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Form **990**

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)

t black lung

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

Open to Public Inspection

OMB No 1545-0047

<u> </u>	or u	e 2011 calendar year, or tax year beginning OCT I, 2011 and er	naing S	EP 30, 2012	
В	Check if ipplicab	C Name of organization		D Employer identifie	cation number
	Addre	The 3000 Club			
	Name			27-3	295358
	Initial		oom/suite	E Telephone number	
	Termi		OOM/JUNE	•	241-2873
一	Amer	ded CA		G Gross receipts \$	7,571,716.
\vdash	Appli			H(a) Is this a group re	
	Lion pend	F Name and address of principal officer.Estela Luzario	•	for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	
	 [2 7. 67	empt status	527	1	
		te: www.The3000Club.org	<u> </u>	1	list. (see instructions)
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: AZ
	art I	Summary	<u> L real (</u>	oriorination. ZUIU IV	State of legal doffliche. AZ
	1	Briefly describe the organization's mission or most significant activities The O	rani	ration was	ogtoblighed
Activities & Governance	l '	for the purpose of rescuing the millions	of so	unda was	established
nar	_				
Ver	2	Check this box I if the organization discontinued its operations or dispose	a or more	1.1	sets.
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	<u>5</u>
∘ ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
ţį	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	•	5	0
ξ	6	Total number of volunteers (estimate if necessary)		6	0
Ş	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	١.			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3,954,648.	7,568,357.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3 and 7d) Other revenue (Part VIII, column (A), lines 3 and 7d)		0.	3,350.
è	10	Investment income (Part VIII, column (A), lines 3 and 7d	7	0.	9.
	11	Other revenue (Part VIII, Column (A), lines 5, od; 66/96, ruccand 11e)	′	0.	<u> </u>
<u>3.</u>	12	Total revenue - add lines 8 through 11 (must equal Rart VIII, column 24) line 120		3,954,648.	7,571,716.
ন ভ	13	Grants and similar amounts paid (Part IX, column (A) pas 13)		3,947,095.	6,962,896.
a	14	Benefits paid to or for members (Part IX, column (A) line 4) EN		0.	0.
ອີຣ	15	Salaries, other compensation, employee benefits (Part IX, column A) lines 5-10)		0.	<u> 121,867.</u>
" SE	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 6,01	<u>4.</u>		
<u>u</u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,159.	400,671.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,948,254.	7,485,434.
=	19	Revenue less expenses. Subtract line 18 from line 12		6,394.	86,282.
Net Assets on Fund Balances			Be	ginning of Current Year	End of Year
386	20	Total assets (Part X, line 16)		6,394.	138,834.
∑	21	Total liabilities (Part X, line 26)		0.	46,158.
1	22	Net assets or fund balances. Subtract line 21 from line 20		6,394.	92,676.
Pa	art II	Signature Block			
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Deplaration of preparer (other than officer) is based on all information of whic			,
		I I luza		12/7/	12
Sign	2	Signature of officer		Date	
Her		Estela Luzario, President			
	•	Type or print name and title	,		
		Print/Type preparer's name preparery systemature	. 0	ate Check	PTIN
Paid		Cynthia Williams, EA	/	2/05/13 of self-employe	一
	arer	Firm's name James E. Raftery, CPA PC	<u> </u>	Firm's EIN	86-0503405
_	Only	Firm's address 606 N. Stapley Drive		THIH 3 LIIV	20 0303403
	Jy	Mesa, AZ 85203		Dhone no. A	80-835-1040
Mar	tha !			Phone no. 4	
		RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No Form 990 (2011)
13200	01 01-2	23-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ıs.		romi 330 (2011)

Form	990 (2011) The 3000 Club 27-3295358	3 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	\mathbf{x}
1	Briefly describe the organization's mission:	
•	The Organization was established for the purpose of rescuing the	
	millions of pounds worth of fresh produce destined annually for	
		
	disposal at the Nogales, Arizona dump in order to transport and	
	distribute that produce to food banks and individuals throughout I	vortn
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	es X No
	If "Yes," describe these new services on Schedule O.	
3		es X No
•	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen	coc
4		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	is to
	others, the total expenses, and revenue, if any, for each program service reported	250
4a	·	3,350 <u>.</u>)
	Market on the Move - Distribution of fresh produce through produce	9
	markets throughout Arizona. During the current fiscal year, almost	st
	80,000 individuals received produce from these markets. Classes a	
	also offered through this program to educate individuals about car	
	and dehydration techniques to extend the useful life of fruits and	
		<u> </u>
	vegetables	
	107.057	
4b	(Code) (Expenses \$ 187,857. including grants of \$ 19,638.) (Revenue \$	
	American Medical Aid - Collecting, sorting, and distributing medical	cal
	supplies and equipment to Organizations which assist individuals	<u>in </u>
	need throughout North America, as well as providing financial	
	assistance to Organizations working towards similar goals.	
	Medical personnel donated specialized services resulting in our al	bility
	to salvage and subsequently donate almost \$7.3 million in medical	
	supplies during the year. These medical supplies were donated to	
	organizations in the US to support their medical programs. Due to	
	value of these items being the direct result of donated services,	<u>which</u>
	are excluded for purposes of completing Form 990, the subsequent	
	expense (grant) is also excluded. Both the income and the expense	e are
	reflected in the Donated Services adjustment on Schedule D, Parts	
4C	(Code) (Expenses \$1, 016, 563. including grants of \$993, 505.) (Revenue \$	
	Feeding Children in America - Distribution of fresh produce through	
	food banks to individuals and families in need. During the curre	_
	fiscal year, more than 4,000 individuals were assisted through th	<u>is </u>
	food distribution. In addition, we provide assistance to Organiza	ations
	who support similar initiatives throughout North America as well	
	internationally.	
	internationally.	
	Other program services (Describe in Schedule O.)	
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 7,332,841.	000
10000		n 990 (2011)
13200 02-09		
	2	

Form 990 (2011) 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	Х	
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		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,	_	1	7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
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			х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		Λ
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	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
С	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	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		.
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		X
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 hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	990 (2011)

Form 990 (2011) The 3000 Club

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
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-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
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 II	_26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٦,
	of any of these persons? 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).			3,5
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	37	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u>X</u>	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₹.
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			-
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X
33	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	33		X
34	Was the organization related to any tax-exempt or taxable entity?			.
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
þ	, , , , , , , , , , , , , , , , , , , ,	051		.
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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			
00	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?	00	v	
	Note. All Form 990 filers are required to complete Schedule O	<u> 38</u>	X oon	2011)

	990 (2011) The 3000 Club		27-3295	<u>358</u>	P.	age 5
Par						
	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	1a_	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b_	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c	X	
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 retui	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		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	authoi	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
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 A	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	•	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	ne orga	anization 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 contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	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 of	ontra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		•	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.		g ,			
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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	•				
h	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	13b				
•	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	 e О	• •	14b		
	The provide an expandation in concean				990	2011

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			\mathbf{x}
Sec	tion A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	X_	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) a	vaılab	le	
	for public inspection Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	The Organization - 602-241-2873			
	1741 W Rose Garden Lane, No. 9, Phoenix, AZ 85027			

132006 01-23-12

Form **990** (2011)

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 week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	F ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Estela Luzario											
President/CEO	50.00	X		Х	<u> </u>			15,000.	0.	0	
(2) Dawn Burgess		l									
Vice President	1.00	X		X	_			0.	0.	0	
(3) Bing Grande	1 00	4,		,,				_		^	
Secretary/Treasurer	1.00	X		Х				0.	0.	0	
(4) Marie Tess Maglonoc	1.00	-						0.	0.	0	
Director	1.00	┢	\vdash					0.	0.	U	
(5) Patricia Figueroa	0.00	v		x				0.	0.	0	
Former Vice President (6) Charmel de la Cruz	0.00	^		Δ.				0.	<u>.</u>		
Former Sec/Treasurer	0.00	x		x				0.	0.	0	
(7) Ester Havey	0.00			-				<u> </u>	0.	0	
Director	1.00	x						0.	0.	0	
(8) Lon Taylor		-									
Founder	5.00	1		x	ļ			0.	0.	0	
		-									
									,		

Form 990 (2011)

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	(A) Name and title	(B) Average hours per week	(do	not c	((Pos heck ss pe	ition		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimate mount o		
		(describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	ns compensation			
												_		
	Sub-total				<u> </u>		<u> </u>		15,000.	0	_		0.	
	Total (add lines 1b and 1c) Total number of individuals (including but it		nose	liste	ed a	bov	e) wh	no re	15,000.	0			0.	
3	compensation from the organization Did the organization list any former officer	director or tri	ıste		av er	mole		or	highest compensated e	mnlovee on		Yes	No	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	s <i>uch individual</i> um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from		3		<u>x</u>	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion	from	any	/ unr			dual for services	5		<u>x</u>	
Sec 1	tion B. Independent Contractors Complete this table for your five highest co							ors t	hat received more than	\$100,000 of compen		from		
	the organization. Report compensation for (A)					vith	or w	ithir	(B)			(C)		
	Name and business	address	N	ON	E				Description of s	ervices	Comp	ensatio	<u>n</u>	
								-						
2	Total number of independent contractors (\$100,000 of compensation from the organ		not li	mıte	d to		se li:	stec	I above) who received n	nore than				
	wroo,000 or compensation from the organ	ızanılı 🚩								<u> </u>	Form	n 990 (2011)	

Га	it Vii	Statement of Never	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	nts, and nve 1f 7	278,900. 289,457. 250,139.				
<u>0</u> <u>p</u>	<u>h</u>	Total. Add lines 1a-1f .	<u> </u>		<u>7,568,357.</u>		·	
				Business Code				
Program Service Revenue	2 a	Education Class	ses	611600	3,350.	3,350.		
들이	b							
en S	С							
ĕã	d							
6	е							
₫	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		. •	3,350.			<u> </u>
	3	Investment income (including	dividends, inter	est, and	•			
- 1		other similar amounts)		>	9.			9.
1	4	Income from investment of ta	x-exempt bond	oroceeds >				
1	5	Royalties		•			•	
i		•	(i) Real	(ii) Personal				
	6 a	Gross rents	, , , , , , , , , , , , , , , , , , ,	,				
		Less rental expenses						
		Rental income or (loss)		· · · · · · · · · · · · · · · · · · ·				
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ıi) Other			···	
	<i>1</i> a		(i) Securities	(ii) Other				
		assets other than inventory						
ŀ	b	Less. cost or other basis				·		
- 1		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)	•					
e l	8 a	Gross income from fundraisin	•					
ē		including \$	of					
Other Revenu		contributions reported on line	1c). See					
ä		Part IV, line 18	а					
된	b	Less. direct expenses	b					
~	C	Net income or (loss) from fund	draising events					
1	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	а					
	b	Less. direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
1	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	ь					
Ì		Net income or (loss) from sale		•				
Ť		Miscellaneous Revenu		Business Code			-	
ŀ	11 -	-		Dusiliess Code				
	11 a			-				
	b							
	C				<u> </u>		-	
	d	All other revenue		<u> </u>				
	_	Total. Add lines 11a-11d			D 584 546	2 252		<u> </u>
13200	12	Total revenue See instructions.	_	▶	7,571,716.	3,350.	0.	9.
13200 01-23	-12							Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i	Check if Schedule O contains a respondent include amounts reported on lines 6b.		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	504 005	504 005		
	organizations in the United States. See Part IV, line 21	704,907.	704,907.		
2	Grants and other assistance to individuals in	6 050 400	6 050 100		
	the United States. See Part IV, line 22	6,250,139.	6,250,139.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	7 050	7 050		
	United States See Part IV, lines 15 and 16	7,850.	7,850.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72 000	F7 C00	14 400	
_	trustees, and key employees	72,000.	57,600.	14,400.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	41 207	22.066	0 241	
7	Other salaries and wages	41,207.	32,966.	8,241.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	0.660	C 000	1 720	
10	Payroll taxes	8,660.	6,928.	1,732.	
11	Fees for services (non-employees).	15 000		15 000	
а	Management	15,000.		15,000.	
b	Legal	15 650		15 650	.
C	Accounting	15,659.		15,659.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .	71 (00	C1 2CE	10 227	
g	Other	71,692. 6,014.	61,365.	10,327.	6 014
12	Advertising and promotion		40 200	20 200	6,014
13	Office expenses	79,680.	49,380.	30,300.	-
14	Information technology	2,039.		2,039.	
15	Royalties	20 552	21 642	7 010	
16	Occupancy	39,553.	31,643.	7,910.	
17	Travel	59,418.	31,374.	28,044.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F 272		F 070	
19	Conferences, conventions, and meetings	5,272.		5,272.	
20	Interest .	483.		483.	
21	Payments to affiliates .	4 122	2 200	024	
22	Depreciation, depletion, and amortization	4,122.	3,298.	824.	
23	Insurance	854.		854.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Transportation expenses	86,927.	86,927.		
	Freight and postage	12,338.	6,844.	5,494.	
С	01	1,620.	1,620.		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,485,434.	7,332,841.	146,579.	6,014
26	Joint costs. Complete this line only if the organization				•
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,897.	1	26,791
	2	Savings and temporary cash investments			2	36,303
	3	Pledges and grants receivable, net	-	. <u>.</u>	3	_ -
- 1	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors				
		employees, and highest compensated employees. Co.				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as define	ı			
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		employers and sponsoring organizations of section 50	11(c)(9) voluntary			
.		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges			9	5,276
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a	65,684.			
	b	Less. accumulated depreciation 10b	4,122.	2,497.	10c	61,562
	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		0.	15	8,902
	16	Total assets. Add lines 1 through 15 (must equal line	34)	6,394.	16	138,834
	17	Accounts payable and accrued expenses			17	9,627
	18	Grants payable			18	
	19	Deferred revenue		19		
- 1	20	Tax-exempt bond liabilities			20	
စ္က	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
≝	22	Payables to current and former officers, directors, trus	stees, key employees,			
Liabilities		highest compensated employees, and disqualified per	rsons Complete Part II			
ت		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated th	ird parties		23	36,531
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables	to related third			
]		parties, and other liabilities not included on lines 17-24	I) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	46,158
ı		Organizations that follow SFAS 117, check here	X and complete			
န္မ		lines 27 through 29, and lines 33 and 34.				
١	27	Unrestricted net assets		6,394.	27	92,676
<u>a</u>	28	Temporarily restricted net assets	. [28	
ן פ	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, check I	nere 🕨 🔲 and		8	
5		complete lines 30 through 34.				
ន្ត	30	Capital stock or trust principal, or current funds			30	
iss	31	Paid in or capital surplus, or land, building, or equipme	ent fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,	F		32	
ž	33	Total net assets or fund balances		6,394.	33	92,676
- 1	34	Total liabilities and net assets/fund balances		6,394.		138,834

Form **990** (2011)

orm	990 (2011) The 3000 Club	27-3295.	358	Pag	ge 12	
Pa	t 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 7	, 57	1,7	<u> 16.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2 7	, 48	5,4	34.	
3	Revenue less expenses. Subtract line 2 from line 1	3	8	6,2	82.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,3	94.	
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	9	2,6	76.	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				X	
		_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
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 a	audit,				
	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 Sched	ule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of	оп а				
	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 Single	e Audıt				
	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 require	d audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 (2011)	

SCHEDULE A

Department of the Treasury Internal Revenue Service

Name of the organization

(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.

OMB No 1545-0047

Inspection

Name of t	the organizati	on						E	mployer i	identificati	on num	ber
		The 300	0 Club						2	7-3295	<u>358</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	.) See inst	tructions				
The organ 1	A church, co A school des A hospital or	nvention of churches cribed in section 17 a cooperative hospi	because it is (For lines 1 s, or association of church (O(b)(1)(A)(ii). (Attach So tal service organization of operated in conjunction	ches desc hedule E.) described	nbed in se	ction 170	(b)(1)(A)(i) (A)(iii).		ii). Enter t	he hospital'	s name,	•
	city, and stat											
5	section 170 A federal, sta An organizati section 170(A community	(b)(1)(A)(iv). (Complete, or local government that normally recept)(1)(A)(vi). (Complete trust described in second	ent or governmental unit	t described of its supp (Complete	d in section fort from a	n 170(b)(1 governme	I)(A)(v). ental unit o	or from the	e general p	oublic desci		om
10	activities rela income and of See section An organizati An organizati more publicly describes the a Type of By checking foundation m If the organiz supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of	ted to its exempt fuil unrelated business to 1509(a)(2). (Complete ion organized and operation organized and operation organized and operation organized organized bype of supporting this box, I certify the anagers and other to ation received a write transportation, check the total organization, check the total organization organization organization organization.	nctions - subject to certa axable income (less sected Part III) perated exclusively to temperated exclusively for the ations described in section organization and complete the organization is not than one or more publicly then determination from the box organization accepted are lirectly controls, either all upported organization? In described in (i) above?	ain exception 511 talest for publication 511 talest for publication 509(a)(rete lines 1 to 1 t	ons, and (2 x) from but to safety. So of, to perform the through the through the through dorganizating at it is a Typontribution ether with the se?	2) no more sinesses a See section for the fur on 509(a)(2) 111h tionally interinded in the fundrectly attons described. Type	than 33 1 acquired by no 509(a)(4) See second by one or cribed in sull, or Type of the folk described in the f	y the organic y theorem y the organic y the	s support anization a yout the (a)(3). Che d qualified p (a)(1) or s sons?	from gross after June 3 purposes o ack the box Type III - C persons oth	f one or that Other er than (a)(2).	ent
	of supported anization	(ii) EIN		in col. (i) lis	organization sted in your document?	organizat	ion in col.	(vi) ls organizati (i) organiz U.S Yes	on in col. zed in the	(vii) Am supp		
					-							
	-											
Γotal	an amusada Da	duation And Notice	and the Instructions for		_		_	Cabada		2000 07 00		

Form 990 or 990-EZ.

(Complete only if you checke fails to qualify under the test:	ed the box on line 5	5, 7, or 8 of Part I o	or if the organization			-
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and					<u> </u>	
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						
furnished by a governmental unit to						1
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						-
by each person (other than a						
governmental unit or publicly			1			
supported organization) included			1			
on line 1 that exceeds 2% of the						
amount shown on line 11,			1			
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						,
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						1
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	, etc. (see instruct	ions) .			12	
13 First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
organization, check this box and sto		<u> </u>				. ▶□
Section C. Computation of Pub	lic Support Pe	ercentage				
14 Public support percentage for 2011	(line 6, column (f) c	livided by line 11,	column (f))		14	
15 Public support percentage from 201	0 Schedule A, Part	t II, line 14		-	15	<u>.</u> .
16a 33 1/3% support test - 2011. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this be	ox and
stop here. The organization qualifies	as a publicly supp	ported organization	า	-		
b 33 1/3% support test - 2010. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check t	his box
and stop here. The organization qua	ilifies as a publicly	supported organiz	ation			▶∟
17a 10% -facts-and-circumstances tes	st - 2011. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	his box and stop I	here. Explain ın P	art IV how the orga	nızation
meets the "facts-and-circumstances"	test The organization	ation qualifies as a	publicly supporte	d organization		▶□
b 10% -facts-and-circumstances tes	st - 2010. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets t	he "facts-and-circi	umstances" test, c	heck this box and	stop here. Expla	in in Part IV how the	e _
organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported org	anization	▶ [

Schedule A (Form 990 or 990-EZ) 2011

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	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	<u> </u>			3954648.	<u> 7568357.</u>	11523005.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					3,350.	3,350.
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				3954648.	7571707	11526355.
	a Amounts included on lines 1, 2, and				3234040.	/3/1/0/•	T T J Z U J J J .
	3 received from disqualified persons						0.
	3 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)						11526355.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				3954648.	7571707.	11526355.
10	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					9.	9.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b					9.	9.
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 or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		3954648.	7571716.	11526364.
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	n 501(c)(3) organi	
	check this box and stop here						▶ X
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (=	column (f))		15	%
	Public support percentage from 2010				· · · · · · · · · · · · · · · · · · ·	16	<u>%</u>
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			ne 13, column (f))	•	17	<u>%</u>
	Investment income percentage from:					18	%
19:	a 33 1/3% support tests - 2011. If the						1 / is not
1	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the	-	=	-			and ▶ □
	line 18 is not more than 33 1/3%, che	=					. \square
~	Private foundation. If the organization			•		=	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization

The 3000 Club

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	ls or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		of the country complete if the
	and the state of t	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(4)
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 win	iting that the assets held in donor advi	lead funde
•	are the organization's property, subject to the organization's ex	_	Yes No
6	Did the organization inform all grantees, donors, and donor adv	<u> </u>	
•	for charitable purposes and not for the benefit of the donor or o		
	impermissible private benefit?	ionor advisor, or for any other purpose	Yes No
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organization		7 art 14, into 1.
•	Preservation of land for public use (e.g., recreation or edu	· — · · · ·	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		Tamod Historic Structure
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		To a conscivation casement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-	••	2b
c		ture included in (a)	2c
d		` '	
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	 sed. extinguished, or terminated by th	
	year▶	,g,	To any and the text
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		•
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	ition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	s these items	
þ	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasi	ures, or other sımılar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

08460205 733951 41859

	dule D (Form 990) 2011 The 300						27-	<u>-329535</u>	8 Ра	ige 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	er Similar A	Assets (cont	ınued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, chec	k any of the	following tha	t are a s	ignificant use	of its collectio	n items	<u></u> s
	(check all that apply).			•			-			
а	Public exhibition		d \square	Loan or exc	hange progra	ams				
b	Scholarly research			Other	• • •					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	un how th	ney further t	he organizati	on's exe	mpt purpose ii	n Part XIV.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma						_	Yes		No
Par	t IV Escrow and Custodial Arrange					"Yes" to	Form 990, Pa	rt IV, line 9, or		
	reported an amount on Form 990, Par			•			•	, ,		
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?		•					Yes		No
b	if "Yes," explain the arrangement in Part XIV	and complete the f	ollowing	table:	• •					
	, . ,	-	3					Amoun	t	
С	Beginning balance						1c			
d	Additions during the year			•	• •		1d			
е	Distributions during the year				•	•	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	e 21?	•			L	Yes		No
	If "Yes," explain the arrangement in Part XIV	,							-	
Par		f the organization a	nswered	"Yes" to Fo	rm 990, Part	IV. line 1	0			
	,	(a) Current year		rior year			(d) Three years	back (e) Fou	r vears l	back
1a	Beginning of year balance		1-3-		1 7		(2)	(3)	,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships			•						
-	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balan	ce (line 1	a column (a)) held as:			<u> </u>		
-а	Board designated or quasi-endowment		%	9, 00,011,11	2), 11014 40.					
b	Permanent endowment	%								
	Temporarily restricted endowment	^~ %								
·	The percentages in lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posse	· ·	zation the	at are held a	ind administs	ared for t	he organizatio	.n		
ou	by	SSION OF THE ORGANIZ	Lation the	at are ricid a	ina aaniinista	164 101 1	ne organizatio		Yes	No
	(i) unrelated organizations							30(i)	163	140
	(ii) related organizations	•		•	•			3a(i) 3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	: listed as required	on Scha	 Jula R2	•			3b		
4	Describe in Part XIV the intended uses of the				•			30	J.	
_	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or			or other	(a) A	ooumulatad	(d) Boo	k volue	
	pescription of property	basis (invest			or other (other)		ccumulated preciation	(d) Boo	n valut	,
	Land	340.0 (1111001		24013	(22.21)			+		
						-	 -	+		
	Buildings .									
	Leasehold improvements				5 601		A 122		1 5	<u></u>
	Equipment			- 6	5,684.		4,122	•	1,5	<u>54.</u>
	Other	/5		(7)	10(1)	_		+ -	1 6	-
<u>ı ota</u>	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Pan	τ X, COlur	nn (B), line 1	<u>(υ(c))</u>			<u> </u>	1,50	<u>04.</u>

Schedule D (Form 990) 2011

23

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 The 3000 Club			<u>27-32:</u>	<u>95358 </u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited F	inancial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		7,571,	716.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		7,485,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			282.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities	• • • • • • • • • • • • • • • • • • • •	5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d Q	10		86	282.
	t XII Reconciliation of Revenue per Audited Financial Statemen			leturn		2021
1	Total revenue, gains, and other support per audited financial statements				4,799,	936
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12.	• •			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		,228,220.	1		
c	Recoveries of prior year grants	2c	,,	1		
d	Other (Describe in Part XIV.)	2d		1		
e	Add lines 2a through 2d	_ <u>Zu</u>]	-	2e .	7,228,	220
3	Subtract line 2e from line 1				$\frac{7}{7}, \frac{2}{5}, \frac{2}{5}, \frac{1}{7}$	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,311	, / 10 •
4		1 4-1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
b	Other (Describe in Part XIV.) Add lines 4a and 4b	4b				^
C	•			4c	7,571,	716
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per		1,311	, / 10 .
1	Total expenses and losses per audited financial statements	0.110 111111	Expended per	T T	4,713,	654
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •	•	1 1 1	4 ,/13,	,034.
a	Donated services and use of facilities	100 7	,228,220.			
_	Prior year adjustments		, 220, 220.	1		
b	Other losses	2b		-		
C	·	2c		-		
d	Other (Describe in Part XIV)	_2d		1 .	7 220	220
	Add lines 2a through 2d			2e	7,228, 7,485,	121
3	Subtract line 2e from line 1	• • •	•	3	1,405	434.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1				
a	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	- 405	424
5 Do:	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,485,	<u>,434.</u>
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III					4, Part
X, line	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	lete this part	to provide any ad	ditional info	ormation	
		_				
						
	 			Schedule	D (Form 9	90) 2011

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

Nam	e of the organization					Employer ident	ification number
ጥh	e 3000 Club					27-32953	5.8
		rmation on A	ctivities Ou	tside the United States. Comp	ete if the organ	nization answered	 "Yes"
	to Form 990, Par		_	<u> </u>			
1	_	-		ds to substantiate the amount of its gr			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? . LX	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	itside the
3				an be duplicated if additional space is			
	(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)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
East	t Asia and the						
	ific	0	О	Program Services	Program Sur	port	7,850.
					[
							
3 -	Sub-total	0	0				7,850.
	Total from continuation		<u> </u>				7,030.
_	sheets to Part I	0	0				0.
c	Totals (add lines 3a						
	and 3b)	0	<u> </u>				7,850.
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2011

Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 27-3295358 recipient who 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 The 3000 Club Schedule F (Form 990) 2011

(i) Method of valuation (book, FMV, appraisal, other)	Actual Value				.	
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance	0.0				kempt by	4
(f) Manner of cash disbursement	Wire				recognized as tax-e.	
(e) Amount of cash grant	7.850.				foreign country,	
(d) Purpose of grant	Program Support				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	East Asia and the Pacific				ns listed above that are relable.	
(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse	
1 (a) Name of organization					2 Enter total number of it the IRS, or for which the	

Schedule F (Form 990) 2011

3 Enter total number of other organizations or entitles

The 3000 Club

Schedule F (Form 990) 2011

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.

od of on MV, other)					30) 2011
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2011
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(a) Region					
(a) Type of grant or assistance					

the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain

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

Foreign Partnerships. (see Instructions for Form 8865)

Schedule F (Form 990) 2011

Yes X No

Yes X No

6

for Form 5713)

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

<u>ء</u> [] **Employer identification number** 27-3295358 X Yes 1 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 General Information on Grants and Assistance The 3000 Club criteria used to award the grants or assistance? Name of the organization Part I

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			
art a	Governments an	d Organizations in the	United States. C	omplete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Check this	s box if no one recipier	it received more th	an \$5,000 Part II	can be duplicated if a	additional space is need	_ ▲ per
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (b) EIN (c) IRC section (d) Amount of valuation (book, rappraisal, rapplicable cash grant assistance assistance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diabetes Prevention and Aid Fund 2661 N Donna Avenue Nogales, AZ 85621	86-0804743	501(c)(3)	536,568,	0.	Actual Value		Support Feeding Programs
Valley View Food Bank 11115 W Nevada Avenue <u>Youngtown, AZ 85363</u>	77-0696933	501(c)(3)	43,188,	0	Actual Value		Support Feeding Programs
Southwest Medical Aid 4500 E Speedway Blvd, Ste 23 Tucson, Az 85712	39-0806210	501(c)(3)	19,638,	•0	Actual Value		Support Medical Programs
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	73-1330955	501(c)(3)	11,949,	0	Actual Value		Support Feeding Programs
Faith Builders Church 949 E Bell Road Phoenix, AZ 85022	71-0897160	501(c)(3)	6,334,	0	Actual Value		Support Feeding Programs
St. Rose Church 2825 W Rose Canyon Circle Anthem Az 85086	36-4644267	501(c)(3)	5 426.	0	Actual Value		Support Feeding Programs
2 Enter total number of section 501(c)(3) and government organizations	and government or		listed in the line 1 table				•9

Schedule I (Form 990) (2011)

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

Schedule I (Form 990) (2011)

Page 2

27-3295358

(Form 990) (2011) The 3000 Club 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 can be duplicated if additional space is needed Part III

(a) Type 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 - Feeding America's Children	4005	o	300 386.	Fair Market Value	200,257 pounds of fresh produce
Feeding Programs - Market on the Move	79330		3 966 502		3,966,502 pounds of fresh produce
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	ine 2, and any other	additional information.	
Schedule I, Part I, Line 2: A portion		ne distrib	of the distribution of produce	roduce is	
made to individuals through food banks		in Nogales, A	Arizona. R	Reports are	
provided each month on the types o	of produce		distributed and the number	e number of	
pounds given out through direct client		programs. Th	The majority of	of the the	
distribution of produce in the US	is made t	through se	setting up various	arions	
produce markets throughout Arizona for		individuals to have		access to these	
items without having to travel to food	food banks.		Grants and Gifts-in-Kind	s-in-Kind	
contributions are provided to Organizations with similar goals; monthly	nizations	s with sim	ilar goals	; monthly	
reporting is used to monitor this	activity.				

132102 01-27-12

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization

The 3000 Club

Employer identification number

27-3295358

On an allaha of the				on 501(c)(4) organization						
Complete if the org	anization ansv	wered "Yes	on Form 990, Part IV,	line 25a or 25b, or Fo	rm 990 <u>-</u> E	Z, Part \	/, line 40	b.	1	
1 (a) Name of disqualified person				(b) Description of transaction					(c) Corrected?	
	(a) Name of disqualified person			(b) Description of transaction					Yes	No
								-	_	
										
2 Enter the amount of tax imp	posed on the	organization	managers or disquali	fied persons during the	e vear un	der				
section 4958		- 3			•		▶ \$			
3 Enter the amount of tax, if a	any, on line 2,	above, reim	bursed by the organiz				▶ \$			
Part II Loans to and/o	or From Int	terested	Persons.							
Complete if the org	anization ansv	wered "Yes'	on Form 990, Part IV	line 26, or Form 990-E	Z, Part \	/, line 38				
Complete if the org (a) Name of interested person and purpose	(b) Loan	to or from	on Form 990, Part IV (c) Original principal amount		(e)	/, line 38) In ault?	(f) App	oroved ard or		ritten ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan	to or from	(c) Original principal	T	(e)) In	(f) App	ard or		
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?
(a) Name of interested	(b) Loan the orga	to or from Inization?	(c) Original principal	T	(e) defa	In Ault?	(f) App by bo comm	ard or uttee?	agreei	ment?

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Grants or Assistance Benefiting Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2011

Part III

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Nicco Punzalan (b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction Revenues? = No	(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	organiz	(e) Sharing o	
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Nicco Punzalan (b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages		person and the organization	transaction	transaction	1		
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Nicco Punzalan (b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages	Nicco Punzalan	Familial relationsh	41,040.	Wages	100	1	
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Nicco Punzalan (b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages							
Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Nicco Punzalan (b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages							
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Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Nicco Punzalan (b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages	···	nal information for responses to questions	s on Schedule L (see	instructions).			
(a) Name of Person: Nicco Punzalan (b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages							
(b) Relationship Between Interested Person and Organization: Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages	scn L, Part IV, Business	Transactions involving	ig interest	ed Persons:			
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Familial relationship with the President/CEO. (c) Amount of Transaction \$ 41,040. (d) Description of Transaction: Wages	(b) Relationship Between	Interested Person and	d Organizat	ion:			
(c) Amount of Transaction \$ 41,040.							
(d) Description of Transaction: Wages							
	(c) Amount of Transaction	\$ 41,040.					
(e) Sharing of Organization Revenues? = No	(d) Description of Transa	ction: Wages	· · · · · · · · · · · · · · · · · · ·				
Sidering of organization nevended. — No	(e) Sharing of Organizati	on Revenues? - No					
	(10) blidering of organization	on hevended no					

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			·				

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.

Open to Public Inspection

Name of the organization

Attach to Form 990.

Employer identification number 27-3295358

	The 3000 Clu	ıb				27-3295358			
Pai	rt I Types of Property	_				-			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	etermın		s
1	Art - Works of art								
2	Art - Historical treasures					· · · · · · · · · · · · · · · · · · ·			
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods			,					-
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded			· · · · · · · · · · · · · · · · · · ·					
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate · Commercial								
17	Real estate - Other								
18	Collectibles			6.050	1 2 2	- ' > 1 .		-	
19	Food inventory	X	1	6,250,	139.	Fair Market	: va	<u> rue</u>	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								-
25	Other ()								
26	Other ()		<u> </u>						
27	Other ()								
28	Other (<u> </u>	l						
29	Number of Forms 8283 received by the organ								
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement (29				
	Defeation and district and the comment of the comme				- 4 00 4-			Yes	NO
30a	During the year, did the organization receive b	•							
	at least three years from the date of the initial	contribution	i, and which is not	requirea to be used	a for exem	ipt purposes for			v
	the entire holding period?			•			30a		X
	If "Yes," describe the arrangement in Part II.		amiliana Alexandria		استنامه اما	utuama O			v
31	Does the organization have a gift acceptance						31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sel	noncash		00		v
	contributions?	•	**		•		32a		X
	If "Yes," describe in Part II	androne (-)	far a huna af aar :		(m) ¹	اممامما			1
33	If the organization did not report an amount in	i column (c) 1	tor a type of prope	rry for which colum	ın (a) is ch	ескеа,			1
	describe in Part II						1		<u> </u>

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

Schedule M (Form 990) (2011)

132142 01-23-12

Schedule M (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The 3000 Club 27-3295358
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 III, Line 4b, Program Service Accomplishments:
and XIII.
Form 990, Part VI, Section B, line 11: The Board reviews the Form 990
during a Board meeting prior to its being filed.
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. The Organization also
makes its Form 990 available on its website. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

