

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

· · · · · · · · · · · · · · · · · · ·	SEP 30, 2011	
lame of organization	D Employer identificati	on number
The 3000 Club		
Doing Business As	27-329	5358
,		
	602-24	
	G Gross receipts \$	3,954,648.
	<b></b>	Yes X No
	<del>-</del>	
	<del></del>	
ımary		
	ore than 25% of its net asset	
	3	3
	<del></del>	3 0
		0
•		0.
related business taxable income from Form 990-T, line 34	7b	0.
	Prior Year	Current Year
outions and grants (Part VIII, line Th) CUCIVLU		3,954,648.
an service revenue (r art virgine 29)		0.
		0.
		0.
		3,954,648.
		3,947,095.
The state of the s		0.
The state of the s		0.
expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,159.
expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,948,254.
ue less expenses Subtract line 18 from line 12		6,394.
<del>-</del>	Beginning of Current Year	End of Year
F		6,394.
F		6 304
		6,394.
	tements, and to the hest of my kn	owledge and helief it is
complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.	omicage and belief, it is
It lust	✓ V	
Signaturé of officer	Date	
Ethel Luzario, President Type or print name and title	/	
Type preparer's name	Date Check	PTIN
nthia J. Williams // Williams	12/13/11 self-employed	<u> </u>
	Firm's EIN	
		005 4040
Mesa, AZ 85203 Cuss this return with the preparer shown above? (see instructions)	Phone no. 480	
HISS THIS PATHED WITH THE PROPERTY SHOWN SHOVE? (SEE INSTRUCTIONS)		X Yes No
LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2010)
	Room/sumber and street (or P.0. box if mail is not delivered to street address)  1741 W Rose Garden Lane  Ity or town, state or country, and ZIP + 4  Phoenix, AZ 85027  Name and address of principal officer. Ethel Luzario ame as C above  Latus: [X] 501(c)(3)	The 3000 Club  Dong Business As  Jumber and street (or P.D. box if mail is not delivered to street address)  Total W Rose Garden Lane  Dity or town, state or country, and ZIP+4  Phoenix, AZ 85027  Halp Is this a group return for affitiates?  Halp Is this a group return for affitiates?  How www. The 3000Club.org  alton: XI Corporation

# Form 990 (2010) The 3000 Club Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
_	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	~***	. ನಿನ	**************************************
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		<u></u>	
_	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>  '''</del>		21
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_ X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (	2010)

21 Dut the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, committed (%) "The", compilete Schedule (*) Parts and II (*) 22 V (%) and the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 If "Yes," compilete Schedule (*) Parts I and III (*) 22 V (%) and III (*) 23 V (%) and III (*) 24 V (%) and III (*) 25 V (%) and III (*) 24 V (%) and III (*) 25 V (%) and III (*) 25 V (%) and III (*) 25 V (%) and III (*) 26 V (%) and III (*) 27 V (%) and III (*) 28 V (%) and III (*) 29 V (%) and III				Yes	No
22 IX column (A), line 2º If "Yes," complete Schedule I, Parts I and III soft the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III soft the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officiens, circetors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule III stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2º 4th through 2dd and complete Schedule III "Yes," to the III stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2º 4th through 2dd and complete Schedule III "Yes," to the III "Yes," to a part of Yes, or a part of III "Yes," to a part of Yes, or	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), line 27 if "Yes," complete Schedule I, Parts I and III  22 X  23 Dd the organization is current and former officers, directors, trustese, key employees, and highest compensated employees? If "Yes," complete Schedule I, I' mot, go to the 25  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete Schedule I, I' mot, go to time 25  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Dd the organization ment and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25 Section 501(x3) and 501(x3) do result of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25 Section 501(x3) and 501(x3) do resultations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II  b Is the organization aware that engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I, Part II  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule I, Part IV  27 X  28 Was the organization aparty to a business transaction with one of the following partes (see Schedule I, Part IV  b A Tannity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  c An entity of which a current or former officer, director, trustee, or key employee or a family member through was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule I, Part IV  b A Tannity member of a current or former officer, director, trustee, or key employee or a f		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Inis 3.4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and to yet year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  D dit the organization have at ax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  D dit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  D off the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  D off the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  D off the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  D off the organization at any 100 (16)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit any any any any time that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZP If "Yes," complete Schedule L, Part II V Schedule L, Part IV Schedule	22				
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Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  25 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instruction former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or a contributions? If "Yes," complete Schedule I, Part IV instructions? If "Yes," complete Schedule I, Part IV instructions? If "Yes," complete Schedule Instructions or an instruction of a contributions? If "Yes," complete Schedule Instructions or an instruction of a contributions? If "Yes," complete Schedule Instructions or an instruction of a contributions? If "Yes," complete Schedule Instructions or an instruction of a contributions? If "Yes," complete Schedule Instructions or an instruction of a contributions? If "Yes," complete Schedule Instructions or an instruction of a contributions? If "Yes," complete Schedule Instructions or an instruction of a contributions? If "Yes," complete Schedule Instructions or an instr			240		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  29 In the organization applicable filling thresholds, conditions, and exceptions):  20 In A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  20 In the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  21 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  22 In the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  23 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets; If "Yes," complete Schedule L, Part II  23 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule L, Part II  24 A Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I III, III, IV, and V, line 1  25 In the organization of the organization and that is treated organization and that is treated as a partnership for federal innoems tax	258				v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I    25	h		25a		
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Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I I 34 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 312(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2 34 X  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2 35 X  36 Section 501(c)(3) organizations. Did			OEL		Y
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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and irrector, trustee, or key employee? If "Yes," complete Schedule L, Part IV and irrector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV and irrector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV and irrector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV and irrector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV and irrector, trustee, or director indirect owner? If "Yes," complete Schedule L, Part IV and irrector, trustee, or director indirect owner? If "Yes," complete Schedule L, Part IV and irrector, trustee, or director indirect owner? If "Yes," complete Schedule L, Part IV and irrector, trustee, or director indirect owner? If "Yes," complete Schedule M and irrector, trustee, or director, trustee, or key employee? If "Yes," complete Schedule M and irrector, trustee, or key employee? If "Yes," complete Schedule M and irrector, trustee, or key employee? If "Yes," complete Schedule M and irrector, trustee, or key employee? If "Yes," complete Schedule M and irrector, trustee, or key employee? If "Yes," complete Schedule M and irrector, trustee, or key employee? If "Yes," complete Schedule M and irrector, trustee, or key employee? If "Yes," complete Schedule M and irrector, trustee, or key employee? If "Yes," complete Schedule A, Part I If I			26		x
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Instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 X  33 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)?  B Ud the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, line 2  35 Did the organization conduct mo	28				
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Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  34	33	· · · · · · · · · · · · · · · · · · ·			
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X			33		<u> </u>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	34	, , ,	١		37
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	25				
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38  X			_35_		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	а				
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	36				
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	37		30		Λ
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	··		37		y
Note. All Form 990 filers are required to complete Schedule O	38		"		_4,
			38	x	
					2010)

Form	990 (2010) The 3000 Club 27-3295	358	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		8
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			i
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand		_	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	<b>990</b> (	(2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			<u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			3
b	Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2.40		، ، ایککیی
	officer, director, trustee, or key employee?	2	]	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		30	
	by the following:		ĸĬĸ.	, e
а	The governing body?	8a	X	***
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			( a. l
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	,		, 5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ing in	l	* 8
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		,	* , *
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
-	statements available to the public.		-3*	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition.		
	The Organization - 602-241-2873	-		
	1741 W Rose Garden Lane, Phoenix, AZ 85027			
		Eorm	9907	2010)

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per			(O Pos	C) itior			ed any current officer, o  (D)  Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Ethel Luzario										_
President	50.00	X		X		_		0.	0.	0
Patricia Figueroa	1 00	<b>.</b>							0	•
Vice President	1.00	Х		Х				0.	0.	0
Charmel dela Cruz Secretary/Treasurer	1.00	х		x				0.	0.	0
									-	
		-								
				-						
		$\vdash$		$\vdash$		-				

	(A) Name and title	(B) Average			(C Posi	•	1		(D) Reportable	<b>(E)</b> Reportable	Es	(F) timated
		hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	all t		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISO	com C) fro	ount of other censation om the anization d related nizations
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)		L	<u>                                      </u>			<b>&gt; &gt; &gt;</b>		0.		0. 0. 0.	0. 0. 0.
3 4 5	Total number of individuals (including but no compensation from the organization   Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some series of any individual listed on line 1a, is the subject and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete the series of the organization?	director or tru uch individual im of reportab 0,000? If "Yes, accrue comper	stee le co " co nsat	ompe mple	ensa ete S	iploy ition Sche any	yee, n and edule	or h	nighest compensated er ner compensation from for such individual	nployee on the organization	3 4	Yes No
<u>Sec</u> 1	tion B. Independent Contractors  Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of comp	ensation fi	rom
	(A) Name and business	address							(B) Description of s	ervices	(C Comper	
2	Total number of independent contractors (i \$100,000 in compensation from the organic	-	ot li	mite	d to		se lis	ted	above) who received m	nore than	Form	<b>990</b> (2010)

i h			*		<b>?*</b> > / <sub>&amp;</sub>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 6	а	Federated campaigns	1a	_	_			
Contributions, gifts, grants and other similar amounts	ı	b	Membership dues	1b		e			
S, G		С	Fundraising events	1c					
ar is	•	d	Related organizations	1d					
S, Hij		е	Government grants (contribut	tions) 1e			,,	,	
tion sr s	1	f	All other contributions, gifts, gran	nts, and			,		
혈			similar amounts not included abo	ove 1f 3	,954,648.				
È	9	g	Noncash contributions included in lines	s 1a-1f \$ 3	,916,592.			ŵ.	,
S E	ı	h	Total. Add lines 1a-1f		<b>&gt;</b>	3,954,648.	,	****	
					Business Code				
g l	2 8	а							
ه څ	ı	b						-	
Su		С							
e a		d							
Program Service Revenue		е							
مّ	1	f	All other program service reve	enue					· · ·
		g	Total. Add lines 2a-2f		<b>•</b>				
	3		Investment income (including	dıvıdends, ınte	rest, and				
			other similar amounts)		<b>&gt;</b>				
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties		<b>&gt;</b>				
				(ı) Real	(ii) Personal			***	
	6 a	а	Gross Rents						
	ı	b	Less: rental expenses			<b>\$</b>	* * *	, . * .	,
	•	С	Rental income or (loss)			- ^			
	•	d	Net rental income or (loss)		. •				
	7 8	а	Gross amount from sales of	(i) Securities	(II) Other		, ‡		
			assets other than inventory						
	ı	b	Less: cost or other basis			,			.39
			and sales expenses			· · · · · · · · · · · · · · · · · · ·		*	*
	•	С	Gain or (loss)			****			FM 1807 W 2007 P = 1.000
	•	d	Net gain or (loss) .		<u> </u>				
<u>o</u>	8 8	а	Gross income from fundraising	g events (not		*	,		
Other Revenu			including \$	of					
<u>۾</u>			contributions reported on line	1c) See					
ē			Part IV, line 18		a				
			Less: direct expenses		b				
			Net income or (loss) from fund	_	<u> </u>				
	9 8		Gross income from gaming ad	ctivities See					
			Part IV, line 19		a				
			Less direct expenses		b			<b>-</b>	
			Net income or (loss) from gan	_	<u> </u>				
	10 á		Gross sales of inventory, less	returns					
			and allowances		a				
			Less cost of goods sold		b				
-		<u>c</u>	Net income or (loss) from sale		<u> </u>				
_			Miscellaneous Revenu	1e	Business Code				
	11 a	а							
	ı	b							
	•	С							-
	•		All other revenue						
	•	е	Total. Add lines 11a-11d		<b>&gt;</b>	2 0 5 4 5 4 5			
032009	12		Total revenue. See instructions.		<b>_</b>	3,954,648.	0.	0.	Form <b>990</b> (2010)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com			re columns (B), (C), and (	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	724,955.	724,955.		*
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	3,120,621.	3,120,621.		
3	Grants and other assistance to governments,			· śs	«
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	<u> </u>	101,519.		
4	Benefits paid to or for members		•	,	3.43 ×
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		<del>-</del>		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<del></del>			
11	Fees for services (non-employees)				
а	Management				
b	Legal	1 100			·
C	Accounting	1,100.		1,100.	
	Lobbying		*		
e	Professional fundraising services. See Part IV, line 17		<u> </u>		
f	Investment management fees		<u> </u>		
g	Other				
12	Advertising and promotion Office expenses	59.		59.	
13 14	Information technology			33.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	· ·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а					
þ					
C					<u> </u>
d			<u>.</u> .		
е					
f	All other expenses		<u> </u>		
<u>25</u>	Total functional expenses. Add lines 1 through 24f	3,948,254.	3,947,095.	1,159.	0.
26	Joint costs. Check here  If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	π λ	Balance Sneet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	3,897.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, de	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	*** * * ******************************
	6	Receivables from other disqualified persons (as	defined under section			***
		4958(f)(1)), persons described in section 4958(c	e)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ictions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 2,497.			
	ь	Less: accumulated depreciation	10b	0.	10c	2,497.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	<u>0.</u>	16	6,394.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	7-1
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		_	20	****
es	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Payables to current and former officers, director	· · · ·	3 44		\$
iab		highest compensated employees, and disqualif	ed persons Complete Part II			
_		of Schedule L			_22	
	23	Secured mortgages and notes payable to unrela	· ·		23	
	24	Unsecured notes and loans payable to unrelate	d third parties	-	24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	0.	26	0.
		Organizations that follow SFAS 117, check he	ere   L  A  and complete			
Ses		lines 27 through 29, and lines 33 and 34.			<u>-</u>	· · · · · · · · · · · · · · · · · · ·
<u>a</u>	27	Unrestricted net assets			27	6,394.
Ва	28	Temporarily restricted net assets		-	28	
ը	29	Permanently restricted net assets			29	<del></del>
Ę		Organizations that do not follow SFAS 117, c	heck here   in land			
S		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	<del>-</del>
As	31	Paid-in or capital surplus, or land, building, or ed		<u> </u>	31	
Net E	32	Retained earnings, endowment, accumulated in Total net assets or fund balances	icome, or other tunas		32	- 204
_	33			0.	33	6,394.
	34	Total liabilities and net assets/fund balances		0.	34	6,394.

Form **990** (2010)

Form	990 (2010) The 3000 Club	27-	3295358	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI				
				-	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	3,95	4,6	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,94	3,2	54.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,3	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	0.
_6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,3	94.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$
	Accounting method used to prepare the Form 990.			Yes	No
•					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	The accordance to the accordan		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		.		/ {
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	lit i		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2010)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **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. ► See separate instructions.

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

The 3000 Club 27-3295358 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III · Functionally integrated d \_\_\_\_ Type III - Other a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization (in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		<del></del>		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
			ļ						
		-							-
otal									

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

032021 12-21-10

Form 990 or 990-EZ.

g

h

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supporting organization, check this box

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

(ii) A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2010

Yes

11g(i)

11g(ii)

11g(iii)

No

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	<i>(</i> i)						
	(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. If the organization fails to qualify under the tests listed below, please complete Part III)												
	fails to qualify under the tests	s listed below, plea	ise complete Part	III)									
Sec	ction A. Public Support					·							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total						
	Gifts, grants, contributions, and	(=)		() = 0.00	(2) = 3 = 3	(4)	(7.53						
-	membership fees received. (Do not												
	include any "unusual grants.")												
2	Tax revenues levied for the organ-												
_	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities			<del> </del>									
Ü	furnished by a governmental unit to												
	the organization without charge												
				<del></del>	-								
4	Total. Add lines 1 through 3			1									
5	The portion of total contributions												
	by each person (other than a		4.		,								
	governmental unit or publicly	<b>\$</b> `	*		*	*							
	supported organization) included												
	on line 1 that exceeds 2% of the												
	amount shown on line 11,												
	column (f)		<b>*</b>	1. 4	.2								
	Public support. Subtract line 5 from line 4	<u> </u>		3	<u> </u>								
Se	ction B. Total Support	· -	<u></u>										
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	<b>(f)</b> Total						
7	Amounts from line 4												
8	Gross income from interest,												
		1											
	dividends, payments received on				1								
	dividends, payments received on securities loans, rents, royalties												
	· · ·												
9	securities loans, rents, royalties												
9	securities loans, rents, royalties and income from similar sources												
9	securities loans, rents, royalties and income from similar sources Net income from unrelated business												
	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the												
	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain												
	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital												
10	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)												
10	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10	etc (see instruction	ons)			12							
10 11 12	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities,	-	•	rd, fourth, or fifth t	ax year as a section	12   0n 501(c)(3)							
10 11 12	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	r the organization's	•	rd, fourth, or fifth t	ax year as a section		•						
10 11 12 13	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities,	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section		<b>•</b>						
10 11 12 13	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities,  First five years. If the Form 990 is for organization, check this box and storction C. Computation of Publication	r the organization's here ic Support Pe	rcentage	· · · · · · · · · · · · · · · · · · ·	ax year as a section	on 501(c)(3)	<b>&gt;</b>						
10 11 12 13 Sec 14	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities,  First five years. If the Form 990 is for organization, check this box and storction C. Computation of Public support percentage for 2010 (6)	r the organization's b here ic Support Pe line 6, column (f) d	s first, second, thi	· · · · · · · · · · · · · · · · · · ·	ax year as a section	on 501(c)(3)	<b>▶</b> □						
10 11 12 13 Sec 14 15	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop ction C. Computation of Public support percentage for 2010 (IPublic support percentage from 2009)	r the organization's  o here  ic Support Pe  line 6, column (f) d  o Schedule A, Part	rcentage  Ivided by line 11,  II, line 14	column (f))		14 15	%						
10 11 12 13 Sec 14 15	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and storction C. Computation of Public support percentage for 2010 (Public support percentage from 2009) as 31/3% support test - 2010. If the organization of the public support test - 2010. If the organization of support test - 2010.	r the organization's  c here ic Support Pe line 6, column (f) d  Schedule A, Part  rganization did no	rcentage  ivided by line 11, II, line 14 t check the box o	column (f)) n line 13, and line		14 15	%						
10 11 12 13 Sec 14 15 16a	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10.  Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and storction C. Computation of Public support percentage for 2010 (Public support percentage from 2009 at 33 1/3% support test - 2010. If the ostop here. The organization qualifies	r the organization's  b here ic Support Pe  line 6, column (f) d  Column Schedule A, Part  rganization did no as a publicly supp	rcentage  Ivided by line 11,  II, line 14  It check the box of corted organization	column (f)) n line 13, and line	14 ıs 33 1/3% or п	14 15 nore, check this bo	x and ▶□						
10 11 12 13 Sec 14 15 16a	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and storction C. Computation of Public support percentage from 2009 133 1/3% support test - 2010. If the ostop here. The organization qualifies 33 1/3% support test - 2009. If the o	the organization's  here ic Support Pe  line 6, column (f) d  Schedule A, Part  organization did no  as a publicly supp  organization did no	rcentage  Ivided by line 11,  II, line 14  t check the box of orded organization to check a box on	column (f)) n line 13, and line n line 13 or 16a, and	14 ıs 33 1/3% or п	14 15 nore, check this bo	x and ▶□						
10 11 12 13 See 14 15 16a	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and storction C. Computation of Public support percentage for 2010 (Public support percentage from 2009 and 33 1/3% support test - 2010. If the ostop here. The organization qualifies and stop here. The organization qualifies	the organization's here ic Support Pe line 6, column (f) de Schedule A, Part organization did no as a publicly supporganization did no lifies as a publicly s	rcentage  Ivided by line 11,  II, line 14  t check the box of orted organization t check a box on supported organization	column (f)) n line 13, and line n line 13 or 16a, and cation	14 is 33 1/3% or m	14 15 nore, check this bo	x and  s box						
10 11 12 13 See 14 15 16a	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stopection C. Computation of Public support percentage from 2009 and 33 1/3% support test - 2010. If the ostop here. The organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test	the organization's  chere ic Support Pe line 6, column (f) d  Schedule A, Part organization did no as a publicly supp organization did no	rcentage  Ivided by line 11, II, line 14 t check the box of orted organization t check a box on supported organization did not of	column (f))  In line 13, and line in line 13 or 16a, and cation check a box on line	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a	14 15 nore, check this bo or more, check the	x and  s box or more,						
10 11 12 13 See 14 15 16a	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop organization, check this box and stop to the support percentage from 2009 and 31/3% support test - 2010. If the ostop here. The organization qualifies and stop here. The organization qualifies and fithe organization meets the "face"	r the organization's  c here ic Support Pe line 6, column (f) d  Schedule A, Part  rganization did no as a publicly supp  rganization did no ifies as a publicly s  t - 2010. If the organization did ets-and-circumstan	rcentage Ivided by line 11, II, line 14 It check the box of the organization supported organization did not of ces" test, check it	column (f))  In line 13, and line in line 13 or 16a, and eation check a box on line his box and stop I	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a nere, Explain in Pa	14 15 nore, check this bo or more, check the	x and  s box or more,						
10 11 12 13 Sec 14 15 16a	securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stopection C. Computation of Public support percentage from 2009 and 33 1/3% support test - 2010. If the ostop here. The organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test	the organization's here ic Support Pe line 6, column (f) de Schedule A, Part organization did not as a publicly support as a publicly support as a publicly support as a publicly strain as a publicly	rcentage  Ivided by line 11, II, line 14 It check the box of corted organization It check a box on supported organization did not of ces" test, check in the qualifies as a	column (f))  In line 13, and line in line 13 or 16a, and eation check a box on line his box and stop I publicly supporte	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a nere. Explain in Pa d organization	14 15 15 or more, check this boo or more, check the and line 14 is 10% art IV how the organ	x and    Sis box   Sis box						

Schedule A (Form 990 or 990-EZ) 2010

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants:")					38,056.	38,056.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5					38,056.	38,056.
7 a	Amounts included on lines 1, 2, and			}			
	3 received from disqualified persons						0.
t	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						0.
(	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)		-				38,056.
	ction B. Total Support			•	<u> </u>	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6					38,056.	38,056.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						•
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	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					<del>  </del>	
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)					38,056.	38,056.
	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd. fourth, or fifth t	ax vear as a secti		
	check this box and stop here		<b>,</b> ,	-,			<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<del></del>			
	Public support percentage for 2010 (		<del>-</del>	column (f))		15	.00 %
	Public support percentage from 2009	• • • • • • • • • • • • • • • • • • • •	•			16	%
	ction D. Computation of Inve					1.0 1	
	Investment income percentage for 20				_	17	%
18		•	,,	(.,,		18	<u> </u>
	a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box a						▶ [ ]
ŧ	33 1/3% support tests - 2009. If the				· · ·		nd F
	line 18 is not more than 33 1/3%, che						ightharpoons
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions _	<b>▶</b> □
					_		

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

The 3000 Club

Employer identification number

27-3295358

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
<b>'</b>	organization answered "Yes" to Form 990, Part IV, lin		on place in all
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	_	
4	Aggregate value at end of year	***	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
_	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		Yes No
Pai	t II > Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	
	year >		<b>3</b>
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	rganization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other sımılar assets for financıal gaın	ı, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2010

	dule D (Form 990) 2010 The 300							<u> 27-32</u>			
Par	rt III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Si	milar Asse	ets (cont	inued	)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	ignific	ant use of its	collectio	n item	าร
	(check all that apply)										
а	Public exhibition	c	ı 🗀	Loan or exc	hange progr	ams					
b	Scholarly research	€	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	hey further t	he organizati	ion's exe	mot p	urpose in Pa	rt XIV		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	ınızatıon's co	ollection?		•		Yes		No
Par	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" to	Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	inclu	ded			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.							
									Amoun	t	
С	Beginning balance							Ic			
d	Additions during the year							ld			
е	Distributions during the year						Γ.	le			
f	Ending balance							1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV										
Par	rt V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	10.				
		(d) Th	ree years back	(e) Four	years	back					
1a	Beginning of year balance				_						
b	Contributions										
С	Net investment earnings, gains, and losses			_		Ī				œ́.	
d	Grants or scholarships							ķ			
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses							\$. ,			43
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as.								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment ▶	%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	he org	anization			
	by								[	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's ende	owment	funds							
Par	rt VI Land, Buildings, and Equipm	nent. See Form 990	0, Part X	, line 10							
	Description of investment	(a) Cost or o		, , ,	or other (other)		ccum		(d) Boo	k valu	е
12	Land	2230 (11170011			,,	30	F. 5514		<del></del>		
	Buildings								<del></del>		
	Leasehold improvements					<del></del>					
	Equipment				2,497.	·-				2 1	97
d	Other	_			4,4710	-				<u>4,4</u>	<u>97.</u>
	I. Add lines 1a through 1e (Column (d) must e	aual Form 990 Port	Y colur	nn (B) line 1	10(c) )	<u> </u>			<del></del> -	2 1	97.
<u> </u>	i rice inice ra anough re podumin juj must e	quai i viili 330, Fail	A, COIUI	ו אווווי, נכון וווי	U(U) /					<u>, 4</u>	<u> </u>

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

032053 12-20-10

	t VI Boognailiation of Change in Not Access from Form (	)00 to A	Financial Ct		3295358 Page 4
Ь	rt XI Reconciliation of Change in Net Assets from Form 9	990 to Audited		tement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,954,648.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,948,254.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		6,394.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		<del></del>
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		_8		
9	Total adjustments (net) Add lines 4 through 8		9		0.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine line t XII   Reconciliation of Revenue per Audited Financial Statements.		Revenue per	Return	6,394.
1	Total revenue, gains, and other support per audited financial statements		novondo por	1	3,954,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	3,334,040
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		7	
c	Recoveries of prior year grants	2c		<b>1</b>	
d		2d		7	
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,954,648.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				- 1 - 1 - 1 - 1 - 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	· - ·	7	
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)		5	3,954,648.
Pa	rt XIII Reconciliation of Expenses per Audited Financial St	atements With	Expenses pe	r Retur	'n
1	Total expenses and losses per audited financial statements		,	1	3,948,254.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		$\neg$	
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d		][	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,948,254.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0.
_5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	<u> </u>	5	3,948,254.
Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9 e 2; Part XI, line 8, Part XII, lines 2d and 4b. Als				
					- · <del></del> !
				Schedu	ıle D (Form 990) 2010

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

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

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

**Employer identification number** 

<u>The</u>	<u> 3000 Club</u>				27-3295	<u> 358                                    </u>
Pai	rt I General Info	rmation on A	ctivities Out	tside the United States. Comp	lete if the organization answere	ed "Yes"
	to Form 990, Par					
1	-	<del>-</del>		ds to substantiate the amount of the g		
	grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gra	ants or assistance?	X Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of g	rant funds outside the United	States.
_3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	•				Feeding Programs -	
					Distribution of Fresh	
Nort	h America	0	0	Program Services	Produce	101,519.
				,		
	<u></u> _					
		!				
		;				
3 2	Sub-total	0	0			101,519.
	Total from continuation					
	sheets to Part I	0				
С	Totals (add lines 3a	_	_			400
1 114	and 3b)	0	·	tions for Form COC	0-1-1-1	101 519.
LΠА	For Paperwork Reduct	ION ACT NOTICE,	see me instruc	uons ioi foi il 990.	Schedule	F (Form 990) 2010

032071

27-3295358

Page 3

The 3000 Club

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

<u> </u>					l	1	l	J
(h) Method of valuation (book, FMV, appraisal, other)	Fair Mmarket Value							
(g) Description of non-cash assistance	67,680 lbs of Fresh Produce							
(f) Amount of non-cash assistance	67,680 : 101,519,Produce							
(e) Manner of cash disbursement								
(d) Amount of cash grant	0							
c) Number of recipients	1,354							
(b) Region	North America							
(a) Type of grant or assistance (b) Region	Feeding Programs							

032073 12-20-10

Schedule F (Form 990) 2010

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

Yes X No

6

for Form 5713)

Foreign Partnerships. (see Instructions for Form 8865)

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information
Schedule F, Part I, Line 2: The distribution of produce is made to
individuals through food banks in Nogales, Arizona. Reports are provided
each month on the types of produce distributed and the number of pounds
given out through direct client programs.
Schedule F, Part III, Col (c): The number of recipients is estimated
based on each walk in client taking approximately 50 lbs of produce.
· · · · · · · · · · · · · · · · · · ·

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047	2010	Open to Public	Inspection

**2** Schedule I (Form 990) (2010) Employer identification number 27-3295358 Support Feeding Programs Supplies Support Medical Programs fedical Supplies Support Medical Programs (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance 9,100 lbs of 3,481 lbs of (f) Method of valuation (book, FMV, appraisal, other) 0 Actual Value air Market air Market 500,500, Value 191 455 Value (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant ö Ö 33,000, (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) Enter total number of section 501(c)(3) and government organizations 73-1330955 86-0963786 86-0963787 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations Institute - 316 Mid Valley Center, 15455 N Greenway Hayden Loop, Ste 1 (a) Name and address of organization Cancer Research and Wellness Feed My Hungry People, Inc. Childhood Diabetes Research Institute - PO Box 39734 or government #230 - Carmel, CA 93923 Scottsdale, AZ 85206 Name of the organization Phoenix, AZ 85069 Part I

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

Schedule I (Form 990) (2010) The 3000 C1ub

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(a) Туре of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Feeding Programs	41608	.0	3 120 621.	Fair Market Value	2 080 413 lbs of Fresh Produce
			4		4
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	n required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: A portion	ion of t	the distrib	distribution of p	produce is	
made to individuals through food banks in Nogales,	anks in	1	Arizona. R	Reports are	
provided each month on the types of produce distributed and the number	f produc	e distribu	ted and th	e number of	
pounds given out through direct client programs.	ient pro	ļ	The majority of the	of the the	
distribution of produce in the US	is made through	1	setting up various	arious	
produce markets throughout Arizona for individuals	for ind		to have acc	access to these	
items without having to travel to food banks.	food ban	ks. Grants	and	Gifts-in-Kind	
contributions are provided to Organizations with similar	nization	s with sim	ilar goals;	; monthly	
reporting is used to monitor this	activity.	•			

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Schedu	ıle Ì (F	orm 990 Suppl	D) 2010	)	<del></del>	Tì	<u>ne</u>	300	0 0	<u>Clu</u>	ıb									27-3	3295	358	Page 2
Part	IV	Suppl	emei	ntal I	nforr	natio	on_			_													
The	nun	ber	of	re	cipi	.ent	ts	is	est	in	nate	ed	bas	sed	on	each	Wa	<u> 1k</u>	in	clie	ent	or	
marl	<u>cet</u>	atte	ende	ee 1	taki	.ng	ap	pro	xin	nat	.ely	7 5	0 .	Lbs	of	prod	uce	<u>.                                    </u>					
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#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

Employer identification number

The	3000	Club					2		9535	8	
					n 501(c)(4) organizatio						
	nization ansv	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b		
1 (a) Name of disc	qualified per	son			(b) Description	of transa	ction			(c) Con	
	<del></del>									Yes	_No_
					<del></del>					<del></del>	
-											
										L	
2 Enter the amount of tax impo	sed on the o	organization	manager	s or disqualifi	ed persons during the	year un	der				
section 4958  3 Enter the amount of tax, if an	v on line 2	ahove reim	buread by	the organiza	ation			▶ \$ . ▶ \$			
5 Enter the amount of tax, if an	iy, On iine 2,	above, reiiii	buiseu by	Tile Olyaniza	311011			•	-		
Part II Loans to and/or	From Int	erested l	Persons	<u>.                                    </u>	· ·						
Complete if the organ	nization ansv	vered "Yes"	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	, line 38				
(a) Name of interested person and purpose		to or from nization?		nal principal nount	(d) Balance due	(e)	ln	(f) App	ard or	(g) W	
person and purpose			- "	nount				comm	ittee?	agreer	
<del></del>	То	From	-	<del></del> -		Yes	No	Yes	No_	Yes	No_
<del> </del>				·							
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						ļ					
			<u> </u>								
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Total		•		\$							
Part III Grants or Assis	tance Ber	nefiting Ir	ntereste	d Person	s.						
Complete if the organ		vered "Yes"					1				
(a) Name of interested p	person		(b) Relati	onship betwe the or	een interested person ganization	and			ount an assistan	d type of ce	
Feed My Hungry Pe	ople.	IncSub	stant	ial Co	ntributor		Ca	sh G	rant	33.	000.
							"		_ ~	<u> </u>	<del>5 5 5 1</del>
										_	
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See Part V for Continuations

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

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of person and the organization transaction transaction revenues? No Yes Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions) Sch L, Part III, Grants or Assistance Benefitting Interested Persons: (a) Name of Person: Feed My Hungry People, Inc. (b) Relationship Between Interested Person and Organization: Substantial Contributor (c) Amount of Grant \$ 33,000. (c) Type of Assistance: Cash Grant

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public Inspection

Name of the organization

The 3000 Club

Employer identification number 27-3295358

Pai	rt I Types of Property							<u> </u>	<u> </u>	
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash con amounts repo	orted on	1	etermining ution amounts			
1	Art - Works of art		items contributed	Form 990, Part	viii <u>, iirie ig</u>		_			
2	Art - Historical treasures						<del>-</del>			
3	Art - Fractional interests			<del></del>						
4	Books and publications									
5	Clothing and household goods			<u> </u>						
6	Cars and other vehicles						-			
7	Boats and planes			-						
8	Intellectual property									
_	Securities - Publicly traded			<del></del>		<del> </del>				
9	Securities - Closely held stock			<u> </u>		<del></del>				
10	Securities - Closely field stock Securities - Partnership, LLC, or									
11	trust interests			<del>-</del> -		<del></del>				
40	Securities - Miscellaneous	-				<del>                                     </del>				
12	Qualified conservation contribution -		·	<del></del>						
13	Historic structures									
44	Qualified conservation contribution - Other			<del></del>		<del> </del>				
14	Real estate - Residential	<del></del>		<del>-</del>						
15		<u> </u>								
16	Real estate - Commercial	-				<del>                                     </del>				
17	Real estate - Other			<del></del>		<del>                                     </del>	<del>-</del>	-		
18	Collectibles	X	1	2 222	140	Fair	Market	770	1,,,	
19	Food inventory	X	1				Market			
20	Drugs and medical supplies		<u> </u>	691	,955.	rall	Market	<u> </u>	тие	
21	Taxidermy		<del></del>			<del></del>				
22	Historical artifacts	<u> </u>				<del> </del>				
23	Scientific specimens					<del> </del> -				
24	Archeological artifacts	V	1		407	TI	Market	77-	1	
25	Other (Donated Fixed)	X			,49/.	rair	<u>market</u>	<u>va</u>	<u>tue</u>	
26	Other ()					_		_		
27	Other ()					<del>  -</del>			_	
28_	Other (				$\top$					
29		Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29								
	for which the organization completed Form 82	:83, Paπ IV,	Douee Acknowled	gement	29					
	Downer the commended the commended process has			4 - 1 - D4   1	4 00 45		hadd for		Yes	No
30a	During the year, did the organization receive b	•		•						
	at least three years from the date of the initial	contribution	, and which is not	required to be us	sea tor exen	npt purpo	ses tor		-	
	the entire holding period?							30a		X
	If "Yes," describe the arrangement in Part II.		<b>1</b>					-		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?							31		<u> </u>
32a										<u></u>
	contributions?							32a	<u> </u>	X
b	If "Yes," describe in Part II.		_							ĺ
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colu	ımn (a) ıs ch	necked,				[
	describe in Part II.							L	<u> </u>	L
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		;	Schedule M	(Form	990)	2010)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)
Department of the Treasury

# 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.

2010
Open to Public ....

Internal Revenue Service

Name of the organization

The 3000 Club

Employer identification number 27 – 3295358

2110 0000 0240
Form 990, Part I, Line 1, Description of Organization Mission:
produce destined annually for disposal at the Nogales, Arizona dump in
order to transport and distribute that produce to food banks and
individuals throughout North America.
Form 990, Part III, Line 1, Description of Organization Mission:
America.
Form 990, Part VI, Section B, line 11: The Board reviews the Form 990
prior to its being filed during the annual Board meeting.
Form 990, Part VI, Section B, Line 12c: Compliance with the conflict of
interest policy is verified during each board meeting. Any individuals
with a conflict will not participate in any vote or discussion relating to
that issue.
Form 990, Part VI, Section B, Line 15: The Board does a comprehensive
study of similarly positioned and sized not for profit organizations in
order to determine appropraite current and future compensation levels.
Form 990, Part VI, Section C, Line 18: The Organization makes it Forms
1023 and 990 available to the public upon request and through
GuideStar.org.
Form 990, Part VI, Section C, Line 19: The Organization makes it governing

032211 01-24-11

documents, conflict of interest policy and financial statements available

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization The 3000 Club	Employer identification number 27-3295358
to the public upon request.	
The Organization has a committee appointed by the Board of	of Directors to
oversee the audit of its financial statements and the sel	ection of an
independent accountant.	
<del></del>	-