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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A</u> _	For the 20	14 calendar year, or tax year beginning , 2014, an	d ending		,	
В	Check if appl	cable		D Employer ide	ntification number	
	Adaress	change ARIZONA FREE ENTERPRISE CLUB		20-242	3383	
	Name ch	0.415 = 0.100 = 0.00 = 0.00		E Telephone nu		
	Initial re	DUCENTY NO OFO16		602-50	8-6088	
	$\vdash$	n/terminated		602-30	8-0066	
	$\vdash$				¢ = 0.50	
	Amende		(11/2) 1-11	G Gross receipt		
	Applicat	ion pending F Name and address of principal officer	1	a group return for s	ت•، ب	H
		SAME AS C ABOVE	If 'No.	subordinates inclu attach a list (see	ded? Yes	∐ No
1	Tax-exemp	ot status 501(c)(3) X 501(c) ( 4 ) (insert no ) 4947(a)(1) or	527			
J	Website	WWW.AZFREE.ORG	H(c) Group	exemption number	▶	
K	Form of or	ganization X Corporation Trust Association Other ► L Year	of formation 200	5 M State of	f legal domicile A2	<u></u>
Pa	rt I S	ummary		<u> </u>		
	1 Brie	fly describe the organization's mission or most significant activities THE	MISSION OF	THE ORGA	NIZATION 1	S TO
4	AD	VANCE POLICIES THAT PROMOTE A STRONG AND VIBRAN				=
ည္						
Governance						
Ne.	2 Che	ck this box F I if the organization discontinued its operations or dispose	d of more than 25	5% of its net as		
ၓ	3 Nun	nber of voting members of the governing body (Part VI, line 1a)		3		1
Activities &	4 Nun	nber of independent voting members of the governing body (Part VI, line 1b)	)	4		1
ë.	5 Tota	al number of individuals employed in calendar year 2014 (Part V, line 2a)		5		ı î
≅	6 Tota	al number of volunteers (estimate if necessary)		6		0
Ą		al unrelated business revenue from Part VIII, column (C), line 12				0.
	<b>b</b> Net	unrelated business taxable income from Form 990-T, line 34		7t		0.
			F	rior Year	Current Y	ear
a)	8 Cor	tributions and grants (Part VIII, line 1h)		287,500	7,862	,265.
Revenue	<b>9</b> Pro	gram service revenue (Part VIII, line 2g)				
Š	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d).				
æ	<b>11</b> Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	<b>12</b> Tota	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	287,500	7,862	,265.
	<b>13</b> Gra	nts and similar amounts paid (Part IX, column (A), lines 1-3)		•		,500.
	<b>14</b> Ber	efits paid to or for members (Part IX, column (A), line 4)			1	
	15 Sal	aries other compensation employee penefits (Part IX, column (A), lines 5-1	0)	86,050	111	,650.
es		fessional fundraising-fees-(Part-IX) column (A), line 11e)	· ·	00,030	•	,050.
Ë	i	[200]			-	
Expenses	<b>b</b> 100	al fundralsing expenses (RartilX, dolumn (D), line 25) ►	704.			
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		117,273	3,464	,583.
		al expenses—Add-lines=13-17-(must equal Part IX, column (A), line 25)		203,323	. 7,218	,733.
		enue less expenses Subtract line 18 from line 12		84,177	. 643	,532.
8 6			Beginni	ng of Current Yea		
Assett Balar	<b>20</b> Tot	al assets (Part X, line 16)		107,175	<del>-</del>	,010.
	<b>21</b> Tot	al liabilities (Part X, line 26)		2,668		,971.
Š	22 Net	assets or fund balances Subtract line 21 from line 20		104,507	T	,039.
P:	·	Signature Block	_ <del></del>	104/30/	-1 /40	,033.
			ote and to the heat of	nu knowledge och	poliof it is true as	at and
com	plete Declara	f perjury. I declare that I have examined this return, including accompanying schedules and statemen ation of preparer (other than officer) is based on all information of which preparer has any knowledge	ns, and to the best of f	ny knowieuge and i	Jener, it is true, correc	a, and
_		X Z. of Miss.	· I	11-12-1	۴	
Sig	nn	Signature of officer	D:	ate	<del>-</del>	
He	ere	SCOT MUSSI	סמממ	TDENIM		
		Type or print name and title	PRES	IDENT		
		Print/Type preparer's name Preparer's stantage D	ate	Chook I L	PTIN	
_			10/1/3/	Check   if		
Pa		PAUL N. RAMBEAU, CPA		elf-employed	P00156861	·
	eparer	Firm's name PAUL N. RAMBEAU, CPA P.C.	· // '	4		
US	e Only	Firm's address 300 WEST CLARENDON, SUITE 340		Firm's EIN ► 8	6-0548915	
		PHOENIX, AZ 85013		Phone no (6	02) 265-96	88
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes	No
BA	A For Pa	perwork Reduction Act Notice, see the separate instructions.	TEEA0113L 05	/28/14	Form 99	0 (2014)
				les i	<i>9</i> 6	·
				9	<b>ノ</b> 〇	

	990 (2014) ARIZONA FREE ENTERPRISE CLUB	20-2	42338	3	F	age 2
Par	t III Statement of Program Service Accomplishments					_
	Check if Schedule O contains a response or note to any line in this Part III					X
1	Briefly describe the organization's mission					
	THE MISSION OF THE ORGANIZATION IS TO ADVANCE POLICIES THAT PROPULIFIED THAT PROPUL	<u>10TE A</u> 	STRON	IG A		. <b></b> .
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior				
	Form 990 or 990-EZ? SEE SCHEDULE O		X	Yes		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 se	rvices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	ices, as m is to others	easured s, the to	d by ex	kpens pense	es :s,
4 8	a (Code ) (Expenses \$ 4,379,755. including grants of \$ 3,642,500.)	 (Revenue	\$			
	THE ORGANIZATION ENGAGED IN A VIGOROUS, NONPARTISAN EFFORT TO EL	OUCATE	THE E	PUBL	IC	
	ABOUT ISSUES AFFECTING ARIZONA, INCREASE VOTER PARTICIPATION IN					SS
	AND ALSO RAISE AWARENESS OF OUR ORGANIZATION. THROUGHOUT THE YEA					
	MAILED NONPARTISAN CANDIDATE QUESTIONNAIRES TO PROSPECTIVE AND					
	RUNNING FOR OFFICE AND MAILED THE RESULTS TO OVER 200,000 CITIZI	ENS THR	OUGH	OUT		
	ARIZONA. THE ORGANIZATION ALSO ENGAGED IN A NONPARTISAN EFFORT	ro RAIS	E AW	AREN	ESS	OF
	OUR ORGANIZATION THROUGH A MULTI-WEEK TV CAMPAIGN AND THE INTER	NET IN	ORDE	₹ TO		
	INCREASE CITIZEN ENGAGEMENT AND VOTER TURNOUT. AS A RESULT THE	ORGANIZ	ATIO	4 IN	CRE	SED
	GRASSROOTS ENGAGEMENT AND WAS ALSO MUCH MORE SUCCESSFUL IN PROMO	OTING O	UR M	ISSI	ON.	
4	<b>b</b> (Code ) (Expenses \$ 492,250. including grants of \$ )	(Revenue	\$			
	THE ORGANIZATION LED THE EFFORT TO PROMOTE MEANINGFUL PENSION R	EFORM I	N THI	E CI	TY (	)F
	PHOENIX. THE ORGANIZATION URGED PHOENIX TO END PENSION SPIKING					
	CURRENT SYSTEM AND TRANSITION NEW EMPLOYEES INTO A 401(K) STYLE					ON
	SYSTEM. THE ORGANIZATION OPPOSED EFFORTS IN THE CITY OF GLENDAL					
	TEMPORARY SALES TAX INCREASE PERMANENT. DUE TO OUR ORGANIZATION	'S ADVO	CACY	EFF	ORTS	5,
	GLENDALE HAS NOW RESPONDED BY TAKING A CLOSER LOOK AT THEIR TAX	RATES	AND	IS L	ook	NG
	AT OPTIONS TO ELIMINATE THE SALES TAX INCREASE. THE ORGANIZATION					
	EFFORT TO PASS THE \$1BILLION BOND REQUEST FOR THE MARICOPA COUNDISTRICT.		IAL_	IEAL	TH C	ARE
	DISTRICT.				- <del>-</del> -	
4	c (Code ) (Expenses \$ 262,046. including grants of \$ )	(Revenue	\$			
	THE ORGANIZATION WAS ACTIVE AT THE LEGISLATURE ON TAX POLICY, P			R UN	ION	'
	REFORM, PENSION SPIKING AND PROTECTING FREE SPEECH RIGHTS. THE					
	SUCCESSFULLY DEFEATED LEGISLATION TO EXPAND THE R&D TAX CREDIT				VIE	TAX
	CREDIT PROGRAM AND THE NEW JOB TAX CREDIT PROGRAM. THE ORGANIZA					
	LEGISLATION TO END UNION RELEASE TIME AND END THE USE OF TAXPAY					
	ELECTIONEERING. THE ORGANIZATION ALSO PROMOTED EXPANDED FREE SP					
	INCREASING THE CONTRIBUTION LIMITS FOR ELECTED CANDIDATES AND O				BY ?	CHE
	SECRETARY OF STATE OFFICE AND ARIZONA CLEAN ELECTIONS COMMISSION					
	PARTICIPATION IN THE ELECTION PROCESS BY ARIZONA RESIDENTS.					
			_ <del>_</del> _			
		<b>-</b>				
	d Other program services (Describe in Schedule O)					
7	(Expenses \$ including grants of \$ ) (Revenue \$	;			)	
4	e Total program service expenses ► 5,134,051.					
BA				Forr	n <b>990</b>	(2014

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		
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	х	
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
İ	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	11 b		X
1	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	_	X
1	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	11 d		х
1	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f	_	X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 (see instructions)	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
	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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) ARIZONA FREE ENTERPRISE CLUB

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 <sup>7</sup> If 'Yes,' complete Schedule I, Parts I and III	22		х
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
24 a	a 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 25a.	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
C	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_ X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
•	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 contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 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? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a Я b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 h 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) Х 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 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? Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible Х 6 b Organizations that may receive deductible contributions under section 170(c). a 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? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 13 c 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 Schedule Q

14b

Form 990 (2014) ARIZONA FREE ENTERPRISE CLUB 20-2423383 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 or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 1 b 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 X 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 Х Did the organization make any significant changes to its governing documents SEE SCH O since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 X 7 a 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? SEE SCHEDULE O Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following SEE SCHEDULE O a The governing body? 8 a Х **b** Each committee with authority to act on behalf of the governing body? 8 b Х 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 Х Section 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? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O 12 c X Schedule O how this was done 13 Х 13 Did the organization have a written whistleblower policy? 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? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a Х **b** Other officers or key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 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? 16 a Х 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? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed >  $\mathbf{A}\mathbf{Z}$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website |x| Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

PAUL N. RAMBEAU, P.C. 300 W. CLARENDON AVE, STE 340 PHOENIX AZ 85013 602-265-9688 Form 990 (2014)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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

Check this box if neither the organization nor any re	elated org	anıza	ation	co	mpe	nsate	ed a	any current officer	, director, or trustee	!	
				(C)							
(A) Name and Title	(B) Average hours	ł	ition one both dire	ector	trust/			(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
	<del>5</del> -							0.	0.	0.	
(2) DEAN RIESEN	5_	<del>                                     </del>				1 1		•	•		
DIRECTOR	0							0.	0.	0.	
	$-\frac{40}{0}$	x		х				99,998.	0.	3,958.	
(4)		•		-11_				33,330.			
(5)											
(6)	<b>-</b>	•									
(7)											
(8)										<u> </u>	
(9)										-	
(10)											
(11)											
(12)											
(13)											
(14)											
BAA	TEEA0	107L	02/2	7/14				-		Form 990 (2014)	

Part VII Section A. Officers, Directors, 110	usices,	ivey		<u>ıhı</u> ,	Oye	C3,	alli	d riighest con	ipelisated Lili	Picyce	3 (COITE	inueu)
• (A) Name and title	Average hours per week (list any	box, offic	officer and a director/trustee)   compensation		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the					
	hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z1033-IIIIGG)	(**21033*********************************	org	anizatio d related anization	on d
<u>(15)</u>		-							<del></del>			
(16)												
(17)												
<u>(18)</u>								- "				
<u>(19)</u>											_	
(20)				•								
(21)								-				
(22)		-										
(23)												
(24)												
(25)												
1 b Sub-total			lI				<b>-</b>	99,998.	0.		3,9	958.
c Total from continuation sheets to Part VII, Secti	on A						<b>&gt;</b>	0.	0.	<u> </u>	0.	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limfrom the organization ▶ 0	ited to the	se li	sted	abo	ove)	who	rec	99,998. erved more than \$		able com		9 <u>58.</u> Ition
- John die Organization 0				-							Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or trus h <i>individus</i>	stee, <i>al</i>	key	em	ploy	ee, c	or hi	ighest compensate	ed employee	3		х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1	e cor 50,00	npei 10?	nsat If 'Y	tion 'es'	and (	othe olete	er compensation for Schedule J for	rom	4		x
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple:	satioi te Sc	n fro hedu	om a ule .	any <i>J foi</i>	unrel sucl	ated h pe	d organization or i	ndıvıdual	5		х
Section B. Independent Contractors			I A				111	and the state of t	\$100,000,-4			
1 Complete this table for your five highest compensation from the organization Report compensation.												
(A) Name and business add	ress		_	_				Description (B)	of services	Compe	C) ensatio	n
									_			
2 Total number of independent contractors (include	-	t lımı	ted t	to th	nose	liste	d al	bove) who receive	d more than		<del></del>	
\$100,000 of compensation from the organization		TEEA	01081	. 03/	09/15					Form	990	(2014)
W- W-1											1	, · +)

<u> </u>	Check if Schedule O contains a response or note to any	line in this Part VIII			
•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f  Business Code	7,862,265.			
anne.	-				
Program Service Revenue	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f				
_	Investment income (including dividends, interest and				<del></del>
	other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents				
	b Less rental expenses c Rental income or (loss) d Net rental income or (loss)		:		
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events				
	9 a Gross income from garning activities See Part IV, line 19 a b Less direct expenses b				
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  a	·vi			
	b Less: cost of goods sold c Net Income or (loss) from sales of Inventory  Miscellaneous Revenue  Business Code	-			
	11a				
	b		<del></del>		
	C All other revenue				ļ <del></del>
	d All other revenue e Total. Add lines 11a-11d		<del></del>		
	12 Total revenue. See instructions	7,862,265.	0.	0.	<del> </del>
BAA	-5 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5 .5	1,002,203.	U•	<u> </u>	0.

# 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)

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a r	esponse or note to any	line in this Part IX		
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic	3,642,500.	3,642,500.		
3	individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-				
	eign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	99,998.	74,998.	25,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,958.	2,968.	990.	
9	Other employee benefits	2,080.	1,560.	520.	
10	Payroll taxes	5,614.	4,210.	1,404.	
11	Fees for services (non-employees):				
a	Management				
ı	Legal	156,706.	13,137.	143,569.	
•	Accounting	7,846.		7,846.	
•	Lobbying	491,250.	491,250.		
•	Professional fundraising services See Part IV, line 17				
ç	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	548,084.	548,084.		<del> </del>
13	Office expenses				
14	Information technology	65.	65.		
15	Royalties				<del> </del>
16	Occupancy	13,055.	9,791.	3,264.	·· —
17	Travel	40.	40.	<u> </u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	491.	491.		
23 24					
;	POLITICAL CAMPAIGN ACTIVITIES	1,893,151.		1,893,151.	
	POLLING	121,335.	121,335.		
•	ISSUE_ADVOCACY	119,002.	119,002.		
•	CONTRACT LABOR	52,279.	52,279.		
	e All other expenses	61,279.	52,341.	8,234.	704.
25	Total functional expenses Add lines 1 through 24e	7,218,733.	5,134,051.	2,083,978.	704.
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)				
BA		TEEA0110L 05	3/29/14	<u> </u>	Form <b>990</b> (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 106,661 1 750,563. Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 3,210. b Less accumulated depreciation 10b 1,763 10 c 514 1,447. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets. 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 107,175 752,010. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 2,668 3,971. Total liabilities. Add lines 17 through 25 2,668. 26 3,971. Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► |x| and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds. 32 104,507 748,039.

BAA

Total net assets or fund balances

Total liabilities and net assets/fund balances

33 33

752,010. Form **990** (2014)

748,039.

33

104,507.

107,175.

	ARIZONA FREE ENTERPRISE CLOB	20-2423363		_ 1 6	iye iz		
Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,8	62,2	265.		
2	Total expenses (must equal Part IX, column (A), line 25)	_ 2			733.		
3	Revenue less expenses Subtract line 2 from line 1	3			532.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			507.		
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			0.		
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pa	rt XII Financial Statements and Reporting	•			)39.		
	Check if Schedule O contains a response or note to any line in this Part XII				П		
			_	Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	ewed on a			,		
	Separate basis Consolidated basis Both consolidated and separate basis						
l	b Were the organization's financial statements audited by an independent accountant?		2ь		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate					
	Separate basis Consolidated basis Both consolidated and separate basis				ľ		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3ь				
BAA			Form	990 (	(2014)		

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545 0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C

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

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

		•			
Name	e of organization		···	Employer identifica	tion number
	IZONA FREE ENTERPRI			20-242338	
Pa	THAT Complete if the o	rganization is exempt under section	on <b>50</b> 1(c) or is a :	section 527 organi	zation.
1	Provide a description of the o	organization's direct and indirect political ca	ampaign activities in F	Part IV SEE PART	IV
2	Political expenditures			<b>►</b> \$	1,893,151.
_	Volunteer hours				
Pa	Complete if the o	rganization is exempt under section	on <b>501(c)(3)</b> .		
1	Enter the amount of any exc	se tax incurred by the organization under s	ection 4955	<b>►</b> \$	
2	Enter the amount of any exc	►\$			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4	a Was a correction made?				Yes No
	<b>b</b> If 'Yes,' describe in Part IV				
Pā	ft#Cℤ Complete if the o	rganization is exempt under section	on <b>501(c)</b> , excep	t section 501(c)(3).	·
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities 🟲 \$	1,811,651.
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	organizations for secti	on 527 exempt	81,500.
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2 Enter here and o	on Form 1120-POL,	<b>►</b> \$	1,893,151.
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	Enter the names, addresses organization made payments amount of political contribute	and employer identification number (EIN) of For each organization listed, enter the an ons received that were promptly and directly laction committee (PAC). If additional space	nount paid from the fill v delivered to a sepai	ling organization's funds rate political organizatio	Also enter the
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	REPUBLICAN HOUSE	PO_BOX_11494	45-5601821	71,500.	
	VICTORY	TEMPE, AZ 85284			
(2)	SENATE VICTORY FUND	727 E. BETHANY HOME, B109 PHOENIX, AZ 85014	46-5343956	10,000.	
(3)					
(4)					
(5)					
(6)					

$\sim$	-24	4 ^	~ ~	. ~ -	٠.
711	_ / /	4,	4 -		•

Part II-A Complete if t section 501(		n is exempt under see	ction 501(c)(3) and	l filed Form 5768 (el	ection under			
A' Check ► ☐ if the filin	g organization belo	ngs to an affiliated group (a	and list in Part IV each	affiliated group member	s name,			
		share of excess lobbying		<b>.</b>	•			
	B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply							
The term		ing Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals			
1 a Total lobbying expenditu	<u> </u>							
		egislative body (direct lobby						
c Total lobbying expenditu			/iiig)					
d Other exempt purpose e		id 16)						
e Total exempt purpose ex	•	os la and 1d\		· · · · · · · · · · · · · · · · · · ·				
f Lobbying nontaxable am	•	ount from the following table	e in					
both columns	т	Tt - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable a	amount is					
Not over \$500,000		20% of the amount on line 1e	• • • • • • • • • • • • • • • • • • • •					
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess	<u> </u>					
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess		1				
Over \$1,500,000 but not over \$1		\$225,000 plus 5% of the excess o	ver \$1,500,000					
Over \$17,000,000		\$1,000,000						
g Grassroots nontaxable a								
<b>h</b> Subtract line 1g from line	e 1a If <b>z</b> ero or less	, enter -0-						
i Subtract line 1f from line	e 1c If zero or less,	enter -0-						
j If there is an amount oth section 4911 tax for this		ner line 1h or line 1i, did th	e organization file Forr	n 4720 reporting	Yes No			
(Som	e organizations tha	4-Year Averaging Period L It made a section 501(h) el Is below. See the instruction	ection do not have to					
	Lobb	ying Expenditures During	4-Year Averaging Peri	od				
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d</b> ) 2014	(e) Total			
2a Lobbying non-taxable amount								
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
<b>d</b> Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								
BAA				Schedule <b>C</b> (Form	990 or 990-EZ) 2014			

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

- 1 M al company to time 1 the set 1 to 1	(a	)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			-
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Ì	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ì	

# Partill-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

# Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

ı	Dues, assessments and similar amounts from members	1	Ь	<u>7,862,265.</u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a	Current year	2a		2,425,983.
t	Carryover from last year	2b		
C	: Total	2c		2,425,983.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		7,862,265.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	i	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5		0.
Da	t W Supplemental Information	•		

### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

### PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

THE ORGANIZATION ADVOCATED ON BEHALF OF AND IN OPPOSITION OF CANDIDATES AT THE MUNICIPAL, LEGISLATIVE AND STATE LEVEL IN ARIZONA. OUR ACTIVITIES INCLUDED MAILING IN SUPPORT AND IN OPPOSITION OF CANDIDATES, TELEVISION COMMERCIALS AND RADIO ADVERTISEMENTS. ARIZONA HAS VERY STRICT CAMPAIGN FINANCE LAWS, AND REQUIRES INSTANT

NOTIFICATION OF ALL CANDIDATE ELECTION SPENDING. THE ORGANIZATION DID NOT VIOLATE

Part IV. Supplemental Information (continued)

# . PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES (CONTINUED)

ANY ARIZONA CAMPAIGN FINANCE LAWS IN 2014.

# **ADDITIONAL INFORMATION**

PART III-B, LINE 3:

THE ORGANIZATION INCLUDES WITHIN ALL SOLICITATION DOCUMENTS AND INVOICES A STATEMENT THAT THE AMOUNT BEING CONTRIBUTED TO THE ORGANIZATION IS NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ARIZONA FREE ENTERPRISE CI	JUB	20-2423383
Part 1 " Organizations Maintaining Don	or Advised Funds or Other Similar Fu	nds or Accounts.
Complete if the organization ans	swered 'Yes' to Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
<ol> <li>Total number at end of year</li> </ol>		
2 Aggregate value of contributions to (during year).		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	nor advised funds Yes No
	ors, and donor advisors in writing that grant fund t of the donor or donor advisor, or for any other	
Partill Conservation Easements.	10/ 11 5 200 5 10/1	-
	swered 'Yes' to Form 990, Part IV, line	7.
1 Purpose(s) of conservation easements held b		
Preservation of land for public use (e g ,		of a historically important land area
Protection of natural habitat	Preservation of	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	the form of a conservation easement on the
•		Held at the End of the Tax Year
a Total number of conservation easements		2 a
<b>b</b> Total acreage restricted by conservation ease	ments	2 b
c Number of conservation easements on a certi	fied historic structure included in (a)	2 c
d Number of conservation easements included	in (c) acquired after 8/17/06, and not on a histor	ic
structure listed in the National Register		2 d
Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ed by the organization during the
4 Number of states where property subject to co	onservation easement is located >	_
•	egarding the periodic monitoring, inspection, han	
and enforcement of the conservation easeme		Yes No
6 Staff and volunteer hours devoted to monitori ►	ng, inspecting, and enforcing conservation ease	ments during the year
7 Amount of expenses incurred in monitoring, ii	nspecting, and enforcing conservation easement	s during the year
8 Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i) Yes No
	oorts conservation easements in its revenue and to the organization's financial statements that do	expense statement, and balance sheet, and escribes the organization's accounting for
Complete if the organization ans	ections of Art, Historical Treasures, or swered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1a If the organization elected, as permitted unde	<del></del>	ue statement and balance sheet works of
in Part XIII, the text of the footnote to its final	ncial statements that describes these items	
historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue seld for public exhibition, education, or research in	n furtherance of public service, provide the
(i) Revenue included in Form 990, Part VIII,	line 1 .	<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
2 If the organization received or held works of a amounts required to be reported under SFAS		or financial gain, provide the following
a Revenue included in Form 990, Part VIII, line	1	<b>&gt;</b> \$
<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

Schedule D (Form 990) 2014 ARIZO						20-242			Page 2
Part III. Organizations Mainta	ining Colle	ections of	Art, Histo	rica	Treasures, o	r Other Similar As	sets (c	ontını	ıed)
3 Using the organization's acquisition tems (check all that apply)	on, accessior	n, and other	records, che	ck an	y of the following	that are a significant us	se of its	collecti	on
a Public exhibition			d 🗌 Loan d	or exc	hange programs				
<b>b</b> Scholarly research		•	e 🗌 Other						
c Preservation for future gener									
4 Provide a description of the organ Part XIII							e in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	intained as p	art of the org	ganıza	ation's collection?		Yes	[	No
Part IV Escrow and Custodia line 9, or reported an						iswered 'Yes' to Fo	rm 990	), Par	t IV,
1 a is the organization an agent, trus on Form 990, Part X?	itee, custodia	in, or other in	termediary f	for co	ntributions or oth	er assets not included	Yes		□No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII a	and complete	the following	g tabl	е		<u>.                                    </u>		
- December helenes							Amount		
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance  2 a Did the organization include an a	mount on Fo	rm 990 Part	Y line 21 f	OF 05	crow or custodial	L.::	Voc		<b></b>
<b>b</b> If 'Yes,' explain the arrangement		•				-	Yes	<u> </u>	_ No
bili res, explain the arrangement	iii i ait Xiii i	Officer field if	the explane	1110111	as been provided	a iii i dit XIIt		L	ل
Part V Endowment Funds. C	omplete if	the organ	ization an	swei	red 'Yes' to Fo	orm 990 Part IV Ju	ne 10		
	(a) Current		(b) Prior year	1	(c) Two years back			our years	back
1 a Beginning of year balance	(1)		(/_ <u>.</u> /		(-)	(,	1 (0)	) <u>-</u> -	
<b>b</b> Contributions		"  "						_	
c Net investment earnings, gains,								-	
and losses									
d Grants or scholarships									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses									
<b>g</b> End of year balance									
<ol><li>Provide the estimated percentage</li></ol>		nt year end t	palance (line	1g, c	column (a)) held a	es			
a Board designated or quasi-endov			_ % _						
<b>b</b> Permanent endowment	<del></del>	\$							
c Temporarily restricted endowmer		*							
The percentages in lines 2a, 2b,	and 2c should	d equal 100%	6						
3a Are there endowment funds not a organization by	n the possess	sion of the or	ganization t	hat ar	e held and admir	istered for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)	_	
<b>b</b> If 'Yes' to 3a(II), are the related of	_						3ь	_	
4 Describe in Part XIII the intended			s endowmer	nt fund	ds				
Part VI Land, Buildings, and				_					
Complete if the organiz	zation answ	vered 'Yes'	to Form 9	90, F	Part IV, line 11	a. See Form 990, P	art X, I	ine 10	•
Description of property		(a) Cost or o			Cost or other oasis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1 a Land		, <b>.</b>			_ = (= = = = = = = = = = = = = = = = = =	The state of the s			
<b>b</b> Buildings						- Jeenson & Andrews C.T.J	_		
c Leasehold improvements							_		
<b>d</b> Equipment		-			3,210.	1,763.	_	1 .	,447.
e Other.		-					_		
Total. Add lines 1a through 1e. (Colum	ın (d) must e	gual Form 99	0. Part X. co	olumn	(B), line 10c )	▶	-	1	447

Schedule **D** (Form 990) 2014

BAA

<ul> <li>Complete if the organization answered</li> </ul>	<u>'Yes' to Form 990, P</u>	art IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives		
) Closely-held equity interests		
) Other		
)		
))		
<u> </u>		
<u>-</u>		
 3)		
  )		
<del></del>	•	
Part VIII Investments – Program Related.	٠	N/A
Complete if the organization answered	'Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
· ·		
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)	N/Z	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.	N/A	art IV, line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered (a) D	N/A	art IV, line 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered (a) D	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) D  (1)  (2)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  Part IX Other Assets.  Complete if the organization answered '  (a) D  (1)  (2)  (3)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  Part IX Other Assets.  Complete if the organization answered '  (a) D  (1)  (2)  (3)  (4)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  Part IX Other Assets.  Complete if the organization answered '  (a) D  (1)  (2)  (3)  (4)  (5)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  Part IX Other Assets.  Complete if the organization answered '  (a) D  (1)  (2)  (3)  (4)  (5)  (6)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered '  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered (a) D  (1) (2) (3) (4) (5) (6) (7) (8)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Other Assets. Complete if the organization answered (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Other Assets.   Complete if the organization answered   (a)   D	Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book val
Other Assets. Complete if the organization answered '  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (column	Yes' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Cotal. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.	Yes' to Form 990, Pa escription  (B), line 15)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book val
Other Assets. Complete if the organization answered '  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Other Liabilities. Complete if the organization answered 'Yes' to Fo	Yes' to Form 990, Paescription  (B), line 15)	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Other Liabilities. Complete if the organization answered 'Yes' to Fo	Yes' to Form 990, Pa escription  (B), line 15)	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X  Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE	Yes' to Form 990, Paescription  (B), line 15)	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (b) Must equal Form 990, Part X, column (B) line 13 (B) D  (c) (a) D  (d) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (b) Must equal Form 990, Part X, column (B) line 13 (B) D  (c) (a) D  (d) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (b) must equal Form 990, Part X, column (B) line 13 (B) D  (c) (a) D  (d) D  (e) (a) D  (f) (a) D  (f) (a) D  (g) (a) D  (g) (a) D  (g) (b) Cotal. (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X (Column (b) Form (Complete if the organization answered 'Yes' to Form (Column	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (b) must equal Form 990, Part X, column (B) line 13 (B) D  (c) (a) D  (d) (a) D  (e) (a) D  (f) (a) D  (f) (a) D  (g) D	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (b) Must equal Form 990, Part X, column (B) line 13 (B) D  (c) (a) D  (d) (a) D  (e) (a) D  (fotal. (Column (b) must equal Form 990, Part X, column  (e) Complete if the organization answered 'Yes' to Form (a) Description of liability  (f) Federal income taxes  (g) CREDIT CARD PAYABLE  (g) (h) (fotal. (f)	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered '  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARD PAYABLE  (3)  (4)  (5)  (6)	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered '  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARD PAYABLE  (3)  (4)  (5)  (6)  (7)  (8)	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARD PAYABLE  (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, Pa escription  (B), line 15)  rm 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25

Schedule D	(Form 990)	2014	ARIZONA	FREE	ENTERPRISE	CLUB

20-2423383

Page 4

Part XI. Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' to Form 990, P		
Total revenue, gains, and other support per audited financial statements.		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities	2b	ł
c Recoveries of prior year grants	2c	1
d Other (Describe in Part XIII)	2d	
e Add Innes 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
<b>b</b> Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part XII Reconciliation of Expenses per Audited Financial Stateme	A AACAL Commence of the same	3 1 12 /2
rait All   Reconcination of Expenses per Audited Financial Statemen	nts with Expenses per i	Return. N/A
Complete if the organization answered 'Yes' to Form 990, P	•	Keturn. N/A
·	•	Return. N/A
Complete if the organization answered 'Yes' to Form 990, P	•	
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements	•	
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25	art IV, line 12a.	
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities	art IV, line 12a.	
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments	art IV, line 12a.	
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses	2a 2b 2c	
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)	2a 2b 2c	1
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d	2a 2b 2c	1 2e
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c	1 2e
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a linvestment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII )	art IV, line 12a.  2a  2b  2c  2d	1 2e
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII )  c Add lines 4a and 4b	2a	1 2e 3
Complete if the organization answered 'Yes' to Form 990, P  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a linvestment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII )	2a	1 2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

e openio public

Employer identification number 20-2423383 **2** 

ADI7ONA FREE FINE PREPARE TO FILL B	20-2423383	
Parish   P		
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 criteria used to award the grants or assistance?		×
ng the use of grant funds in the United States.	SEE PART IV	ח
Darville Courts and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to	wered 'Yes' to	

<b>Barelly Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	e to Domestic Or for any recipient	ganizations and I	Domestic Governmenore than \$5,000. F	<b>nts.</b> Complete if the	organization ansv cated if additiona	wered 'Yes' to I space is neede	ģ.
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
(1) <u>AMERICAN ENCORE</u>	26-4683543	501(C)	710,000.	0.			GENERAL SUPPORT
(2) AMERICAN FEDERATION FOR CHILD 160 L STREET, NW SUITE 1000 MASHINGTON, DC 20036	33-0627955	501(C)	7,500.	0.			GENERAL SUPPORT
(3) SAVE OUR FUTURE NOW	45-4568597 501(C)	501(C)	2,725,000	0.			GENERAL SUPPORT
(4) THE 60 PLUS ASSOCIATION	54-1564919   501 (C)	501(C)	200,000.	0			GENERAL SUPPORT
(9)							
<u>@</u>							
(8)							
<ul><li>2 Enter total number of section 501(c)(3) and government organization</li><li>3 Enter total number of other organizations listed in the line 1 table</li></ul>	) and government or ons listed in the line	[호 [	ns listed in the line 1 table.			:	0 4

Schedule I (Form 990) (2014)

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

Schedule | (Form 990) (2014) ARIZONA FREE ENTERPRISE CLUB

Grants and Other Assistance to Domestic Individuals. 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
-					
-					
2					
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9					
7					

# PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE AGREEMENT REQUIRES THAT ANY ASSISTANCE BEING PROVIDED IS USED FOR GENERAL SUPPORT POLITICAL CAMPAIGN ACTIVITIES ON BEHALF OF OR IN OPPOSITION OF CANDIDATES FOR OFFICE. THE AGREEMENT ALSO ALLOWS THE ORGANIZATION TO CONDUCT A REVIEW OF THE GRANT PROVIDED THE ORGANIZATION REQUIRES ANY RECIPIENT OF A GRANT TO ENTER INTO A GRANT AGREEMENT. CONSISTENT WITH THE ORGANIZATION'S MISSION AND THAT NO FUNDS BE USED TOWARDS TO ENSURE THAT IT IS BEING USED IN A MANNER CONSISTENT WITH THE AGREEMENT

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ARIZONA FREE ENTERPRISE CLUB

Employer identification number

20-2423383

# FORM 990, PART III, LINE 2 - NEW SERVICES

IN 2014 THE ORGANIZATION ENGAGED IN THE FOLLOWING PROGRAM SERVICE ACCOMPLISHMENTS NOT PREVIOUSLY LISTED ON FORM 990. THE ORGANIZATION ENGAGED IN A VIGOROUS, NONPARTISAN EFFORT TO EDUCATE THE PUBLIC ABOUT ISSUES AFFECTING ARIZONA, INCREASE VOTER PARTICIPATION IN THE ELECTION PROCESS AND ALSO RAISE AWARENESS OF OUR ORGANIZATION. THROUGHOUT THE YEAR, THE ORGANIZATION MAILED NONPARTISAN CANDIDATE QUESTIONNAIRES TO PROSPECTIVE AND CURRENT CANDIDATES RUNNING FOR OFFICE AND MAILED THE RESULTS TO OVER 200,000 CITIZENS THROUGHOUT ARIZONA. THE ORGANIZATION ALSO ENGAGED IN A NONPARTISAN EFFORT TO RAISE AWARENESS OF OUR ORGANIZATION THROUGH A MULTI-WEEK TV CAMPAIGN AND THE INTERNET IN ORDER TO INCREASE CITIZEN ENGAGEMENT AND VOTER TURNOUT. AS A RESULT THE ORGANIZATION INCREASED GRASSROOTS ENGAGEMENT AND WAS ALSO MUCH MORE SUCCESSFUL IN PROMOTING OUR MISSION. THE ORGANIZATION ALSO PROMOTED EXPANDED FREE SPEECH RIGHTS BY INCREASING THE CONTRIBUTION LIMITS FOR ELECTED CANDIDATES AND OPPOSED EFFORTS BY THE SECRETARY OF STATE OFFICE AND ARIZONA CLEAN ELECTIONS COMMISSION TO LIMIT PARTICIPATION IN THE ELECTION PROCESS BY ARIZONA RESIDENTS. THE ORGANIZATION OPPOSED EFFORTS IN THE CITY OF GLENDALE TO MAKE THEIR TEMPORARY SALES TAX INCREASE PERMANENT. DUE TO OUR ORGANIZATION'S ADVOCACY EFFORTS, GLENDALE HAS NOW RESPONDED BY TAKING A CLOSER LOOK AT THEIR TAX RATES AND IS LOOKING AT OPTIONS TO ELIMINATE THE SALES TAX INCREASE. THE ORGANIZATION ALSO OPPOSED THE EFFORT TO PASS THE \$1BILLION BOND REQUEST FOR THE MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT.

### FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS WERE REVISED TO IMPROVE THE GOVERNANCE STRUCTURE OF THE ORGANIZATION. SPECIFICALLY, CERTAIN KEY DECISIONS ARE DELEGATED TO THE MEMBERS, INCLUDING (A) ELECTION OF INDIVIDUALS TO SERVE ON THE

# FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

APPROVAL OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR THE BYLAWS; (D)

APPROVAL OF TRANSACTIONS OR ARRANGEMENTS (INCLUDING COMPENSATION ARRANGEMENTS)

INVOLVING CONFLICTS OF INTEREST BETWEEN A DIRECTOR OR AN OFFICER AND THE

ORGANIZATION; (E) DISSOLUTION OF THE ORGANIZATION; AND (F) DISTRIBUTION OF ASSETS

UPON DISSOLUTION OF THE ORGANIZATION. THERE IS CURRENTLY ONLY ONE CLASS OF

MEMBERSHIP, AND EACH MEMBER IS ENTITLED TO ONE VOTE.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY
SEE EXPLANATION FOR PART VI.A, LINE 4 IN SCHEDULE O.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS
SEE EXPLANATION FOR PART VI.A, LINE 4 IN SCHEDULE O.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS
THE ORGANIZATION HAD NO COMMITTEES DURING THE TAX YEAR.

# FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE RETURN PREPARER PROVIDES THE ORIGINAL AND A COPY OF THE FINAL VERSION OF FORM 990 TO THE EXECUTIVE DIRECTOR OF THE ORGANIZATION FOR HIS REVIEW AND FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN ADDITION TO THE ANNUAL CONFLICT DISCLOSURE COMPLETION AND ASSOCIATED MONITORING

FOR CONFLICTS THAT COULD RESULT FROM THE DISCLOSED RELATIONSHIPS, THE PRESIDENT AND

THE MEMBERS COMMUNICATE ON A REGULAR BASIS REGARDING CURRENT ACTIVITIES OF THE

ORGANIZATION, THUS PROVIDING AN OPPORTUNITY FOR ANY SUCH CONFLICTS TO BE DISCOVERED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION DETERMINATIONS ARE MADE BY INDEPENDENT (CONFLICT-FREE) MEMBERS OF THE GOVERNING BODY WHO DEBATE THE AMOUNT TO BE PAID, UTILIZING A COMPENSATION SURVEY OR OTHER APPROPRIATE COMPARABILITY DATA. TO BE APPROVED, THE TOTAL COMPENSATION MUST NOT BE GREATER THAN WOULD ORDINARILY BE PROVIDED FOR LIKE SERVICES BY LIKE

20-2423383

# FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON

ENTERPRISES (WHETHER TAXABLE OR TAX-EXEMPT) UNDER LIKE CIRCUMSTANCES. THE MINUTES OF ANY MEETING AT WHICH A COMPENSATION DETERMINATION IS MADE INCLUDE (I) THE IDENTITIES OF THE GOVERNING BODY MEMBERS WHO WERE PRESENT AT THE BEGINNING OF THE MEETING, (II) THE IDENTITIES OF SUCH MEMBERS WHO RECUSED THEMSELVES DUE TO A CONFLICT OF INTEREST, (III) THE TERMS OF THE APPROVED COMPENSATION ARRANGEMENT AND THE DATE IT WAS APPROVED, (IV) THE IDENTITIES OF SUCH MEMBERS WHO WERE PRESENT DURING THE DEBATE AND THOSE WHO VOTED IN FAVOR OF IT, AND (V) A DESCRIPTION OF THE COMPARABILITY DATA USED FOR DETERMINING THE REASONABLENESS OF THE COMPENSATION ARRANGEMENT, AND HOW IT WAS OBTAINED.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ARTICLES OF INCORPORATION, TOGETHER WITH ANY AMENDMENTS THERETO, AND ALL TAX RELATED FILINGS, INCLUDING THE APPLICATION FOR TAX-EXEMPT STATUS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.