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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)

OMB No 1545-0047

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

Open to Public Inspection

A For the	2012 calendar year, or tax year beginning OCT 1, 2012 and ending	<u> SEP 30, 2013</u>	
B Check if applicable	C Name of organization	D Employer identific	cation number
Addres change	The 3000 Club		
Name change	Doing Business As	27-3	295358
Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number	•
Terminated	1741 W ROSE GALGEII Halle	623-	<u>374-2559</u>
X Amend return	City, town, or post office, state, and ZIP code	G Gross receipts \$	<u>34,855,427.</u>
Applica tion pendin	FIIOEIIIX, AL 03021	H(a) Is this a group re	
pendin	F Name and address of principal officer. ESCELA LUZATIO	for affiliates?	Yes X No
	same as C above	H(b) Are all affiliates inc	
			list (see instructions)
	e:▶ www.The3000Club.org	H(c) Group exemption	
	_	Year of formation: 2010 N	State of legal domicile: AZ
	Summary Briefly describe the organization's mission or most significant activities The Organization's mission or most significant activities.	nization was	ogtablighed
<u>စ</u> ္မ 1 ်	for the purpose of rescuing the millions of		
· 0 07	Check this box I if the organization discontinued its operations or disposed of i		
3 I	Number of voting members of the governing body (Part VI, line 1a)	3	5
8 4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
8 5 -	Fotal number of individuals employed in calendar year 2012 (Part V, line 1a)	5	5
ig s	Total number of volunteers (estimate if necessary)	6	
₹ 7a-	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	-2,280.
ě í	Net unrelated business taxable income from Form 990 Thine 347	7b	-2,280.
	Tet directed basiness taxable income from one of principle.	Prior Year	Current Year
a 8 (Contributions and grants (Part VIII, line 1h)	7,568,357.	34,806,620.
9 9	Program service revenue (Part VIII, line 2g)	3,350.	43,200.
(a) 10 i	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	9.	15.
£ 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-2,280.
	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,571,716.	34,847,555.
Z 13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,962,896.	33,916,610.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	121,867.	188,861.
Ψ.	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
g b	Fotal fundraising expenses (Part IX, column (D), line 25) 7,959.		
劉 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	400,671.	504,801.
140 -	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,485,434.	34,610,272.
Ö 19 1	Revenue less expenses. Subtract line 18 from line 12	86,282.	237,283.
200 200 200 200 200 200 200 200 200 200		Beginning of Current Year	End of Year
왕 20 -	Total assets (Part X, line 16)	138,834.	315,083.
ﷺ 21 −	Total liabilities (Part X, line 26)	46,158.	<u> 25,5</u> 80.
	Net assets or fund balances Subtract line 21 from line 20	92,676.	289,503.
Part II	Signature Block		
•	ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
true, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
	> Yolunah	<u> </u>	<u>f</u>
Sign	Signature of officer	Date	
Here	Estela Luzario, President Type or print name and title		
		Date Check	PTIN
D-14	Print/Type preparer's name Preparer's stymature Preparer's stymature	/	
	Cynthia Williams, EA WMWWA TV Y Furm's name James E. Raftery, CPA PC	01/29/14 "self-employ	
Preparer Use Only	Firm's name James E. Raftery, CPA PC Firm's address 606 N. Stapley Drive	Firm's EIN	<u>86-0503405</u>
USE UIIIY	Mesa, AZ 85203	Dhone no A	80-835-1040
May the IE	IS discuss this return with the preparer shown above? (see instructions)	Triiolie iio. 4	X Yes No
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	1990 (2012) The 3000 Club	<u>27-3295358</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
•	The Organization was established for the purpose of reso	wing the	
	millions of pounds worth of fresh produce destined annua		
	disposal at the Nogales, Arizona dump in order to transp		
	distribute that produce to food banks and individuals th	<u>iroughout No</u>	<u>rth</u>
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	☐ Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X No
3		163	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 12,839,825. including grants of \$12,644,090.) (Revenue	e \$)
	Market on the Move - Through produce markets throughout		
	partners and supporters of The 3000 Club and the needy of		
	regular basis to receive distributions of fresh produce;		
	current fiscal year, over 700 thousand individuals recei	vea produce	<u> vıa</u>
	these markets, partners and supporters.		
		 	
4b	(Code) (Expenses \$ 20,802,468. including grants of \$ 20,498,568.) (Revenue))
	American Medical Aid Program (The 3000 Club Medical Recl	<u>.amation</u>	
	Project) - The 3000 Club partners with organizations who	work to sa	ve
	lives by recovering unused medical supplies, nutritional		
	educational materials and personal care products and equ		.ese
	supplies and equipment are then packaged and distributed		
	Organizations which assist individuals locally, national		
	globally. Since 2010, The 3000 Club has helped deliver		
	resources directly to underserved popoulations in the Un	<u>iited States</u>	,
	Mexico, Guatemala, Honduras, Haiti and the Philippines.		
			
	705 426 772 052 1		200.)
4C	(Code) (Expenses \$ 785,426. including grants of \$ 773,952.) (Revenue)	e\$4 <i>3,</i>	<u> 400.</u>)
	Feeding Children in America - Distribution of fresh production		
	commodities through food banks to individuals and famili		_
	throughout North America. In addition, assists other no	on-profit	
	Organizations who support similar initiatives throughout	North Amer	ica
	as well as internationally.		
	us well us incollectionally.		
			_
			<u> </u>
4.1	Other program convices (Decembe in Schedule A)		
40	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 34,427,719.		
		Form 9	90 (2012)
23200 12-10-			

Form 990 (2012) 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)?			İ
	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	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5_		
6	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
٠	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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	X	├──
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3.5
	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	44.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	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	110		<u> </u>
•	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			
	Schedule D, Parts XI and XII	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 and XII 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	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	4-	Х	
40	or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		\vdash
16	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,	-10	22	
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2012)

			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	Х	<u> </u>
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
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		<u> </u>
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			ļ
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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			
	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)			
а	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	
С	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 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_	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		3.7
	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			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_33_	 	X
34		24		Х
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<u> </u>	X
35a		SSA	 	- 1
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		}
3E	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	 	
36	If "Yes," complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	^
37	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 11b and 19?	"	 	
30	Note. All Form 990 filers are required to complete Schedule O	38	$ \mathbf{x} $	
	140te. Air I offit 550 fileto die required to complete ochedule o		990	(2012)
		. 5111		(2012)

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<u>Form</u>	990 (2012) The 3000 Club 27-3295	<u>358</u>	<u> Р</u>	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country	ĺ		
	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	<u> </u>	_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 as charitable contributions?	6a	ļ	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
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		}	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
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	ļ	
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	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	١		į
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	 	-
а	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			
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 13b	1		
	Enter the amount of reserves on hand	44		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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					X			
<u>Sec</u>	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	1a	5			İ			
	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	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with a	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t 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 wa	s filed?	4		X_			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	:					
	more members of the governing body?			7a_		<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	lders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:	_					
а	The governing body?			8a	X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			8b	<u>X</u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	t the	_					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0-7-1	9		X			
Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
40-	Did the aurenmention have local chapters bromber or offlicted?			10-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	bantara	offiliatos	10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such c and branches to ensure their operations are consistent with the organization's exempt purposes?	napters	, aililates,	10b					
44.	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
_									
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	linte?	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	- 22				
C	in Schedule O how this was done	100, 00	301100	12c	х				
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 approv	al by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	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 arrange	ment w	ith 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	ate its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nızatıor	າ່'ຮ						
	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 (Secti	on 501(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	n ın Sch	edule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, continuous con	onflict c	f interest policy, an	d fınar	ncıal				
	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 a	and reco	ords of the organiza	tion 🕨					
	The Organization - 623-374-2559								
23200	1741 W Rose Garden Lane, No. 9, Phoenix, AZ 85027	7							
12-10-				Form	990	(2012)			

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) Positi (do not check m box, unless pers officer and a dire			ition more rson	tiON nore than one son is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Estela Luzario	50.00									
President		X		X				96,000.	0.	0
(2) Dawn Burgess	1.00									
Vice President		X		X				0.	0.	0
(3) Bing Grande	1.00									
Secretary/Treasurer		X		X				0.	0.	0
(4) Marie Tess Maglonoc	1.00									
Trustee		X						0.	0.	0
(5) Ester Havey	1.00									
Trustee		x						0.	0.	0
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Form **990** (2012)

(A) Name and title	(B) Average hours per week (list any	box	Posit (do not check m box, unless pers officer and a dir			than is bot or/trus	han tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am comp	ount o other oensat	of
	related	Individual trustee or di	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	organizati and relati		ınızatı I relate	on ed
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									-				
		<u> </u>						96 000		_			0.
Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	not limited to th	nose	liste	ed al	bove	e) wl	no re		0,000 of reportable				1
			e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on	[Yes	No
For any individual listed on line 1a, is the s	um of reportab	le co							the organization		Ì		x x
Did any person listed on line 1a receive or	accrue compe	nsat	ion i	rom	any	uni u			idual for services				X
tion B. Independent Contractors							ors t	hat received more than	\$100,000 of com	pensa		om	
the organization Report compensation for (A)	the calendar y							n the organization's tax (B)	year		(C	·)	
Name and busines	s address	N	ON	<u> </u>				Description of s	services	C	omper	nsation	<u> </u>
							\dashv						
							- 1						
	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for. For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest of the organization Report compensation for (A)	Name and title Average hours per week (list any hours for related organizations below line) Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to the compensation from the organization) Did the organization list any former officer, director, or triline 1a? 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2 a Rent income excespt organizations b	Pai	τ ۷ΙΙ			to any question i	n this Part VIII			
b		-	Orieck ii Ochedule O come	ans a response	to any question	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512, 513, or 514
Page 100 Pag	t st	1 a	Federated campaigns	1a	216,096.				
Page 100 Pag	lg ä	b	Membership dues	1b	3,800.			i	
Page 100 Pag	E S		•	1c					
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Page 100 Pag	S.E.		=	tions) 1e					
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Page 100 Pag	돌		similar amounts not included abo	ve 1f	34,582,341.				1
Page 100 Pag	들의	q	Noncash contributions included in lines	1a-1f \$					1
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Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34, 847, 555, 43, 200, -2, 280, 15	_				-	-2,280.		-2,280.	
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34,847,555, 43,200, -2,280, 15		9 a		ctivities See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34 847 555 43 200 5 cm 990 (2013)									
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34,847,555, 43,200, -2,280, 15				_	·				
and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34, 847, 555, 43, 200, -2, 280, 15, 232009				•	P				-
b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34 847 555 43 200 5erm 990 (2012)		10 a					1		
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34, 847, 555 43, 200, -2, 280, 15.							1		
Miscellaneous Revenue			-	_	·				-
11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34, 847, 555, 43, 200, -2, 280, 15, 232009	ŀ		•		P O		-		
b	}				Business Code				
C d All other revenue e Total. Add lines 11a-11d									
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34,847,555, 43,200, -2,280, 15, 232009							 		
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 34,847,555, 43,200, -2,280, 15, 232009		C				 	 		
12 Total revenue. See instructions. 34,847,555, 43,200, -2,280, 15,		d					 		
232009 Earm QQQ (2012)				•		24 047 555	43 200	2 202	1.5
	23200	9	TOTAL LEVELING. SEE HISH UCHOUS.			34,041,335.	43,200,1	~ <u>~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

Form 990 (2012) The 3000 Club Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		IS Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	16,259,862.	16,259,862.		
2	Grants and other assistance to individuals in	10 544 000	10 511 000		
	the United States See Part IV, line 22	12,644,090.	12,644,090.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	E 040 CE0	E 010 CE0		
	United States. See Part IV, lines 15 and 16	5,012,658.	5,012,658.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	06 000	76 000	10 200	
	trustees, and key employees	96,000.	76,800.	19,200.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	79,440.	63,552.	15,888.	
_	persons described in section 4958(c)(3)(B)	79,440.	03,332.	15,000.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•	* * * * * * * * * * * * * * * * * * * *	-			
9	Other employee benefits	13,421.	10,737.	2,684.	
10 11	Payroll taxes Fees for services (non-employees)	10,4410	<u> </u>	2,004.	
	Management				
a b	Legal	263.		263.	
	Accounting	29,666.		29,666.	
	Lobbying	2570001			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			•	
					-
9	column (A) amount, list line 11g expenses on Sch O.)	35,112.	14,221.	20,891.	
12	Advertising and promotion	7,959.			7,959
13	Office expenses	69,872.	28,239.	41,633.	
14	Information technology	662.		662.	
15	Royalties				
16	Occupancy	136,095.	126,918.	9,177.	
17	Travel	47,593.	35,044.	12,549.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,069.		12,069.	
20	Interest	1,754.		1,754.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,010.	12,808.	3,202.	
23	Insurance	4,956.		4,956.	
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	134,964.	134,964.		
b	International freight	7,826.	7,826.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	34,610,272.	34,427,719.	174,594.	7,959
26	$\mbox{\sc Joint costs}.$ 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 (2012

Form 990 (2012)
Part X Balance Sheet

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		26,791.	1	20,092.
	2	Savings and temporary cash investments		36,303.	2	427.
	3	Pledges and grants receivable, net			3	118,741.
	4	Accounts receivable, net		4	14,400.	
	5	Loans and other receivables from current and for	rmer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete		1	
		Part II of Schedule L	_		5	
	6	Loans and other receivables from other disquali	l l			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
v		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	-		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	, ,	5,276.	9	12,669.
	10a	Land, buildings, and equipment: cost or other	455 504			
		basis Complete Part VI of Schedule D	10a 157,531.	61 560		127 200
	b	Less: accumulated depreciation	10b 20,132.	61,562.		137,399.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets	-	8,902.	14	11 255
	15	Other assets See Part IV, line 11	-11: 0.4	138,834.	15	11,355. 315,083.
	16_	Total assets. Add lines 1 through 15 (must equ	ai line 34)	9,627.	16 17	313,083.
	17	Accounts payable and accrued expenses	9,021.	18	3,737.	
	18	Grants payable Deferred revenue			19	
	19	Tax-exempt bond liabilities	ŀ		20	
40	20 21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	Г			
ig	22	key employees, highest compensated employee	ı			
Ë		Complete Part II of Schedule L	so, and dioqualified percenter		22	
	23	Secured mortgages and notes payable to unrela	ated third parties	36,531.	23	21,823.
	24	Unsecured notes and loans payable to unrelate	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		46,158.	26	25,580.
		Organizations that follow SFAS 117 (ASC 958	i), check here ▶ 🏻 and 📗			
ŝ		complete lines 27 through 29, and lines 33 ar	d 34.			
ĕ	27	Unrestricted net assets		92,676.	27	<u>289,503.</u>
Sala	28	Temporarily restricted net assets			28	
ğ	29	Permanently restricted net assets		29		
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	í		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	· ·		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	00 676	32	000 500
~	33	Total net assets or fund balances	-	92,676.	33	289,503.
	34	Total liabilities and net assets/fund balances		138,834.	34	315,083. Form 990 (2012)

orm	990 (2012) The 3000 Club	27-32	95358	Pac	_{re} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,847	7,5	<u>55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,610),2	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	237	7,2	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92	2,6	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4(),4	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	289	9,5	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\Box
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie 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 Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	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 requ	ııred audıt		i	1

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

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2012

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection
Employer identification number

		The 300	0 Club						2	<u>7-3295</u>	<u>358</u>		
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions					
The organ	nization is not a	a private foundation	because it is (For lines 1	through 1	11, check o	only one b	ox.)						
1 🗀	A church, cor	nvention of churche	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Scl	hedule E.)									
з 🔲	A hospital or	a cooperative hospi	ital service organization of	described	n section	170(b)(1)(A)(iii).						
4	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ie,	
	city, and stat	-	•										
5 🗀	•		benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in			
	_	(b)(1)(A)(iv). (Compl	=	-		_	_						
6			ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).						
7 X	•		eives a substantial part					r from the	general	public desc	ribed i	n	
	=	b)(1)(A)(vi). (Comple				5			Ū	•			
8 🔲			section 170(b)(1)(A)(vi). (Complete	Part II.)								
9	_		eives: (1) more than 33 1			om contri	butions, m	nembershi	p fees, a	nd gross re	ceipts	from	
_	•	-	nctions - subject to certa										
		•	axable income (less sect										
		509(a)(2). (Complete			,		•						
10 🔲			perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	I).					
11 🔲			perated exclusively for th						y out the	purposes o	of one	or	
	_	_	ations described in section										
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.							
	a Type	ь <u> </u>	ype II c 🔲 Ty	ype III - Fui	nctionally i	ntegrated	c	I 🔲 Тур	e III - No	n-functional	ly integ	grated	
е 🔲	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons otl	ner tha	n	
	foundation m	nanagers and other	than one or more publicly	, supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509	}(a)(2).		
f													
	supporting o	rganization, check t	his box										
g	Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?				
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (iii) below	',	Yes	No	
	the gove	erning body of the s	upported organization?							11g(i)	↓	<u> </u>	
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)		<u> </u>	
	(iii) A 35% (controlled entity of a	a person described in (i) o	or (ii) above	9?					11g(iii)	1		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).								
										1			
(i) Name	e of supported	(ii) EIN	(iii) i jpo oi oi gameation	(iv) is the c	rganization	(v) Did yo		Toroanizani	on in col	(vii) Amoun	(vii) Amount of monet		
org	ganization		(described on lines 1-9 above or IRC section		sted in your document?		r support?	(i) organiz	ed in the	sup	port		
			(see instructions))	!						-			
				Yes	No	Yes	No	Yes	No				
									 				
			 	<u> </u>									
					}					1			
		-			 			 	†				
		· · · · · · · · · · · · · · · · · · ·						-	1				
		-											
Total					<u></u>		<u> </u>		<u> </u>				

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	ction A. Public Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received (Do not												
	ınclude any "unusual grants.")			3954648.	7568357.	34806620.	46329625.						
2	Tax revenues levied for the organ-												
	ızatıon's benefit and either paid to			1									
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3			3954648.	7568357.	34806620.	46329625.						
5	The portion of total contributions												
	by each person (other than a												
	governmental unit or publicly												
	supported organization) included												
	on line 1 that exceeds 2% of the												
	amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on												
	column (f)												
6	column (f) 5 Public support. Subtract line 5 from line 4 46329625.												
Se	ction B. Total Support												
Cale	Public support. Subtract line 5 from line 4 46329625. Section B. Total Support Public support Public support 46329625. Public support. Subtract line 5 from line 4 46329625. Amounts from line 4 46329625. Amounts from line 4 3954648. 7568357.34806620.46329625.												
7	ection B. Total Support alendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 3954648. 7568357.34806620.46329625.												
8	Gross income from interest,	_				1							
	dividends, payments received on												
	• •												
	and income from similar sources				9.	43,215.	43,224.						
9	Net income from unrelated business					_							
	activities, whether or not the												
	securities loans, rents, royalties and income from similar sources 9. 43,215. 43,224.												
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						46370569.						
12		etc. (see instructi	ons)			12	3,350.						
13	First five years. If the Form 990 is for	-	-	ird, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)							
	organization, check this box and stop	here					▶ X						
Se	ction C. Computation of Publ	ic Support Pe	rcentage										
14	Public support percentage for 2012 (ine 6, column (f) d	livided by line 11,	column (f))		14	%						
15	Public support percentage from 2011	Schedule A, Part	il, line 14			15	%						
16a	a 33 1/3% support test - 2012. If the o	organization did ne	ot check the box	on line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and						
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	on			▶□						
k	33 1/3% support test - 2011. If the o	organization did ne	ot check a box or	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check t	this box						
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			▶□						
17a	10% -facts-and-circumstances tes	t - 2012. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop h	nere. Explain in Pa	rt IV how the orga	inization						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as	a publicly supported	d organization		▶□						
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or						
	more, and if the organization meets th												
	organization meets the "facts-and-circ				•		▶□						
<u>18</u>	Private foundation. If the organization		· ·				ns 🕨 🗀						
							0 or 990-F7\ 2012						

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	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	,					
	ınclude any "unusual grants ")						
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-	1					
	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						
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				L		
Se	ction B. Total Support					T	Τ
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				 	 	
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b			 			
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part IV)	-			1		
	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	s arst, secona, triii	a, iourtri, or illtri t	ax year as a secu	on 50 f(c)(5) organiz	ation,
Se	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (fl)		15	%
	Public support percentage from 2011			Soluli II (I))		16	
	ction D. Computation of Inve			· · · · · · · · · · · · · · · · · · ·			
	Investment income percentage for 20					17	%
	Investment income percentage from			,		18	
	a 33 1/3% support tests - 2012. If the			on line 14. and lin	e 15 is more than		
	more than 33 1/3%, check this box a	-					▶□
	b 33 1/3% support tests - 2011. If the	· ·	-	· · · · · · · · · · · · · · · · · · ·			and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		•				

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization Employer identification number 27-3295358 The 3000 Club Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) __ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Schedule D (Form 990) 2012

	dule D (Form 990) 2012 The 300							_		Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, o	r Othe	r Simila	<u>ar Asse</u>	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	k any of the	following that	are a sig	ınıfıcant ı	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d			hange progra	ms				
ь	Scholarly research	е	· 🗀 ·	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIII.	
5	During the year, did the organization solicit o					er sımılar	assets	_	7	—
Do	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang	-	ete if the	organizatio	n answered "	Yes" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par		d.a fa							
та	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	is or other ass	sets not i	nciuaea		7 v	
	on Form 990, Part X?	and complete the fo	llouwood	table					」 Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	illowing	lable					Amount	
_	Reginning halance						1c		ATTOURIL	
	Beginning balance Additions during the year						1d			
	Distributions during the year	•					1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIII			on has been	provided in F	Part XIII				
Par)			
		(a) Current year	(b) P	Prior year	(c) Two years	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		į						L	
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	red for th	e organiz	zation	Г.	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		0-1	d. 1 - D0					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations. Describe in Part XIII the intended uses of the	•							3b	
Par	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		T	or other	(c) Ac	cumulate	-d	(d) Book	value
	pescription of property	basis (investi		1	(other)		reciation		(U) DOOK	·aido
12	Land	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. ,					
	Buildings									
	Leasehold improvements			6	5,354.		4	90.	64	,864.
	Equipment				2,177.		19,6			,535.
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	10(c))			>	137	7,399.
								Schedule		990) 2012

	dule D (Form 990) 2012 The 3000 Club				3295358	Page 4
Par		ents W	ith Revenue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements			1	34,807,	<u>.099.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1				
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	34,807	<u>.099.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b	40,456.			
С	Add lines 4a and 4b			4c	40	<u>456.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			.5	34,847	<u>.555.</u>
Par	t XII Reconciliation of Expenses per Audited Financial State	ments V	Vith Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	34,610,	<u>.272.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	,	1			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII)	2d			!	
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			_3_	34,610	<u>.272.</u>
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 XIII.)	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 18)			5	34,610	272.
Par	t XIII Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part				2b; Part V, line	4; Part
<u>Par</u>	t XI, Line 4b - Other Adjustments:					
<u> </u>	owance for uncollectible pledges				39	580.
<u>Men</u>	bership dues refunded					690.
Ref	unds of contributions					186.
<u>Tot</u>	al to Schedule D, Part XI, Line 4b				40	<u>.456.</u>

Schedule D (Form 990) 2012

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.
 ► Attach to Form 990.
 ► See separate instructions.

QMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization					Employer ident	tification number
The 3000 Club					27-32953	58
	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ		
to Form 990, Par						
_	_		ds to substantiate the amount of its gra		_	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	e grants or assi	stance?	Yes No
	cribe in Part V the	organization's i	procedures for monitoring the use of it	s grants and o	ther assistance oi	itside 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 activise a properties of the contraction (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
		irregion				
East Asia and the						
Pacific	0	0	Program Services	Program Sur	port	20,751.
Noth America		,	Program Services	Feeding Pro	ograms	183,911.
NOCH AMELICA			riogram bervices	rocarng rre	-grains	100,511.
Europe (Including						
Iceland and						
Greenland)	0	0	Program Services	Humanitaria	n Aid	4,807,996.
	 					
	-					
3 a Sub-total	0	0				5,012,658.
b Total from continuation						
sheets to Part I	0	0		<u> </u>		0.
c Totals (add lines 3a						
and 3b)	0	0				5 012 658

232071

Schedule F (Form 990) 2012

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

The 3000 Club

Schedule F (Form 990) 2012

27-3295358

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 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

` 🛫 1	 	1	 	I	1	<u> </u>		0	م اص
(i) Method of valuation (book, FMV, appraisal, other)	Actual Value	Fair Market Value							0 Schedule F (Form 990) 2012
(h) Description of non-cash assistance		4807996 Medcial Supplies							Schedt
(g) Amount of non-cash assistance	0,0	4807996						empt by	•
(f) Manner of cash disbursement	ash							recognized as tax-e)	
(e) Amount of cash grant	16,057,Cash	0						foreign country,	
(d) Purpose of grant	Program Support	Humanitarian Aid						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	(Including and nd)						is listed above that are right. It has provided a section	r entities
(b) IRS code section and EIN (if applicable)	М	H 7 V						recipient organization he grantee or counse	other organizations o
1 (a) Name of organization								2 Enter total number of rethe IRS, or for which the	3 Enter total number of other organizations or entities

27-3295358

Page 3

The 3000 Club Schedule F (Form 990) 2012

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.

(g) Description of valuation or cash assistance (book, FMV, appraisal, other)	121,394 lbs of fresh Fair Market produce Value				
(f) Amount of non-cash non-cash assistance	121,394 lb 182,091.produce				
(e) Manner of cash disbursement					
(d) Amount of cash grant	0				
(c) Number of (d) Amount of recipients cash grant	10,116				
(b) Region	North America				
(a) Type of grant or assistance (b) Region	Direct Clients - Feeding Programs				

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) 2012

Yes

X No

6

for Form 5713)

Level 3 input valuation.

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); 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 Organization has reviewed and approved

all foreign projects as being in furtherance of its own exempt purpose

and it retains control and discretion as to the use of the contributions.

Schedule F, Part I, Line 3: Expenditures are valued at Fair Market Value.

Fair Market Value of Items - All donations are valued based on management's conservative estimates from web sites or other resources due to a lack of observable market data. These valuations are considered

Schedule F, Part III, Col (c): Direct Clients - Individuals receive

distributions of produce once each day. The number of individuals

assisted is an estimate based on each individual taking approximately 12

lbs of food.

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

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

2012 . OMB No 1545-0047 Open to Public Inspection

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

Attach to Form 990.

0	1						Employer identification number
TIME 3000 CIMB	CTUD						61-3693338
- J	to substantiate the		or assistance the	grantees' eligibilit	of for the grants or ass	the grants or assistance the grantees' eligibility for the grants or assistance, and the selection	Cott
criteria used to award the grants or assistance?	stance?						X Yes
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	States.			
ᇤ	Governments an	d Organizations in the	e United States. C	omplete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part il can be duplicated if additional space is needed 1 (a) Name and address of organization or government (b) EIN if applicable cash grant	\$5,000 Part II car (b) EIN	be duplicated if addit (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southwest Medical Aid 4500 E Speedway Blvd, Ste 23 Tucson, AZ 85712	39-0806210	501(c)(3)	25 049	0	Actual Value		Program Support
North Hills Church 15025 N 19th Ave Phoenix, Az 85023	86-0182972	501(c)(3)	7,952.	0	Actual Value		Program Support
Faith Builders Church 949 E Bell Road Phoenix Az 85022	71-0897160	501(c)(3)	6 515.	ó	Actual Value		Program Support
. Bar verr	45-3629248	501(c)(3)			Actual Value		Program Support
acif	75-3040117	501(c)(3)	5,000	0	Actual Value		Program Support
	86-0804743	501(c)(3)	468,523,	0	Actual Value		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in the	ne line 1 table				10.
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line , see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) The 3000 Club (Form 990) The Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Club Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa	1 1 3 2 2 III)	7-3295358 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cancer Aid and Research Fund PO Box 37099 Phoenix, AZ 85069	74-2520175	501(c)(3)	0	5,875,313,	FMV	Medical Supplies Humanitarian Ald	Humanitarian Aid
Breast Cancer Research and Assistance Fund - PO Box 38111 - Phoenix, AZ 85069	86-0957009	501(c)(3)	0	3,141,129,	FMV	Medical Supplies Humanitarian Aid	Humanitarian Aid
Breast Cancer Ald and Research Institute - PO Box 38056 - Phoenix, AZ 85069	36-4617641	501(c)(3)	0	3,429,964,1	FMV	Medical Supplies Humanitarian	Humanitarian Aid
Cervical Cancer Prevention and Assistance - 1741 W Rose Garden Lane, Ste 9 - Phoenix, AZ 85027	46-2408926	501(c)(3)	0	3,198,366,	FMV	Medical Supplies Humanitarian Aid	Humanitarian Aid
							Schedule I (Form 990)

Page 2

27-3295358

(Form 990) (2012) The 3000 C1ub 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. Schedule I (Form 990) (2012)

Part III Grants and Other

(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 - Market on the Move	72449	0	12,644,090	Fair Market Value	Over 8 Million pounds of fresh produce
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	n required in Part I,	line 2, Part III, colum	ın (b), and any other additional ın	formation.
Schedule I, Part I, Line 2: A portion	ion 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	e distributed	and	the number of	
pounds given out through direct client		programs. Th	The majority of	of the the	
distribution of produce in the US is	is made	through se	made through setting up various	arious	
produce markets throughout Arizona for		individuals to have	o have acc	access to these	
items without having to travel to	food banks.	ks. Grants	and	Gifts-in-Kind	
contributions are provided to Organizations with	nization	1	similar goals;	, monthly	
reporting is used to monitor this	activity.	CC			

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No 1545-0047
2012

Open To Public Inspection

Internal Revenue Service

Name of the organization

or Form 990-EZ, Part V, line 38a or 40b.

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

lame of th	ne organization								1 *	-	ident		on nu	mber
.	<u> </u>	<u>The 3000</u>	Club						127	<u>-32</u>	<u>953</u>	<u>58</u>		
Part I						=								
	Complete if the						o, or	Form 990-EZ, P	art V,	ine 40)b			
1 (a) Na	me of disqualified	person (t	•		•	ified (c	c) De	escription of tran	sactio	n			- 1	
· · · ·		•	person and o	organiz	ation	<u>`</u>						⊢ ¥	es	No
												-	-	
												+		
								- 					-	
	-							 					-	
													-	
								<u> </u>						
		incurred by the	e organization ma	nagers	or also	qualified persons du	rıng	tne year under						
	on 4958									> \$				
3 Enter	the amount of tax	, if any, on line	2, above, reimbur	sed by	the or	ganization				> \$				
Part II	Loans to an	d/or From I	nterested De	reone	•									
Pail II						D	_	000 5 . 5.1						
	•	•				, Part V, line 38a or i	-orn	1 990, Part IV, IIr	ie 26;	or if tr	ne orga	ınızatı	on	
			h.ml				Ι		·		(h) An	proved	(2) 14	
	a) Name of rested person	`´ with	of loan	fro	m the	(e) Original principal amount	(f) Balance due		in ult?	by bo	ard or	(I) VV	rilleli ment?
111101	cotca person	organizatio	n Stissin		1	p								
		- .		10	From				Yes	No	Yes	No	Yes	No
		person and organization person and organization and person advantage and person an												
				+	+ -						 			
				+-	+		┝		-				-	
				1	+									-
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					+						-		ļ	
											 			
					l			<u> </u>	-		 	Ь		<u> </u>
otal Part III	Grants or A	ssistance P	Renefiting Inte	reste	d Per				ł		<u> </u>			
artin	J		•											
(-) A								(d) Type	of		/-	\ Durn	000.0	F
(a) N	iame of interested	person	interested pe	rson ar		assistance								l
-,-								-				-		
						-								
								 		-+				
	•							 		+				
-	-							 		- 				
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		-	-							_				
										-+				

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

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Nicco Punzalan	Familial relationsh	42,000.	Wages		Х
Borderlands Food Bank	Substantial contrib	134,964.	Transportat		Х
	-				-
Part V Supplemental Information					
	tional information for responses to questions	s on Schedule L (see	e instructions).		
Sch L, Part IV, Business	rransactions Involvir	ng Interest	ed Persons:		
		<u>.g</u>			
(a) Name of Person: Nico	co Punzalan				-
(b) Relationship Between	n Interested Person and	d Organizat	tion:		
Familial relationship wi	th board member	·-			
(c) Amount of Transaction	on \$ 42,000.				
(d) Description of Trans	saction: Wages				
(e) Sharing of Organizat	cion Revenues? = No	 			
		_			
(a) Name of Person: Bord	derlands Food Bank				
(b) Relationship Between	n Interested Person and	d Organizat	tion:		
Substantial contributor					
(c) Amount of Transaction	on \$ 134,964.				
(d) Description of Trans	saction: Transportation	n expenses			
(e) Sharing of Organizat	cion Revenues? = No				
			-		

SCHEDULE M (Form 990)

Noncash Contributions

 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

The 3000 Club

Employer identification number 27-3295358

Par	t I	Types of Property		-					
	•		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu			 s
1	Art -	Works of art	:	items contributed	1 0//// 000, 1 art viii, iijo 1	9-			
2		Historical treasures							
3		Fractional interests							
4		s and publications							
5		ning and household goods							
6		and other vehicles							
7	Boat	s and planes							
8		ectual property							
9		rrities - Publicly traded							
10		irities - Closely held stock							
11		irities - Partnership, LLC, or							
		interests							
12	Secu	ırıtıes - Mıscellaneous							
13	Qual	ified conservation contribution -							
	Histo	oric structures							
14	Qual	fied conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17	Real	estate - Other							
18	Colle	ectibles							
19	Food	Inventory	X	1	12,828,001.	Fair Market	<u> Va</u>	<u>lue</u>	
20	Drug	s and medical supplies	Х	1	20,452,768.	Fair Market	. Va	lue	
21	Taxio	dermy							
22	Histo	orical artifacts							
23		ntific specimens		-					
24		eological artifacts							
25		r • () r • ()							
26		r • ()							
27		r > ()							
28		r • ()							
29		ber of Forms 8283 received by the organiz		•					
	tor w	hich the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			Yes	No
20-	D	ng the year, did the organization receive by	v oostribuiti	an any proporty ro	ported in Part L lines 1.29	that it must hold for	\Box	162	NO
Sua		ast three years from the date of the initial o							
		entire holding period?	COMMIDUMON	, and which is not	required to be used for ex	empt purposes to	30a		х
		es," describe the arrangement in Part II.					ooa		
31		s the organization have a gift acceptance i	nolicy that r	equires the review	of any non-standard conti	nbutions?	31		х
		s the organization hire or use third parties					<u> </u>		_ <u></u> _
JŁa		ributions?	o. roidiod o	. 94. 1124.10110 10 001	, p. 00000, or oon notice		32a		x
h		es," describe in Part II.						•	
33		e organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is	checked,			1
		ribe in Part II	(0)		,	 ,			1
						0-1	<u>. </u>		

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

Schedule M (Form 990) (2012)

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information
 	
	
232142 12-20	-12 Schedule M (Form 990) (2012

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.

2012
Open to Public Inspection

Department of the Treasury
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. In the last few years, we also
started working with organizations to recover and distribute unused
medical supplies and equipment.
Form 990, Part III, Line 1, Description of Organization Mission:
America. In the last few years, we also started working with
organizations to recover and distribute unused medical supplies and
equipment.
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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
, onicadio o (i orini coo di 330-LZ) (20 IZ)

232211 01-04-13

Name of the organization The 3000 Club	Employer identification number 27-3295358
makes its Form 990 available on its website.	
Form 990, Part VI, Section C, Line 19: The Organization	-
documents, conflict of interest policy and financial state to the public upon request. The Organization also makes	
statements available on its website.	
statements available on its website.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Allowance for uncollectible pledges	-39,580.
Membership dues refunded	-690.
Refund of contributions	-186.
Total to Form 990, Part XI, Line 9	-40,456.
Form 990, Part XII, Line 2c The Organization made no changes to its audit oversight	
process during the fiscal year covered by the return.	
Amended Return Explanation	
Amended Return	
The return is being amended to correct Form 990, Part VI	II, reporting
for wages for officers of the Organization; calendar year	ar 2011
information was inadvertently included with 2012 information	ation on this
part of the return.	