For the 2015 calendar year, or tax year beginning

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

► 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.

2015, and ending

Open to Public Inspection

В	Check	if applicable	10					npioyer identii	ication number
	A	ddress change	ARIZONA FREE EN	NTERPRISE	CLUB		2	0-24233	383
	\prod_{N}	ame change	2415 E. CAMELBA	ACK RD, ST	E 700		E Te	lephone numbe	er
	\vdash	nitial return	PHOENIX, AZ 850				ے ا	02 500	6000
	\vdash		}				├ ——"	02-508-	-0000
	\vdash	nal return/terminated	İ				l _		
	⊢ ^	mended return	<u> </u>					oss receipts \$	
	∐ A	pplication pending	F Name and address of prince	cipal officer		l,	H(a) is this a group		L 165 E-110
			SAME AS C ABOVE	3		ľ	H(b) Are all subord if 'No ' attach	nates included	Yes No
ī	Tax	exempt status	501(c)(3) X 501(c)	(4) ◀ (in	sert no) 4947(a)(1) or 527	ii ivo dilacii	3 1131 (300 11131)	ructionsy
J	We	bsite: - ww	W.AZFREE.ORG				H(c) Group exempt	on number 🕨	
K		n of organization	X Corporation Trust	Association	Other -	L Year of formation		M State of le	gal domicile AZ
				Association	Other	L rear or formation	2003	W State of le	gai domiche AZ
Fe	rt i	Summar	be the organization's mis	scion or most si	anificant activities				
	•	-	=		=				IZATION IS TO
မွ			POLICIES THAT P	ROMOTE EC	ONOWIC EKEE	DOM AND A S	TRONG AND	VIBRAN	T ARIZONA
뎚		ECONOMY.	`						
Governance		<u> </u>			-,-,,				
<u>6</u>	2	Check this bo			ed its operations o	r disposed of mor	e than 25% of		ets
~~	3		oting members of the gov		•			3	1
S	4		dependent voting member	•	• , .	•		4	1
Activities &	5		r of individuals employed		ar 2015 (Part V, II	ne 2a)		5	2
흦	6		r of volunteers (estimate		(0) 1 10			6	0
ĕ			ed business revenue fror	•	• • •			7a	0.
	b	Net unrelated	d business taxable incom	e from Form 99	90-1, line 34			7b	0.
							Prior Y		Current Year
ø.	8		s and grants (Part VIII, III	7,86	2,265.	395,515.			
Ĕ	9		vice revenue (Part VIII, li						
Revenue	10	Investment in	ncome (Part VIII, column	(A), lines 3, 4,	and 7d).				347.
æ	11	Other revenue	ie (Part VIII, column (A),	lines 5, 6d, 8c,	9c, 10c, and 11e)			18,266.
	12	Total revenue	e – add lines 8 through 1	l 1 (must equal l	Part VIII, column	(A), line 12)	7,86	2,265.	414,128.
	13	Grants and s	imilar amounts paid (Par	t IX, column (A), lines 1-3)			2,500.	
	14		to or for members (Part		73000				
	15	•	er compensation, employ	1521	11	162 001			
S)	-		9		11163 3-10)	1	1,650.	163,991.	
Ţ.			fundraising fees (Part IX	L					
Expenses	b	Total fundrais	sing expenses (Part) X, o	colပ်ကြက်/(ပြာ),မျှကြေ	25) > /0/	4,030.		1	i
ш	17	Other expens	ses (Part IX, column (A),	lines 11a-11d	4 16 24e) 7 /		3.46	1,583.	338,070.
	18		es Add lines 13 17 (mus			25)		3,733.	502,061.
	19		s expenses Subtract line						
88		Nevenue less	s expenses Subtract line	Todayanining 1	- 			3,532.	-87,933.
Salances	20	Tatal ct	(Dort V. Inn. 10)				Beginning of Cu		End of Year
e Bar	20		(Part X, line 16)					2,010.	663,061.
¥ 5 5	21	rotal liabilitie	es (Part X, line 26)					3,971.	2,955.
Zű	22	Net assets or	r fund balances. Subtract	line 21 from lir	ne 20		748	3,039.	660,106.
Pa	rt II	Signatur	re Block						
				return, including acc	ompanying schedules a	nd statements, and to t	he best of my know	edge and belie	of, it is true, correct, and
com	olete D	Declaration of prepare	eclare that I have examined this arer (other than officer) is based	on all information of	which preparer has any	knowledge	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		NY -		N			17-19	-16	
Sig	ın	Signatu	ure of officer				Date		
He	re re	cco	T MICCI		_			m_ =	
			T MUSSI r print name and title				PRESIDEN	<u>T</u>	
			preparer's name	Orange		Tour		77	NT (N)
		Print/Type p	preparer's name	Freband		Date	Check	□"	PTIN
Pa			N. RAMBEAU, CPA	VIII				ployed I	00156861
Pre	epar	er Firm's name	e PAUL N. RAM	BÉAU, CPA	P.C.				
Us	e Or	ily Firm's addre					Firm's	EIN - 86-	0548915
		l	PHOENIX, AZ				Phone) 265-9688
			nis return with the prepare			 		1002	X Yes No

TEEA0113L 10/12/15

Form 990 (2015)

			Yes	No
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		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		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		X
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			
â	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	
ł	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
(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
C	I 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		X
•	2. Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
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	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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		Х
	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		X
t	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		х
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
6	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		X
7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
9	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

Form 990 (2015) ARIZONA FREE ENTERPRISE CLUB

Part IV. Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a	<u> </u>	х
Ь	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 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		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		х
Ł	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		х
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
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf '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 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
BAA		Form	990 (2015)

Part V.	Statements Regarding	Other IRS	Filings a	nd Tax	Compliance
	Check if Schedule O contains	a response of	or note to a	ny line in	this Part V

Check if Schedule O contains a response or note to any line in this Part V			<u>_</u>
1 - Enter the number recented in Day 2 of Form 1006. Enter 0 of met analysis is		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable1 ab Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b	9	Ì	1
· · · · · · · · · · · · · · · · · · ·	의		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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	2		}
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	x	•
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		$\overline{}$	T
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
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 b	,	
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		х
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)	7	ł	1
a 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		
a 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?	6 a	Х	-
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	X	}
Organizations that may receive deductible contributions under section 170(c).		 	\vdash
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	- (1	
services provided to the payor?	7 a	1	
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 Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		1
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 g		
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? Sponsoring organizations maintaining donor advised funds.	8	 -	├
· · · · · · · · · · · · · · · · · · ·			ł
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?	96	 -	├
Section 501(c)(7) organizations. Enter	1	·	1
a Initiation fees and capital contributions included on Part VIII, line 12 • Cross receipts, included on Form 900. Bort VIII, line 12 for public upon of club facilities.	-	'	1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	1	'	
	4		1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L_
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	_ _	1	1
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	ļ	<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O		1	
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	.		
a 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		
AA TEEA0105L 10/12/15	Form	1 990 ((201

Form 990 (2015) ARIZONA FREE ENTERPRISE CLUB 20-2423383 Page 6 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O 7 a X **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 X 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? Яa Х b Each committee with authority to act on behalf of the governing body? Х 86 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 X 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 operations are consistent with the organization's exempt purposes? 10b 11 a 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 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? 13 Х 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 15a X b Other officers or key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 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 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 > AZ 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 Own 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 19 the public during the tax year SEE SCHEDULE O

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

State the name, address, and telephone number of the person who possesses the organization's books and records >

C 000	(201E)				
ronn 990	1 (2015)	ARIZONA	FREE	ENTERPRISE	CHARRY

20-2423383

Page 7

Partiviji 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	anız	atıoı	n co	mpe	ensate	ed a	any current officer	, director, or trustee	e
(A) Name and Title		15	s both dir	n an c	not ch unle: officer	eck moss pers r and a ee)	١	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	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)	compensation from the organization and related organizations
(1) SCOT MUSSI	40			1	ł)		
PRESIDENT	0	X	<u> </u>	X	<u> </u>	<u> </u>		125,000.	0.	6,250.
(2)										
(3)										
(4)										
(5)										
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	1 990 (2015) ARIZONA FREE ENTERPRIS									20-242338			age 8
Pa	rt VII Section A. Officers, Directors, T		Key	Er			es,	an	d Highest Cor	npensated Emp	oloyee	S (con	tınued,
•	(A) Name and title	Average hours per week	box	, unie	Po check ess p nd a	erson direct	e than is bot tor/trus	h an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated unt of or opensati	ther
		(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org ar	rom the ganizatio id relate anizatio	on ed
(15)													
(16)			1					-				-	
(17)			-			 	-	-					
(18)			-		-	-		-					
(19)				-	-								
(20)			 		_	 - -							
(21)				-	-	-	-						
(22)			-	-	-		-						
(23)			-	-	-	-		-			 		
(24)			-	-	-		-	-					
(25)			-		-	-	-	-					
11) Sub-total	-l	<u> </u>	<u> </u>	L	L	L	>	125,000.	0.		6.3	250.
	Total from continuation sheets to Part VII, Sec	tion A						•	0.	0.			0.
	Total (add lines 1b and 1c)						 -		125,000.	0.	<u> </u>		250.
	Total number of individuals (including but not lifter the organization ► 1	mited to the	ose II	sted 	abo	ove)	who	rec	eived more than \$	5100,000 of reporta	ble com	pensa	tion
_				_								Yes	No
3	Did the organization list any former officer, dire on line 1a? <i>If 'Yes,' complete Schedule J for su</i>	ector, or tru ech individu	stee, <i>al</i>	key	em	ploy	ee, c	or hi	ghest compensate	ed employee	3		х
4	For any individual listed on line 1a, is the sum the organization and related organizations great such individual	of reportabl ter than \$1	e cor 50,00	npe)0?	nsat If 'Y	tion 'es'	and o	othe olete	er compensation fi Schedule J for	rom	4		x
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Ye	ue compen es,' comple	satio	n fro	om a lule .	any J for	unrel sucl	ated h pe	d organization or i	ndıvıdual	5		x
Sec	tion B. Independent Contractors Complete this table for your five highest compe	nsated inde	pend	lent	con	itrac	tors	that	received more the	an \$100 000 of			
	compensation from the organization Report co	mpensation	for t	he d	cale	ndar	year	r en	ding with or within	the organization's			
	(A) Name and business address								Description of	of services	(C) Compensation		
								_					
									 				
2	Total number of independent contractors (included)	ding but no	limi	ted	to th	ose	liste	d at	bove) who receive	d more than			

\$100,000 of compensation from the organization ightharpoonup 0

Form 990 (2015)	ARIZONA	FREE	ENTERPRISE	CLUB			
Part VIII State	ment of Re	;		_			
Check if Schedule O contains a response or note to any							
•				To	tal		

- 41	Check if Schedule O contains a response or note to a	any line in this Part VIII			П
•		(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 1 a 1 b 2 35,000 1 c 1 d 1 e 1 60,515				
onti nd (g Noncash contributions included in lines 1a-1f. \$ h Total. Add lines 1a-1f	205 515			}
	Business Code	395,515.			
Program Service Revenue	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f				
-	3 Investment income (including dividends, interest and	-			
:	other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 Royalties	347.	347.		
	(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)				
evenue	d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other Revenue	See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events	-			
	9 a Gross income from gaming activities See Part IV, line 19 a 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 ADVERTISING REFUNDS b	18,266.	18,266.		
	c d All other revenue e Total. Add lines 11a-11d	10.266			
	12 Total revenue. See instructions	18,266. 414,128.	18,613.	0.	0.
BAA	<u></u>	FFA0109L 10/12/15	10,013.	<u> ۷۰</u>	Form 990 (2015)

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must			nust complete column (A							
:	. Check if Schedule O contains a response or note to any line in this Part IX										
Do i 6b,	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	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21										
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	125,000.	100,000.	25,000.	0						
6	Compensation not included above, to	123,000.	100,000.	25,000.	0.						
•	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.1	0.	0.	0.						
7	Other salaries and wages	18,433.	14,746.	3,687.	<u>``</u>						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
•	Other employee benefits	6,250.	5,000.	1,250.							
9	Payroll taxes	918.	734.	184.							
10	Fees for services (non-employees):	13,390.	10,712.	2,678.							
	Management										
	Legal	33,967.	16 002	16 004							
	Accounting	17,375.	16,983.	16,984. 17,375.							
	Lobbying	17,373.		17,373.							
	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·						
	Investment management fees										
	Other (If line 11g amount exceeds 10% of line 25, column										
40	(A) amount, list line 11g expenses on Schedule 0)	160.		160.							
	Advertising and promotion										
13	Office expenses Information technology										
14	Royalties	80.	64.	16.							
15 16	Occupancy	12 200	0.010	2 400							
17	Travel	12,399. 14,599.	9,919. 14,599.	2,480.							
18	Payments of travel or entertainment	14,599.	14,599.								
	expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	1,738.	1,738.								
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	662.	662.								
23 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 O).										
а	POLITICAL CAMPAIGN ACTIVITIES	71,859.		71,859.							
b	RESEARCH	54,175.	54,175.								
c	ISSUE ADVOCACY	34,750.	34,750.								
d		28,444.	28,444.								
е	All other expenses SEE SCH. O	67,862.	59,533.	4,299.	4,030.						
25	Total functional expenses. Add lines 1 through 24e	502,061.	352,059.	145,972.	4,030.						
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)										

		Check if Schedule O contains a response or note to any line in this Part X			Π
	•		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	750,563.	1	662,276.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	ļ
i	6	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 3,210.		`	
1	b	Less: accumulated depreciation 10b 2,425.	1,447.	10 c	785.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	752,010.	16	663,061.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	3,971.	25	2,955.
	26	Total liabilities. Add lines 17 through 25	3,971.	26	2,955.
		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			
8		lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	u /
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	748,039.	32	660,106.
et	33	Total net assets or fund balances	748,039.	33	660,106.
~	34	Total liabilities and net assets/fund balances	752,010.	34	663,061.
BA	A				Form 990 (2015)

TEEA0111L 10/12/15

7 OITH 950 (2013) ARTZONA FREE ENTERPRISE CLUB	<u> 20-24</u> 23383		raye 12
Part 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	41	4,128.
2 Total expenses (must equal Part IX, column (A), line 25)	2	50:	2,061.
3 Revenue less expenses Subtract line 2 from line 1	3		7,933.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,039.
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.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66	0,106.
Part XII Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·		
Check if Schedule O contains a response or note to any line in this Part XII			
	· · ·		es 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			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
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 Separate basis Consolidated basis Both consolidated and separate basis	riewed on a		
b Were the organization's financial statements audited by an independent accountant?		2 b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	eparate		
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?	t of the audit,	2 c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a	х
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	3 b	
BAA		Form 9	90 (2015)

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

► 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 its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

(6)

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

		<u> FREE ENTERPRI</u>				<u>42338</u>		
Pai	t I-A	Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527	organi	zation.	
1	Provi	de a description of the d	organization's direct and indirect political ca	ampaign activities in f	Part IV SEE	PART	IV	
2		cal expenditures				► \$	71	,859.
3		teer hours						
Pai	t I-B	Complete if the or	rganization is exempt under secti	on 501(c)(3).				
1	Enter	the amount of any exci	ise tax incurred by the organization under	section 4955		► \$		
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955		► \$		
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?			Yes	No
4 8	Was a	a correction made?					Yes	∏No
1	olf 'Ye	s,' describe in Part IV					ب	
Par	t I-C	Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 50	1(c)(3)		
1	Enter	the amount directly exp	pended by the filing organization for section	n 527 exempt function	activities	► \$	71	,859.
2	Enter	the amount of the filing	g organization's funds contributed to other	organizations for secti	on 527 exempt			
	functi	on activities				> \$		
3	Total line 1		ditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,		► \$	71	,859.
4	Did th	e filing organization file	e Form 1120-POL for this year?				Yes	X No
5	organ amou	ization made payments nt of political contribute	and employer identification number (EIN) of For each organization listed, enter the anons received that were promptly and direct laction committee (PAC). If additional spa	nount paid from the fill ly delivered to a sepai	ling organization rate political ord	n's funds Janizatio	nich the filing S Also enter the	, ,
				[,	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fr organization's fu none, enter-	inds If	(e) Amount of po contributions recei promptly and di delivered to a se political organiza none, enter	ived and rectly parate ation If
(1)								
(2)		, , , , , , , , , , , , , , , , , , ,				: : 		
(3)		·				i		
(4)								
(5)				,				_

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015	ARIZONA FRE	EE ENTERPRISE CLU	В	20-242	
Part II-A Complete if t section 501(I	he organizatio	n is exempt under se	ection 501(c)(3) an	d filed Form 5768 (e	election under
A. Check ► I if the filin	g organization belo	ongs to an affiliated group ((and list in Part IV each	affiliated group membe	r's name,
address,	EIN, expenses, an	d share of excess lobbying	expenditures)		
B Check ► ☐ If the filin	g organization che	cked box A and 'limited coi	ntrol' provisions apply		
(The term		ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pu	blic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	res to influence a l	egislative body (direct lobb	ying)		
c Total lobbying expenditu	res (add lines 1a a	nd 1b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	penditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable am both columns	ount Enter the am	ount from the following tab	ole in		
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable	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	over \$500,000		
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	•	•			
h Subtract line 1g from line		•			
i Subtract line 1f from line	1c. If zero or less	, enter -0-		L, , , , , , , , , , , , , , , , , , ,	
j If there is an amount oth section 4911 tax for this		her line 1h or line 1i, did th	ne organization file For	m 4720 reporting	Yes No
(Som		4-Year Averaging Period at made a section 501(h) e ns below. See the instructi	lection do not have to		
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount				,	
b Lobbying ceiling amount (150% of line 2a, column (e))					

c Total lobbying expenditures **d** Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

BAA

Schedule C (Form 990 or 990-EZ) 2015

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)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		1)	(b)	
		No	Amount	
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 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)?	i	_ [
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?				

Part | 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		Х
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		Х

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.'

1	Dues, assessments and similar amounts from members	1	235,000.
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	2 a	124,359.
1	b Carryover from last year	2b	6
,	c Total	2 c	124,359.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	235,000.
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	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

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 LEVEL IN ARIZONA. OUR ACTIVITIES INCLUDED MAILERS, DOOR HANGERS AND ROAD SIGNS. ARIZONA HAS VERY STRICT CAMPAIGN FINANCE LAWS, AND REQUIRES INSTANT NOTIFICATION OF ALL CANDIDATE ELECTION SPENDING. THE ORGANIZATION DID NOT VIOLATE

ANY ARIZONA CAMPAIGN FINANCE LAWS IN 2015.

· 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' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number ARIZONA FREE ENTERPRISE CLUB 20-2423383 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? No 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? Yes Nο Part II Conservation Easements. Complete if the organization answered 'Yes' on 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 a 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 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **>**\$ 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 Revenue included on Form 990. Part VIII. line 1 b Assets included in Form 990, Part X **►**\$

Schedule D (Form 99						20-242		Page 2
Part III Organiz	ations Mainta	ining Collec	tions of Art,	Historica	al Treasures, o	r Other Similar Ass	ets (conti	nued)
3 Using the organ terms (check al	nization's acquisiti	ion, accession,	and other recor	ds, check a	ny of the following	that are a significant us	e of its colle	ction
a Public exhil			d□	Loan or ex	change programs			
b Scholarly re			e	Other	3 , 3			
c Preservatio	n for future gener	rations						
4 Provide a desci Part XIII	ription of the orga	nızatıon's collec	ctions and expla	nn how they	further the organi	zation's exempt purpose	: In	
5 During the year to be sold to ra	, did the organiza	ition solicit or re	eceive donations	s of art, hist	orical treasures, or zation's collection?	other similar assets	Yes	□No
						swered 'Yes' on Fo	<u> </u>	<u> </u>
	or reported an							
1 a Is the organizat	tion an agent, trus	stee, custodian	or other interme	ediary for co	entributions or othe	r assets not included	□ v	ГПма
on Form 990, F b If 'Yes,' explain		in Part XIII and	d complete the t	following tal	مام	i	Yes	∐No
D II Tes, explain	the arrangement	. III I alt Alli all	a complete the	ollowing tal	oie.		Amount	
c Beginning balai	nce					1 c		
d Additions during						1 d		
e Distributions du	•					1 e		
f Ending balance						1f		
2a Did the organiz	ation include an a	amount on Form	n 990, Part X, III	ne 21, for e	scrow or custodial	account liability?	Yes	No
b If 'Yes,' explain	the arrangement	in Part XIII Ch	neck here if the	explanation	has been provided	d on Part XIII		П
Part V Endown	nent Funds. Co	mplete if the	organization	<u>answered</u>	'Yes' on Form 9	990, Part IV, line 10.		
		(a) Current ye	ear (b) I	Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of ye	ear balance				ļ			
b Contributions					ļ		 	
c Net investment and losses	earnings, gains,							
d Grants or schol	arships				<u></u>			
e Other expenditi	ures for facilities							
and programs f Administrative	evnenses						 	
g End of year bal	•	<u> </u>		 -	 		 	
2 Provide the est		e of the current	vear end balan	ce (line 1a.	column (a)) held a			
a Board designat			} = = = = = = = = = = = = = = = = = = =	(9,	(4)) 17010 0			
b Permanent end	•	- 						
	stricted endowmer	nt ►	ક					
' '	s on lines 2a, 2b,		equal 100%					
3a Are there endo	umant funds nat i	in the persecut	on of the organi	zation that :	are held and admin	ustared for the		
organization by		in the possession	on or the organi	zation that a	are new and aurmi	istered for the	Yes	No
(i) unrelated o	rganizations						3a(i)	
(ii) related orga	anızatıons						3a(ii)	
b If 'Yes' on line	3a(II), are the rela	ated organizatio	ns listed as req	uired on Sc	hedule R?		3b	
4 Describe in Par	t XIII the intended	d uses of the or	ganızatıon's en	dowment fu	nds			
Part VI Land, B								
Complet	te if the organi	zation answe	red 'Yes' on	Form 990	, Part IV, line 11	la. See Form 990, P	art X, line	10.
Descri	ption of property	(a) Cost or other (investment		b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land								
b Buildings								
c Leasehold impr	ovements .							
d Equipment					3,210.	2,425.		785.
e Other								
Total. Add lines 1a th	rough 1e (Colum	nn (d) must equ	al Form 990, Pa	art X, colum	n (B), line 10c)			785.
BAA						Sched	lule D (Form	990) 2015

	YES ON FORM YYU F	zan IV ilne iin See Form 990 Parrix iine iz
(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	\(\tau_1\)	C, manager and the control of the co
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<u>(l)</u>	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	<u> </u>	<u> </u>
Part VIII Investments - Program Related.	'Vac' on Form 000 F	N/A
(a) Description of investment	(b) Book value	Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market value
	(b) Dook Value	(c) Method of Valuation Cost of end-of-year market value
(1)	 	
(3)	 	
(4)	 	
(5)	 	
(6)	 	
(7)	 	
(8)	 	
	 	
(9)		
(9) (10)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De	N/A	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered ') (a) De	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered ') (a) December (1) (2) (3)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\((a) De (1) \) (2) (3) (4)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered ') (a) December (1) (2) (3)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\(\) (a) De (1) (2) (3) (4) (5) (6) (7)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\(\) (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	N/A Yes' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities.	Yes' on Form 990, Pa escription B) line 15)	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered ') (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X, column (b) Complete if the organization answered 'Yes' on Form 990, Part X, column (b)	Yes' on Form 990, Paescription B) line 15) rm 990, Part IV, line 11e o	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\((a) De (1) \) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	Yes' on Form 990, Pa escription B) line 15)	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\((a) De (1) \) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\((a) De (1) \) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	Yes' on Form 990, Paescription B) line 15) rm 990, Part IV, line 11e o	or 11f. See Form 990, Part X, line 25
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\((a) De (b) De (c) De (N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5)	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '(a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6)	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7)	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (8)	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (8) (9)	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (8) (9) (10)	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7) (8) (9)	N/A Yes' on Form 990, Pa escription B) line 15) rm 990, Part IV, line 11e o (b) Book value	or 11f. See Form 990, Part X, line 25

Schedule D (Form 990) 2015 ARIZONA FREE ENTERPRISE CLUB		20-2423383	Page 4
Part XI. Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return. N/A	
Complete if the organization answered 'Yes' on Form 9			
1 · 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	2 a	{	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a) 1	
b Other (Describe in Part XIII)	4 b		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

	Complete if the organization answered Yes on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	

- 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 Add lines 4a and 4b

- c Other losses
- d Other (Describe in Part XIII)
- e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 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
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

2 a		
2b		
2 c		
2 d		
	2 e	
	3	
1		
4a		
4b		
	4c	
	5	

Part XIII Supplemental Information.

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 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 **D** (Form 990) 2015

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.

ation.

Open to Public

Open to Public

20-2423383

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No 1545-0047

ARIZONA FREE ENTERPRISE CLUB

FORM 990, PART III. LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

IN ADDITION TO THE ORGANIZATION'S TOP THREE PROGRAM SERVICE ACCOMPLISHMENTS, THE ORGANIZATION PARTICIPATED IN SEVERAL ADDITIONAL CITIZEN OUTREACH AND EDUCATION EFFORTS. THE ORGANIZATION ATTENDED SEVERAL COMMUNITY AND GROUP MEETINGS TO DISCUSS CRITICAL ISSUES AFFECTING ARIZONA CITIZENS. THE ORGANIZATION ALSO WAS ACTIVE IN SUPPORTING SEVERAL GRASSROOTS EFFORTS THROUGHOUT THE STATE. THE ORGANIZATION ALSO PRODUCED SEVERAL EDUCATIONAL REPORTS THAT WERE PUBLISHED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

KEY DECISIONS ARE DELEGATED TO THE MEMBERS, INCLUDING (A) ELECTION OF INDIVIDUALS TO SERVE ON THE BOARD OF DIRECTORS; (B) APPROVAL OF THE ANNUAL BUDGET PROPOSED BY THE PRESIDENT; (C) 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 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS SEE EXPLANATION FOR PART VI.A, LINE 7A 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.

ARRANGEMENT, AND HOW IT WAS OBTAINED.

Employer identification number

20-2423383

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 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

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.

Name of the organization

ARIZONA FREE ENTERPRISE CLUB

Employer identification number

20-2423383

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT <u>& GENERAL</u>	FUNDRAISING
ADMINISTRATIVE				
BANK CHARGES				
CONTRACT LABOR	26,000.	26,000.		
CONTRIBUTIONS	2,807.	2,807.		
DUES & SUBSCRIPTIONS	1,607.	1,607.		
EMAIL SERVICES				
EVENT REGISTRATION	5,100.	5,100.		
FUNDRAISING	4,030.			4,030.
GRAPHIC DESIGN	786.	786.		
MEALS	5,552.	5,552.		
MERCHANT FEES	2,624.		2,624.	
MISCELLANEOUS	116.		116.	
PARKING	94.	75.	19.	
PAYROLL SERVICE FEES	6,033.	4,826.	1,207.	
POSTAGE AND SHIPPING	421.	421.	•	
PRINTING AND PUBLICATIONS	3,934.	3,934.		
SPEAKER FEES	•	•		
SPONSORSHIP	5,000.	5,000.		
SUPPLIES	1,181.	945.	236.	
TELEPHONE EXPENSE	970.	970.		
WEBSITE	1,122.	1,122.		
WORKERS COMP INSURANCE	485.	388.	97.	
	TOTAL \$ 67,862.	\$ 59,533.	\$ 4,299.	\$ 4,030.