFF KENNEDY
KEVIN McDAVID
DAVE OGLESBY
STEVE SAVAGE
JIM SWEENEY
DANNY WALKER

TERM EXPIRING JUNE 30, 2014

TOM DAZELL
BILL DEATSCH
SCOTT McCOY
JOE MILLER
TOMMY TOONE
RON WALKER
JOHN WELDON
DAVE WILDER

TERM EXPIRING JUNE 30, 2015

PAUL BEER
LUI MERLINO
GREGG MOSBY
BOB PARK
TED RYAN
BOB STINSON
KEVIN WARD
LLOYD YOTHER