8

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Vieasury) Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

Ā	For t	he 2017 calendar year, or tax year beginning , 2017, and ending		
В	Check	if applicable C	Employer	identification number
Ц	! !	schange Arizona Couhou Poets Cathering		585211
닏	Name	PO Box 12051	Telephone	
H	Initial r	Prescott, AZ 86304	(928) 445-0072
H		20		
	}	tition pending	Number	Exemption
G	Acco	unting Method X Cash Accrual Other (specify) ► H Check ►	• If th	e organization is not
1	Webs	site: N/A required	to attacl	n Schedule B
j	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◄(Insert no) 4947(a)(1) or 527 (Form 9	90, 990-E	EZ, or 990-PF)
K	Form	of organization: XX Corporation Trust Association Other		
,	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u></u> \$	100,210.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions	
		Check if the organization used Schedule O to respond to any question in this Part I		<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received	1	74,111.
	2	Program service revenue including government fees and contracts	2	64,736.
	3	Membership dues and assessments	3	
	4	Investment income	4	12.
		Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5 b	&	
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events	5 c	
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ž	Ь	Gross income from fundraising events (not including \$ of contributions	- %	
RE>ESUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less direct expenses from gaming and fundraising events 6 c		
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances 7a 14, 38	4.	
	b	Less cost of goods sold 7b 11,47	3.	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	2,911.
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	141,770.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members .	11	L
E	12	Salaries, other compensation, and employee benefits RECEIVED	12	
EXPEZOE	13	Professional fees and other payments to independent contractors.	13	650.
Ñ S∻	14	Occupancy, rent, utilities, and maintenance Printing publications postage and shipping MAY 2 9 2018	14	3,750.
E S	515	Tritting, publications, postage, and shipping	15	12,787.
Č	₹16	Other expenses (describe in Schedule O) Lege Schedule O	16	107,938.
	217	Total expenses. Add lines 10 through 16 OGDEN, UT	▶ 17	125,125.
Α.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,645.
NS	179 20	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ear 🚢	
ΕĘ	1	figure reported on prior year's return)	19	95,643.
5	(20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	123	Net assets or fund balances at end of year Combine lines 18 through 20	► 21	112,288.
RA	Aziol	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2017)

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	990-EZ (2017) Arizona Cowboy			26	-158	5211 Page 2
<u>r</u> ar	Balance Sheets (see the Inst Check if the organization used Sch	ructions for Part II) edule 0 to respond to any qu	estion in this Part II			
	•	· · · · · · · · · · · · · · · · · · ·		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			95,643		112,288.
23	Land and buildings				23	····-
24 25	Other assets (describe in Schedule O) Total assets		-	05 642	24	110 000
	Total liabilities (describe in Schedule O))		95,643 0		112,288. 0.
27	Net assets or fund balances (line 27 of		line 21)	95,643		112,288.
Par	Statement of Program Service Ac					Expenses
	Check if the organization used Sc	hedule O to respond to any	question in this Part I	ı X		ured for section 501
What i	s the organization's primary exempt purpose? See	e Schedule O	1-11			and 501(c)(4) iizations, optional
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	its three largest progr ces provided, the nun	am services, as iber of persons	for oth	
				·	ļ	
28	Conduct the annual Arizon	a Cowboy Poets Gat	hering.			
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	117,030.
29	<u></u>					117,030.
					1	
]	
	(Grants \$) If th	is amount includes foreign g	rants, check here	<u> </u>	29 a	
30						
	(Grants \$) If th	is amount includes foreign g	rants check here		30 a	
31	Other program services (describe in Sch		rants, check here		30 a	
٥.	. •	is amount includes foreign g	rants, check here	▶ □	31 a	
32	Total program service expenses (add lin		,	<u> </u>	32	117,030.
Par	เ∛IV ፟ List of Officers, Directors, `				see the in	
	Check if the organization used Sc	hedule O to respond to any o	question in this Part I'	/		
			1	(d) Health benefit	k-	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	" contributions to emp benefit plans, and de	loyee	(e) Estimated amount of other compensation
Kri		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	" contributions to emp	loyee	(e) Estimated amount of other compensation
	stine Nelson	week devoted to	(Forms W-2/1099-MISC)	contributions to emp benefit plans, and de compensation	loyee ferred	other compensation
Vic		week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emp benefit plans, and de compensation	loyee	(e) Estimated amount of other compensation
Vic Don Dir	stine Nelson e President Fernwalt ector	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emp benefit plans, and de compensation	loyee ferred	other compensation
Vic Don Dir Jim	stine Nelson e President Fernwalt ector Buchanan	week devoted to position 1	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emp benefit plans, and de compensation	0.	other compensation 0.
Vic Don Dir Jim Sec	stine Nelson e President Fernwalt ector Buchanan retary	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emp benefit plans, and de compensation	loyee ferred	other compensation 0.
Don Dir Jim Sec Joe	stine Nelson e President Fernwalt ector Buchanan retary Konkel	week devoted to position 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emp benefit plans, and de compensation	O. O.	0. 0.
Don Dir Jim Sec Joe Pre	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident	week devoted to position 1	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emp benefit plans, and de compensation	0.	0.
Vic Don Dir Jim Sec Joe Pre Jim	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson	week devoted to position 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0.	0 .
Vic Don Dir Jim Sec Joe Pre Jim Dir	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson	week devoted to position 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emp benefit plans, and de compensation	O. O.	0. 0.
Vic Don Dir Jim Sec Joe Pre Jim Dir Ter	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson	week devoted to position 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0.	0. 0. 0. 0.
Vic Don Dir Jim Sec Joe Pre Jim Dir Ter Dir Sar	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud	week devoted to position 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0.	0. 0. 0. 0. 0.
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Vic Don Dir Jim Sec Joe Pre Jim Dir Ter Dir Sar Dir Bil	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
Vic Don Din Sec Joe Pre Jim Din Ten Din San Din Bil	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector	week devoted to position 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Vic Don Din Jim Sec Joe Pre Jim Din Ter Din Bil Din Tho	stine Nelson e President Fernwalt ector Buchanan retary Konkel sident Jenson ector ry Horne ector ah Stensrud ector 1 Hill ector mas Walker	week devoted to position 1 1 1 1 1 1 1 1	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0	contributions to emp benefit plans, and de compensation	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.

Page 2

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V') Check if the organization used Schedule O to respond to any question in this Part V Yes No 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 33 X 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) 34 Х 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)? 35 a Х 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 b 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 350 Х 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 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0 b Did the organization file Form 1120-POL for this year? 37b 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? 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 h N/A Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 39 a N/A b Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. 0.; section 4912 ► 0., section 4955 ► section 4911 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40 b c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 0 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 Х 40 e List the states with which a copy of this return is filed 42 a The organization's books are in care of > James Buchanan Telephone no ► (928) 445-0072 Located at ▶ 8250 N Buchanan Dr Prescott AZ No Yes 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)? 42 b Х If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х c At any time during the calendar year, did the organization maintain an office outside the United States? 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 N/A and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A Yes No 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 44 a 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 44 h c Did the organization receive any payments for indoor tanning services during the year? 44 c 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 44 d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Х 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) 45 h

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 All 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 Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b if 'Yes,' was the related organization a section 527 organization? 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 title of each employee (b) Average hours per week devoted to position (c) Reportable compensation compensation of compensation	No X X X
All 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 Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 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 title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (H) Health benefits. Contributions to employee benefit plans, and deferred compensation other compensation of the compensa	No X X X
Preserved to position and title of each employee Tyes Yes Yes Yes Yes Yes Yes Yes	X X X
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 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 b If 'Yes,' was the related organization a section 527 organization? 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 title of each employee (b) Average hours per week devoted to position (c) Reportable compensation contributions to employee benefit plans, and deferred compensation other compensation other compensation.	X X X
complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 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 title of each employee (b) Average hours per week devoted to position (c) Reportable compensation contributions to employee benefit plans, and deferred compensation other compensation other compensation	X X
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b If 'Yes,' was the related organization a section 527 organization? 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 title of each employee (b) Average hours per week devoted to position (c) Reportable compensation contributions to employee benefit plans, and deferred compensation other compensation	nt of
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.' (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 other compensation	
(a) Name and title of each employee per week devoted to position (C) Reportable compensation (Forms W-2/1099-MISC) contributions to employee benefit plans, and deferred compensation other compensation	
~ . 	
None	
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 business address of each independent contractor (b) Type of service (c) Compensation	n
None	
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 must attach a completed Schedule A ► X Yes	No
Under penalties of perjury, I de date that I have examined his return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peclaration of peparer (other than officer) is based on all information of which preparer has any knowledge	
Signafure of officer Signafure of officer	
Sign / Signature of officer / Date James Buchanan Secretary	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check of PTIN	
Paid Adam Rutherford, CPA Self-employed P01074806	
Preparer Use Only Firm's address ► 2086 WILLOW CREEK ROAD Firm's EIN ► 26-1390040	
Use Only Firm's address ► 2086 WILLOW CREEK ROAD Firm's EIN ► 26-1390040 PRESCOTT, AZ 86301 Phone no 928-778-0079	

May the IRS discuss this return with the preparer shown above? See instructions

► X Yes No

Form **990-EZ** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

		na Cowboy Poets Gat					26-158521	
		Reason for Public Cha						tions.
The o	gai	nization is not a private found	•	J ,		,	•	
1	Ц	A church, convention of church			•		i).	
2	Ц	A school described in section 1			-	•		0 /
3	Н	A hospital or a cooperative h					•••	
4	Ш	A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii) E	inter the hospital's
_	$\overline{}$	name, city, and state						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6	Ц	A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II)	art of its support from a	governm	ental uni	t or from the general pul	olic described
8	\bigsqcup	A community trust described	ın section 170(b)(1)(A)(vi). (Complete Part I	H)			
9		An agricultural research organizor university or a non-land-gran						
	_	university						
10		An organization that normally r from activities related to its convestment income and unrel June 30, 1975 See section 5	exempt functions—sub lated business taxable 509(a)(2). (Complete F	oject to certain exception e income (less section Part III)	ons, and 511 tax)	(2) no i from bi	more than 33-1/3% of i usinesses acquired by	ts support from gross
11	Ц	An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one (X3). Check the box in
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sur	ported o	roanizat	ion(s), typically by givino	the supported on You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section	ation supervised or c	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s) You
С		Type III functionally integrated. organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ar	nd functio	onally integrated with, its	supported ,
d		Type III non-functionally integrated The constructions) You must com	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s) t and an attentiveness	that is not requirement (see
e		Check this box if the organizategrated, or Type III non-fu	ation received a writte	en determination from t	the IRS			
f	En	ter the number of supported of		supporting organization	1			
-		ovide the following information	•	d organization(s)				
() Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) l organizat in your g docum	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					163	140		<u> </u>
(A)					[,			
					 			
(B)			4					
(C)								
(D)								
(E)								
				-				

Schedule A (Form 990 or 990-EZ) 2017 Arizona Cowboy Poets Gathering 26-1585211

Part: || Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support			·			
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	43,794.	43,977.	47,333.	62,845.	74,111.	272,060.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	43,794.	43,977.	47,333.	62,845.	74,111.	272,060.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,116.
6	Public support. Subtract line 5 from line 4						262,944.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	43,794.	43,977.	47,333.	62,845.	74,111.	272,060.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6.	11.	10.	12.	12.	51.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10						272,111.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and		's first, second, th	ırd, fourth, or fıfth t	ax year as a sectio	n 501(c)(3)	▶ []
	tion C. Computation of Pu						
	Public support percentage for 20	•	``	ne 11, column (f)).		14	96.63%
	Public support percentage from					15	95.36%
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization di qualifies as a pub	d not check the b blicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2016. If the and stop here. The organization	ne organization did i qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a irganization	i, and line 15 is 33	3-1/3% or more, o	heck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and ston ber	ne. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	and-circumstance: test The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	'e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check the	s box and see ins	structions -
BAA					Sch	nedule A (Form 99	20 or 900 EZ) 2017

	(Complete only if you ched	ked the box on I	ine 10 of Part I oi	r if the organization	n failed to qualify	under Part II If th	e organization
<u> </u>	fails to qualify under the to	ests listed below,	please complete	Part II)			
	tion A. Public Support		T-11-22-	1			
Calend 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20 ⁴ 7	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				/		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support			T			
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		-				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				:		
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	/stop here		nd, third, fourth, o	r tifth tax year as	a section 501(c)(3	· [
	tion C. Computation of Pu						
	Public support percentage for 20			ne 13, column (f))		15	%
	Public support percentage from					16	%
	tion D. Computation of Inv						
17	Investment income percentage f	or 2017 (line 10c,	column (f) divide	ed by line 13, colu	mn (f))	17	%
	Investment income percentage f					18	%
19a	33-1/3% support tests - 2017. If the part more than 33 1/3% should	the organization of	did not check the	box on line 14, ar	d line 15 is more	than 33-1/3%, and	line 17
b	is not more than 33-1/3%, check 33-1/3% support tests—2016. If the 18 is not more than 33-1/3%	he organization o	lid not check a bo	ox on line 14 or lin	e 19a, and line 1	S is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organi.	o, crieck this box a zation did not che	and stop nere. If eck a box on line	ie organization qu 14 19a or 19b o	alifies as a public	y supported organ	ization
BAA			TEEA0403L			hedule A (Form 99	00 or 990-FZ) 2017

Partily: Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes	No
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På	Supporting Organizations (continued)			
		Commenter of the Commen	Yes	No
11	Thas the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		<u> </u>
	b A family member of a person described in (a) above?	11b		
_	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	<u> </u>	Yes	No
•	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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		<u> </u>
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		200
Se	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
-	a The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see i	ınstruc	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	*	,	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	*	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	能义》 Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	Nov 20, ust comp	1970 lete S	(expla Section	ın ın ıs A t	Part Vi) Se	e
Sec	tion A – Adjusted Net Income		(A)	Prior	Year			Curre (optio	ent Year onal)
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			_				
7	Other expenses (see instructions)	7		-					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sec	tion B — Minimum Asset Amount		(A)	Prior	Year			Curre (optio	ent Year onal)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)					1			
ā	Average monthly value of securities	1a							
Ł	Average monthly cash balances	1b							
	Fair market value of other non-exempt-use assets	1c							
	d Total (add lines 1a, 1b, and 1c)	1d							
-	Discount claimed for blockage or other factors (explain in detail in Part VI)								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d	3							
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
_6	Multiply line 5 by 035	6	<u></u>						
7	Recoveries of prior-year distributions	7							
_8	Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>						
Sec	tion C — Distributable Amount						C	urren	t Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u> </u>		22,3				
2	Enter 85% of line 1	2				. X			
3		3							
4	Enter greater of line 2 or line 3	4				,			
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, 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 inte (see instructions).	grate	d Type II	sup	porting	g orga	anızatıd	n	
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Par	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provide o	details	
9	Distributable amount for 2017 from Section C, line 6	····		
10	Line 8 amount divided by line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			-Y
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		· <u> </u>	
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			" " " " " " " " " " " " " " " " " " "
С	Remainder Subtract lines 4a and 4b from 4	7.77		
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c			
8	Breakdown of line 7			
а	Excess from 2013		4	
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			4 N / 1 N .
е	Excess from 2017			
RΔΔ			Schodulo A /Fo	rm 990 or 990 E7) 2017

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/rormsso for the fatest information.

Arizona Cowboy Poets Gathering

Employer identification number 26-1585211

Form	990-EZ,	Part I,	Line 1	6
Other	Expens	es		

Advertising and Promotion	\$	34,758.
Award/placues, etc		112.
Bank charges		114.
Breakfast Gathering		1,246.
Credit Card Services .		20.
Direct Program Costs		55,700.
Gift- In Kind Expenditure		250.
Green Room		274.
Information Technology		640.
Insurance		513.
Miscellaneous		1,262.
Office Expenses		370.
Raffle		8,205.
Reception .		2,500.
Supplies		431.
Telephone		1,543.
	Total \$	107,938.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Education and literacy furtherance of cowboy poetry, music, and history and western heritage culture and history.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No