

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)

OMB No 1545-0047

2020

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.

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name: Verde Vaqueros, 1421 South Dodge Street, Gilbert, AZ 85233. D Employer identification number: 86-6006592. E Telephone number: (480) 988-0093. F Group Exemption Number: 07

G Accounting Method: [X] Cash [] Accrual Other (specify) [] H Check [X] 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) [X] 501(c)(7) (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [] Corporation [] Trust [X] 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 29,067.

Part II 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 [X]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total revenue: 6,711). Rows 10-17: Expenses (Total expenses: 14,374). Rows 18-21: Net Assets (Total: 257,005). Includes a 'RECEIVED' stamp dated DEC 16 2021 and handwritten '2' in the right margin.

SCANNED AUG 25 2022 Revenue

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)

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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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

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 Schedule 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: No

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, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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.

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

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 (JEFF KENNEDY), Date, Type or print name and title (Treasurer)

Paid Preparer Use Only: Print/Type preparer's name (Alan L. Wilson), Preparer's signature (Alan L. Wilson), Date (11/10/21), Check self-employed, PTIN (P00246595), Firm's name (Alan L Wilson CPA PLLC), Firm's address (1095 E Indian School Rd Phoenix, AZ 85014), Firm's EIN (20-8206795), Phone no (602-263-9502)

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

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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' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

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Name of the organization

Verde Vaqueros

Employer identification number

86-6006592

Part I Fundraising Activities. Complete if the organization answered 'Yes' on 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 10 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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 III Fundraising Events. Complete if the organization answered 'Yes' on 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 R (event type)	(event type)	None (total number)	(add column (a) through column (c))
Revenue	1	Gross receipts	29,065.		29,065.
	2	Less: Contributions	32,535.		32,535.
	3	Gross income (line 1 minus line 2).	-3,470.		-3,470.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	450.		450.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	21,906.		21,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			22,356.
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			-25,826.

Part III Gaming. Complete if the organization answered 'Yes' on 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 column (a) through column (c))
		Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
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 conducts gaming activities: _____
 a Is the organization licensed to conduct 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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2020

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Name of the organization

Employer identification number

Verde Vaqueros

86-6006592

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

Depreciation	\$	2,293.
Insurance		11,989.
Office Expenses		92.
Total	\$	14,374.

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

	<u>Beginning</u>	<u>Ending</u>
Inventories	\$ 9,778.	\$ 9,778.
Machinery and Equipment	33,572.	34,322.
Total	\$ 43,350.	\$ 44,100.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
CREDIT CARDS	\$ 28.	\$ 29.
PAYROLL TAXES PAYABLE	5.	0.
PREPAID DUES	165.	165.
PREPAID REVENUE	56,654.	58,070.
ROUNDING	0.	-2.
Total	\$ 56,852.	\$ 58,262.

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

TO PROVIDE A RANCH FACILITY FOR EQUESTRIAN AND RECREATIONAL USE BY THE VERDE VAQUERO MEMBERS AND QUESTS 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 AN ECONOMIC AND ENJOYABLE MANNER KEEPING ALIVE OUR WESTERN HERITAGE.

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
HARRY MARKLEY President	0	\$ 0.	\$ 0.	\$ 0.

Name of the organization

Employer identification number

Verde Vaqueros

86-6006592

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Estimated Amount Of Other Compen.
GREG HOLDITCH PRESIDENT ELECT	0	\$ 0.	\$ 0.	\$ 0.
JOHN WELDON Secretary	0	0.	0.	0.
JEFF KENNEDY Treasurer	0	0.	0.	0.
WAYNE ANDERSON Director	0	0.	0.	0.
SCOTT MCCOY Director	0	0.	0.	0.
JEFF ANDERSON Director	0	0.	0.	0.
KEVIN MCDAVID Director	0	0.	0.	0.
TOM DALZELL Director	0	0.	0.	0.
GREGG MOSBY Director	0	0.	0.	0.
ROB NEILL Director	0	0.	0.	0.
BOB PARK Director	0	0.	0.	0.
NATE HOPPER Director	0	0.	0.	0.
GREG HOLDITCH Director	0	0.	0.	0.
TED RYAN Director	0	0.	0.	0.
KEVIN MCNULTY Director	0	0.	0.	0.
NICK SARCHETT Director	0	0.	0.	0.

Name of the organization

Verde Vaqueros

Employer identification number

86-6006592

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Estimated Amount Of Other Compen.
TOMMY TOONE Director	0	\$ 0.	\$ 0.	\$ 0.
BOB STINSON Director	0	0.	0.	0.
JAY TUBBS Director	0	0.	0.	0.
JIM SWEENEY Director	0	0.	0.	0.
TIM CHRISTISON Director	0	0.	0.	0.
MAGGI NEUZIL ADMIN DIRECTOR	10	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>