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**Short Form
Return of Organization Exempt From Income Tax**

2013

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

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): 2311 NORTH MILLER ROAD
 City or town, state or province, country, and ZIP or foreign postal code: SCOTTSDALE, AZ 85257

D Employer identification number: 86-6006592

E Telephone number: 602-989-1221

F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ WWW.VERDEVAQUEROS.ORG

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

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

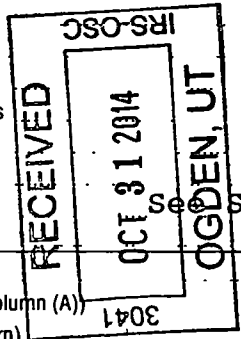
K Form of organization: Corporation Trust Association Other ▶

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 195775.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received															1150.														
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments																													
	4	Investment income																													
	5a	Gross amount from sale of assets other than inventory																													
	b	Less cost or other basis and sales expenses																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	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>1150.</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)																													
c	Less direct expenses from gaming and fundraising events																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
7a	Gross sales of inventory, less returns and allowances																														
b	Less cost of goods sold																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
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																													
	16	Other expenses (describe in Schedule O)																													
17	Total expenses. Add lines 10 through 16																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	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)																													
	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																													



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

SCANNED NOV 18 2014

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

X

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

28 ANNUAL TRAIL RIDE IS HELD FOR THE PURPOSE OF RAISING FUNDS FOR THE BOYS AND GIRLS CLUB OF SCOTTSDALE, ARIZONA

(Grants \$) If this amount includes foreign grants, check here 28a

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) 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. Includes entry for DONALD A. PEARSE.

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 Sch. O to respond to any question in this Part V [X]

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
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)
35a 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)?
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
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
b Did the organization file Form 1120-POL for this year? 37b X
38a 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? 38a X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9 39a 10500.
b Gross receipts, included on line 9, for public use of club facilities 39b 0.
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A, section 4955 N/A
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 N/A
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 N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A
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 41 AZ
42a The organization's books are in care of MAGGI NEUZIL Telephone no (480) 988-0093
Located at 1421 SOUTH DODGE STREET, GILBERT, AZ ZIP + 4 85233
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)? 42b X
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.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X
If "Yes," enter the name of the foreign country:
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 N/A
44a 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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b 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

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

Table with Yes/No columns for question 46. Answer: No (X).

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 Sch C, Part II

Table with Yes/No columns for question 47. Answer: No.

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

Table with Yes/No columns for question 48. Answer: No.

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

Table with Yes/No columns for question 49a. Answer: Yes (X).

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

Table with Yes/No columns for question 49b. Answer: No.

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."

Table with 5 columns: (a) Name and title of each employee, (b) 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. All entries are N/A.

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are N/A.

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 (X) 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) based on all information of which preparer has any knowledge

Sign Here: Signature of officer (Robert A. Frost), Date (10-28-14), Type or print name and title (ROBERT A. FROST ADMINISTRATIVE DIRECTOR)

Paid Preparer Use Only: Preparer's name (ROBERT K. MITCHELL), Signature (Robert K Mitchell), Date (10/9/14), PTIN (P01078828), Firm's name (MITCHELL & ERICKSON, CPA'S, LLP), Firm's EIN (86-0292738), Firm's address (1095 E. INDIAN SCHOOL ROAD, SUITE 100 PHOENIX, AZ 85014-4898), Phone no (602-263-9502)

May the IRS discuss this return with the preparer shown above? See instructions. Yes (X) No

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 (add col. (a) through col. (c))
		ANNUAL TRAIL RIDE		None	
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	148117.			148117.
2	Less: Contributions	1150.			1150.
3	Gross income (line 1 minus line 2)	146967.			146967.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2246.		2246.
	6	Rent/facility costs			
	7	Food and beverages	80184.		80184.
	8	Entertainment	1200.		1200.
	9	Other direct expenses	81828.		81828.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			165458.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-18491.

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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	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)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

VERDE VAQUEROS

Employer identification number
86-6006592

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:	Amount:
INTEREST INCOME	8.

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

Description of Other Expenses:	Amount:
AWARDS	255.
BANK FEES	91.
FOOD SUPPLIES	99.
LICENSES & FEES	10.
OFFICE SUPPLIES	1196.
PROFESSIONAL FEES	6080.
WEBSITE	140.
Total to Form 990-EZ, line 16	7871.

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

Changes in Net Assets or Fund Balances:	Amount:
PRIOR PERIOD ADJUSTMENT TO REMOVE ACCOUNTS RECEIVABLE	-15750.
PRIOR PERIOD ADJUSTMENT TO CORRECT BANK BALANCE	-5578.
Total to Form 990-EZ, line 20	-21328.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
ACCOUNTS RECEIVABLE	15750.	0.
INVENTORIES	3911.	12780.
Other Depreciable Assets	50.	402.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

VERDE VAQUEROS

Employer identification number

86-6006592

Total to Form 990-EZ, line 24

19711.

13182.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
SEE SCHEDULE O	0.	1073.

Form 990-EZ, Part III, Primary Exempt Purpose - RAISING FUNDS FOR THE BOYS
AND GIRLS CLUB OF SCOTTSDALE,
ARIZONA

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.

MISSION

To provide a ranch facility for equestrian and recreational use by the Verde Vaquero members and guests to be used as a fund raiser for the Boys and Girls Clubs of Greater Scottsdale and to continue our trail rides and other functions in and enjoyable and economic manner keeping alive our western heritage.

STRUCTURE

The Verde Vaqueros is a 501c7 nonprofit organization based in Scottsdale, Arizona. The organization was first incorporated in October 1958. It is governed by a twenty-three member board of directors and has a membership of 290. Staff members include a part time Administrative Director, a part time Director of Operations and a contract bookkeeper. The organization owns a 177 acre ranch outside of Kirkland Junction, AZ and retains a full time ranch manager at that location.

BOARD OF DIRECTORS

OFFICERS

JIM SWEENEY

President

BOB STINSON

President Elect

JEFF KENNEDY

Treasurer

DAVE OGLESBY

Secretary

DAN WALKER

Vice President – Activities

KEVIN McDAVID

Vice President – Rides

BOB STINSON

Vice President – Camp

Bob Frost

Administrative Director

STEVE SAVAGE

TOMMY TOONE

JAY TUBBS

RON WALKER

KEVIN WARD

JOHN WELDON

DAVE WILDER

EMERITUS

CHUCK ALLEN

JOHN AMORY

JERRY ANGLE

JOE ARNOLD

PAUL BEER

RANDY BLACK

BILL BRIDWELL

MYRON DEIBEL

MARK DOBSON

MIKE GALLAGHER

JOHN HARPER

ED HITCHCOCK

MIKE JESSEN

BILL LOVETT

MONTE MORGAN

JOHN SCAMMON

LLOYD YOTHER

DIRECTORS

WAYNE ANDERSON

BILL BOHANNAN

TOM DALZELL

BILL DEATSCH

NATE HOPPER

SCOTT McCOY

LUIS MERLINO

BOB PARK

JACK REED

TED RYAN