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 2016

Open to Public

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.

Inspection , 2016, and ending For the 2016 calendar year, or tax year beginning D Employer identification number Check if applicable Address change ARIZONA FREE ENTERPRISE CLUB 20-2423383 E Telephone number 2415 E. CAMELBACK RD, STE 700 Name change PHOENIX, AZ 85016 602-508-6088 Initial return Final return/terminated G Gross receipts \$ Amended return 520,742. H(a) is this a group return for subordinates Name and address of principal officer Application pending Yes No H(b) Are all subordinates included?
If 'No, attach a list (see instructions) SAME AS C ABOVE 4947(a)(1) or Tax-exempt status 501(c)(3) X 501(c) (4 (insert no) Website: ► WWW.AZFREE.ORG H(c) Group exemption number ▶ X Corporation Trust Other • L Year of formation 2005 M State of legal domicile Form of organization Association Part Summary Briefly describe the organization's mission or most significant activities THE MISSION OF THE ORGANIZATION IS TO ADVANCE POLICIES THAT PROMOTE ECONOMIC FREEDOM AND A STRONG AND VIBRANT ARIZONA Activities & Governance ECONOMY. If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 84 0. Prior Year **Current Year** -37 NOV 08 2017 Contributions and grants (Part VIII, line 1h) 395,515 520,515. 庙 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 347 227. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and [1] 18,266. Total revenue - add lines 8 through 11 (must equal Part VIII.) 520,742. 414,128 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 163,991 242,695. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 338,070. 675,819. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 502,061. 918,514. Revenue less expenses Subtract line 18 from line 12 19 -87,933.-397,772. 8 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 267,039. 663,061. 21 Total liabilities (Part X, line 26) 2,955. 4,705. Net assets or fund balances Subtract line 21 from line 20 22 660,106. 262,334. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SCOT MUSSI PRESIDENT Type or print name and title Print/Type preparer's name PAUL N. P00156861 **Paid** RAMBEAU. **Preparer** RAMBEAU PAUL N. Use Only Firm's EIN > 86-0548915 300 WEST CLARENDON. SUITE 340 Phone no PHOENIX, AZ 85013 (602) 265-9688 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

BAA For Paperwork Reduction Act Notice, see the separate instructions



TEEA0113L 11/16/16



Form 990 (2016)

| Form | 1990 (2016) ARIZONA FREE ENTERPRISE CLUB | 20-2423383 | Page 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 PROM | OTE ECONOMIC | FREEDOM_ |
| | AND A STRONG AND VIBRANT ARIZONA ECONOMY. | | |
| | | - | |
| | | Ab | |
| 2 | Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ? | | . W No |
| | If 'Yes,' describe these new services on Schedule O | ∐ Yes | X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se | rvices? | s X No |
| 3 | If 'Yes,' describe these changes on Schedule O | Vices [] Te | s <u>M</u> |
| 4 | Describe the organization's program service accomplishments for each of its three largest program serv | ices, as measured by | expenses |
| · | 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 | s to others, the total e | expenses, |
| 4 a | (Code) (Expenses \$ 210,000. including grants of \$) (| Revenue \$ |) |
| | THE ORGANIZATION WAS ACTIVE AT THE LEGISLATURE ON BUDGET POLICY, AND PROMOTING INTELLECTUAL DIVERSITY ON COLLEGE CAMPUSES. DUE TO | | |
| | ORGANIZATION WAS SUCCESSFUL IN PASSING LEGISLATION ELIMINATING T | | |
| | NEW BUSINESS STARTUPS FROM PUBLISHING THEIR ARTICLES OF INCORPOR | | |
| | NEWSPAPER, ALLOWING FOR THE DIRECT SHIPMENT OF WINE TO CONSUMERS | | UR |
| | CAMPAIGN FINANCE STATUTES AND PROMOTING THE USE OF HOME-SHARING | | |
| | STATE. THE ORGANIZATION ALSO SECURED ADDITIONAL RESOURCES FOR TH | E FREEDOM CEN | TERS |
| | ESTABLISHED AT OUR STATE UNIVERSITIES. THE ORGANIZATION ALSO DEF | EATED SEVERAL | |
| | CORPORATE WELFARE BILLS THAT PROVIDED SPECIAL INTEREST TAX BREAM | S TO BUSINESS | ES AND |
| | INDUSTRIES. | | |
| | ~ | | |
| | | | |
| 46 | | Revenue \$ |) |
| | THE ORGANIZATION ENGAGED IN A LENGTHY CITIZEN EDUCATION CAMPAIGN | | |
| | SPEECH AND THE RIGHT OF INDIVIDUALS TO PRIVATELY SUPPORT CAUSES | | |
| | BELIEVE IN WITHOUT THE FEAR OF HARASSMENT AND INTIMIDATION FROM | | |
| | CAMPAIGN INCLUDED RESEARCH, POLLING AND A MEDIA EDUCATION CAMPAI | GN GEARED TOW | ARD THE |
| | CITIZENS OF ARIZONA TO BETTER UNDERSTAND THE ISSUE. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | ~ | |
| | | | |
| 4 | c (Code) (Expenses \$ 125,000. including grants of \$) (| Revenue \$ | , |
| 71 | THE ORGANIZATION PARTICIPATED IN SEVERAL CITIZEN EDUCATION EFFOR | · | TZATION |
| | HOSTED MONTHLY LUNCHES AND SEMINARS TO PROVIDE POLICY UPDATES ON | | |
| | ACTION AND BALLOT MEASURES. THE ORGANIZATION ALSO WORKED TO EDUC | | |
| | RESIDENTS ON THE CONCERNS ASSOCIATED WITH PROPOSITION 206, THE N | | ====== |
| | INITIATIVE. ADDITIONALLY, THE ORGANIZATION WAS ACTIVE IN RESEAS | | ING |
| | LAWMAKERS AND RESIDENTS ON POLICY ISSUES SUCH AS PUBLIC-SECTOR U | | ~ |
| | BACK OBAMACARE, ENDING CORPORATE WELFARE IN MUNICIPALITIES, OPPO | | ~ |
| | TAX INCREASES AND THE SYSTEMIC ABUSE OF THE AMERICAN FOR DISABI | | |
| | ATTORNEYS. | | |
| | | | - |
| | | | |
| | | | |
| 4 0 | d Other program services (Describe in Schedule O) SEE SCHEDULE O | | |
| | (Expenses \$ 80,761. including grants of \$) (Revenue \$ | | |
| 46 | e Total program service expenses ► 560,761. | | rm 990 (2016) |

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 | х | |
| 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 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | x |
| 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 | | <u>x</u> |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | . i (1) | | A C |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI | 11a | х | |
| t | Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11b | | X |
| c | Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 1 1c | | X |
| c | 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 |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11e | х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11f | | х |
| 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 | | х |
| t | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | 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 | | X |
| 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 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | х |
| BAA | TEEA0103L 11/16/16 | Form | 990 | (2016) |

Form 990 (2016) ARIZONA FREE ENTERPRISE CLUB

Partily, Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|---|------|----------|--------|
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| b | 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 | | 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? <i>If 'Yes,' complete Schedule J</i> | 23 | х | |
| 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 | | 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 | | |
| d | 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 |
| b | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | х |
| 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) | | esquire. | 猜 |
| 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 | | x |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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 | | х |
| 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 | | Х |
| 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 | | х |
| 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 | | х |
| 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 |
| t | o 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 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| ВАА | | Form | 990 (| (2016) |

Form 990 (2016) ARIZONA FREE ENTERPRISE CLUB Rantiv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

| Check if Schedule O contains a response or note to any line in this Part V | | | Yes | No |
|--|---|--|-----------|--|
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 3 | ,,- | , es | 140 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 16 | 3 | 3 | |
| c Did the organization comply with backup withholding rules for reportable payments to ver | <u> </u> | ή Ι | 10.74k | ĺ ' |
| (gambling) winnings to prize winners? | ladis and reportable garning | 1 c | X, | ĺ |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Stat | te- | | À | |
| ments, filed for the calendar year ending with or within the year covered by this return | [2a]2 | -} ' | | 1 |
| b If at least one is reported on line 2a, did the organization file all required federal employr | | 2b | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see | • | | • | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the | year ⁷ | 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 signal financial account in a foreign country (such as a bank account, securities account, or oth | ture or other authority over, a er financial account)? | 4 a | | X |
| b If 'Yes,' enter the name of the foreign country | or mandar decounty | 1 | - 5 | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and | d Financial Accounts (FBAR) | 1 1 | , 2 | ^ |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the | | 5 a | | х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax s | helter transaction? | 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | |
| | 0 and did the organization | | | <u> </u> |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions? | o, and did the organization | 6 a | Х | |
| b If 'Yes,' did the organization include with every solicitation an express statement that suc | h contributions or gifts were | | | |
| not tax deductible ³ | | 6 b | X | |
| 7 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 ar | nd partly for goods and | _ ! | | • |
| services provided to the payor? | - 43 | 7 a | ļ | - |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provide | | 7 b | | ├- |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property form 8282? | or which it was required to me | 7 c | | ĺ |
| 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 perso | nal 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 organi | zation file Form 8899 | | | |
| as required? | | 7 g | ļ.—. | ├ |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C? | the organization file a | 7 h |] | } |
| 8 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 | <u> </u> | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related | person? | 9 b | | |
| Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | ! | ł |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 4 | | 1 |
| 1 Section 501(c)(12) organizations. Enter | 1 1 | 1 | | ļ |
| a Gross income from members or shareholders | 11a | 4 | | } |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 116 | | | ł |
| 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in In | | 12a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | _] | ļ | 1 |
| 3 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 | <u> </u> | <u> </u> |
| Note. See the instructions for additional information the organization must report on School | edule 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 | 13c | _ | } | 1 |
| 4a Did the organization receive any payments for indoor tanning services during the tax year | | 14a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation | ın Schedule Q | 14b | | <u> </u> |
| AA TEEA0105L 11/16/16 | | ⊢∩rn | 990 | しつロコモ |

Part 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 char Schedule O. See instructions. | nges . | in | |
|------|---|-------------|--|----------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| _ | | $\neg \neg$ | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year 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 | | THE STATE OF THE S | 1 300 21 |
| | Enter the number of voting members included in line 1a, above, who are independent | | 1 |] |
| | 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 | 1 | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | _ | х |
| 4 | Did the organization make any significant changes to its governing documents | | | |
| | since the prior Form 990 was filed? | 4 | | Х |
| 5 | 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 | Х | |
| | 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 | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | х | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O | | | |
| | The governing body? | 8 a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8 b | | <u> </u> |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Coac | | |
| 10 - | Did the ergonization have local chapters, branches, or affiliates? | 100 | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10 a | | <u> </u> |
| | of '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? | 10Ь | | |
| | 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 | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O | | | 1 |
| | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | ļ |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O | 12c | Х | <u> </u> |
| | Did the organization have a written whistleblower policy? | 13 | | Х |
| | Did the organization have a written document retention and destruction policy? | 14 | X | _ |
| | 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? | 7.37 | , , , , , , , , , , , , , , , , , , , | |
| | The organization's CEO, Executive Director, or top management official SEE SCHEDULE O | 15a | <u> </u> | |
| t | Other officers or key employees of the organization | 15b | | X |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) | 1,80 | , | } |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | х |
| _ t | olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | _ | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► AZ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply | only) | avaıla | ble |
| | Own website | | | |
| | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year SEE SCHEDULE O | ole to | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |

| • . | | | | |
|-----------------|---------|------|------------|-----|
| Form 990 (2016) | ARIZONA | FREE | ENTERPRISE | CLU |

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Page 7

| Part VII. 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 | atior | | | nsate | d a | iny current officer | director, or trustee | ` - |
| (A) Name and Title | (B) Average hours per | | dır. | ector/ | ot che unles officer truste | | ŀ | (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 |
| | per week (list any hours for related organiza tions below dotted line) | ndividual trustee r director | istitutional trustee | Officer | ey employee | Highest compensated employee | ormer | (W-21033-MIGC) | (4-21033-4413C) | organization and related organizations |
| (1) SCOT MUSSI PRESIDENT | $-\frac{40}{0}$ | , | | | | | | 145 022 | | 7 202 |
| (2) | | X | | X | | | | 145,833. | 0. | 7,292. |
| | ~ - | - | | | - | | | | | |
| (4) | | - | | | | | | | | |
| | | | | | - | | | | <u> </u> | |
| (6) | | | | | | | | | | |
| | | | | | - | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | - | - | | |
| (13) | | | | | | | _ | | | |
| (14) | | | - | | | | | - | | |
| BAA | TEEAO | 107L | 11/1 | 6/16 | | | | - | _ | Form 990 (2016) |

| (A) Name and title | Average hours per week | (do box, | not ci , unle: cer an | Pos heck ss pe | sition more erson directi | than o | one i an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|---|---|--|-----------------------------|----------------------|------------------------------------|--|---|--|---|--|
| | (list any hours for related organiza - tions below dotted iine) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | ormer | (W-2/1099-MISC) | (W-2/10 99 MISC) | from the organization and related organizations |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | - | | | | | |
| (18) | | | | | - | | | | | |
| (19) | | | | | - | | | | | |
| (20) | | | | | - | | | | | |
| (21) | | | | | <u> </u> | | | <u>. </u> | <u> </u> | |
| (22) | | - | | | | | | | } | |
| (23) | | | | ' | | | | | | |
| (24) | | | | | | | 7 | | | |
| (25) | | | | | | | | - | | |
| 1 b Sub-total | _ | <u> </u> | | | <u> </u> | اـــــــــــــــــــــــــــــــــــــ | - | 145,833. | 0. | 7,292. |
| c Total from continuation sheets to Part VII, Section | on A | | | | | | ▶ . | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) Total number of individuals (including but not lim from the organization | ited to the | se lis | sted | abo | ove) | who | rec | 145,833. eived more than S | 0. \$100,000 of reporta | |
| Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such | tor, or trus | stee, | key | em | ploy | ee, o | r hi | ghest compensate | ed employee | Yes No |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | | | | | | | | | rom | 4 X |
| 5 Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes | e compen , <i>' comple</i> : | satioi te Sc | n fro | om a | any <i>J for</i> | unrela such | atec pe | d organization or i | ındıvıdual | 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest compenses. | sated inde | nend | lent | con | trac | tors t | hat | received more th | an \$100 000 of | |
| compensation from the organization Report com | | | | | | | | ding with or withii | the organization's | |
| (A) Name and business add | | | | | | | | Description | of services | (C) Compensation |
| LEWIS ROCA ROTHGERBER CHRISTIE LLP 201 E W | | | | | | | | | | 119,113. |
| SUMMIT CONSULTING GROUP INC. 3230 E BROADW | AY RD, | STE | C-2 | - 00 | PHO | ENIX | <u>, </u> | CONSULTING | | 169,621 |
| 2 Total number of independent contractors (includi | na but not | t limit | ted t | to th | nose | lister | d at | pove) who receive | ed more than | * |
| \$100,000 of compensation from the organization | - | | | | | | | | | · (|
| BAA | | TEEA | 0108L | . 11/ | 16/16 | ; | | | | Form 990 (201 |

| Total revenue Related or exemple Unrelated business evolutions to tax exempt business of the program service revenue of the program service of the program service the program service revenue of the program service revenue of the program service of the program service revenue of the program service revenue of the program service of the program service revenue of the program service of the program service revenue of the program serv | L | | Check if Schedule O | contains a resp | onse or note to any | y line in this Part VI | 11 | | П |
|--|---|-----------------------|--|--------------------------------------|---------------------|---|----------------------------|--------------------|--|
| Business Code Busine | 重容量了 | の表演を開きる | | | | (A) Total revenue | Related or exempt function | Unrelated business | Revenue excluded from tax under sections |
| Business Code Busine | ontributions, Gifts, Grants and Other Similar Amounts | b c d e f | Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gisimilar amounts not included a Noncash contributions included | 1 b 1 c 1 d 1 d rants, and lbove 1 f | | * | | | |
| 2 a b c d d d d d d d d d d d d d d d d d d | <u>2 g</u> | h | Total. Add lines Ta-It | | Business Code | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 Royalties (i) Real (ii) Personal 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) d Net gain 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) 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) for including 5 or contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events see Part IV, line 19 a b Less: cost of goods sold c Net income or (loss) from gaming activities see Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C All Other revenue e Total, Add lines 11a-11d | Service Revenue | 2a b c | | | Business code | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Y Y | | |
| 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 Royalties (i) Real (ii) Personal 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) d Net gain 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) 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) for including 5 or contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events see Part IV, line 19 a b Less: cost of goods sold c Net income or (loss) from gaming activities see Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C All Other revenue e Total, Add lines 11a-11d | E E | e | | | | ļ | | | <u> </u> |
| 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds. 5 Royalties (i) Real (ii) Personal (ii) Real (iii) Personal (iii) East (iii) Personal (iii) East (iii) Personal (iii) East (iiii) East (iiii | -go | | | e revenue | L | ļ | | | |
| other similar amounts) 4 income from investment of tax-exempt bond proceeds 5 Royalites 6 a Gross rents 6 Less rental expenses c 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) 9 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \$ see Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities b Less cort or gloods sold c Net income or (loss) from gaming activities b Less cost of goods sold c Net income or (loss) from sales of inventory Maceriameous Revenue Business Code 11 a b | <u> </u> | | | | | | 1 tu | | |
| Ga Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a 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) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Net income from fundraising events of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b C C C All other revenue e Total. Add lines 11a-11d | | 4 | other similar amounts) Income from investment | | • | 227. | 227. | | |
| 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) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Net income from fundraising events (not including \$ of contributions reported on line 1c) 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 b Less' direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C C All other revenue e Total. Add lines 11a-11d | | , | rioyanics | (ı) Real | (u) Personal | - Stra | ¥* | | |
| 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) 4 Net gain or (loss) 6 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) 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 b Less' direct expenses c Net income or (loss) from gaming activities b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | 6.3 | Gross rants | (71.66) | (iy t crosino) | | [] | | } |
| d Net rental income or (loss) d Net rental income or (loss) 7a 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) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ och the contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities b Less: direct expenses c Net income or (loss) from gaming activities b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d | | _ | , | | | 133 | 3 | | j |
| 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) for contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less cost or other basis and sales expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C d All other revenue e Total. Add lines 11a-11d | | | · • • • • • • • • • • • • • • • • • • • | | | 4 4 1 | ٠, | | \ |
| 7a 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) for contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less cost or other basis c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities C Net income or (loss) from gaming activities b Less cost of joods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d d All other revenue e Total. Add lines 11a-11d | | | L L | | | -2 | 4.4" - | | |
| Page 1 A Gross and trom sales of assets of what has inventory and sales expenses c Gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events | | d | Net rental income or (lo: | | () () | | | | ļ |
| b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) 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 To a Gross sales of inventory, less returns and allowances a b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d | | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| c Gain or (loss) d Net gain or (loss) 8 a 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 gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | b | | | | | 35 - 1 | | |
| d Net garn or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d | | c | · . | | | 13. | \ | | |
| Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) 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 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | | · · · | | <u> </u> | | | | |
| 9 a Gross income from gaming activities See Part IV, line 19 a b Less' direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less' cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d | enne/ | | Gross income from fund (not including \$ | • | | 1. 1. 1. | | | |
| 9 a Gross income from gaming activities See Part IV, line 19 a b Less' direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less' cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d | ě | | · | | a | 1 3 | 1 | } | { |
| 9 a Gross income from gaming activities See Part IV, line 19 a b Less' direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less' cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d | <u>-</u> | | | | | 1 . | † * | | |
| 9 a Gross income from gaming activities See Part IV, line 19 a b Less' direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less' cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d | チ | | • | m fundraising | <u> </u> | 1 | } | | |
| b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | J | ļ | , | - | | | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | | | | | 1 - | 1 | | } |
| b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | С | Net income or (loss) from | m gaming acti | /ities • | 1 | ļ | | 1 |
| c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | 10 a | Gross sales of inventory and allowances | , less returns | а | | | | |
| Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | b | Less cost of goods sold | | b |] | , | | 1 |
| b c d All other revenue e Total. Add lines 11a-11d | | С | Net income or (loss) fro | m sales of inve | entory | | | | |
| b c d All other revenue e Total. Add lines 11a-11d | | | Miscellaneous Revenu | ie | Business Code |] | | | |
| c d All other revenue e Total. Add lines 11a-11d | | 11 a | | | | | <u> </u> | | <u> </u> |
| e Total. Add lines 11a-11d | | b | | | | | | | |
| e Total. Add lines 11a-11d | | С | | | | | | | |
| \ <u>-</u> | | d | All other revenue | | | | | | |
| 12 Total revenue. See instructions ► 520,742. 227. 0. 0. | | е | Total. Add lines 11a-11d | i | | | | | |
| | | 12 | Total revenue. See instr | uctions | . | 520,742. | 227. | 0. | . 0. |

Rart 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 (A) Total expenses (B) (D) Do not include amounts reported on lines Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic 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 3 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees 0. 145,834 126,431 19,403 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. Other salaries and wages 72,229 9,610. 62,619 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,552 1,910. 7,642 Other employee benefits Payroll taxes 15,080 12,064 3,016. Fees for services (non-employees) a Management **b** Legal 231,403 92,561 138,842 c Accounting 12,100. 12,100. d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 72,738 72,500 238 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 8,957. 8,957 12 Office expenses Information technology 15 Royalties 15,984 Occupancy 12,787. 3,197 17 7. 7. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates Depreciation, depletion, and amortization 375 375 Other expenses Itemize expenses not 24 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) 157,138 157,138 a POLITICAL CAMPAIGN ACTIVITIES _ _ b ISSUE ADVOCACY 66,182 66,182 37,653 37,653 c POLLING _ _ d RESEARCH _ _ _ 27,544 27,544 e All other expenses 45,738 33,814. 11,924 25 Total functional expenses. Add lines 1 through 24e 918,514 560,761 357,753 0. 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 ►

SOP 98-2 (ASC 958-720)

☐ If following

33

34

BAA

Total net assets or fund balances

Total liabilities and net assets/fund balances

33

262,334.

267,039.

Form 990 (2016)

660,106

663,061

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 662,276 266,629. 2 Savings and temporary cash investments 2 3 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 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 8 Inventories for sale or use 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 10 c b Less accumulated depreciation 10b 2,800 785 410. 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets. 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 663,061 267,039. 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 <u>4,705.</u> 2,955 26 26 Total liabilities. Add lines 17 through 25 955 4,705. Organizations that follow SFAS 117 (ASC 958), check here | | | and complete 13 Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 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 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 660,106. 262,334.

TEEA0111L 11/16/16

| rom | 1990 (2016) ARIZONA FREE ENTERPRISE CLUB | 20-2423383 | , _ га | ge 12 |
|-----|--|----------------|-------------------|----------|
| Pa | 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 | 520,7 | 42. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 918,5 | 14. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -397,7 | 72. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 660,1 | 06. |
| 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 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 262,3 | 34. |
| Pa | TXIII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | \Box |
| | | | 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 8 | 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 | | 1.30 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 11.11.1 | İ |
| ł | Were the organization's financial statements audited by an independent accountant? | | 2b | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both Separate basis Both consolidated and separate basis | parate | | |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 ${\sf O}$ | | 1 | |
| 3 : | 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 |
| 1 | olf '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 | <u> </u> |
| BAA | | | Form 990 (| (2016) |

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

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

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

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 separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • 5 | Section 501(c)(4), (5), or (6) or | rganizations Complete Part III | | | |
|------|--|---|---|---|---|
| Name | of organization | | | Employer identifica | tion number |
| | IZONA FREE ENTERPRI | | | 20-242338 | |
| Par | Complete if the or | rganization is exempt under section | on 501(c) or is a | section 527 organi | zation. |
| 1 | • | organization's direct and indirect political can n of 'political campaign activities') | ampaign activities in F | Part IV SEE PART | IV |
| 2 | Political campaign activity ex | penditures (see instructions) | | ► \$ | |
| 3 | Volunteer hours for political of | campaign activities (see instructions) | | | |
| Paï | Complete if the or | rganization is exempt under section | on 501(c)(3). | | |
| 1 | Enter the amount of any exci | se tax incurred by the organization under s | ection 4955 | ▶ \$ | |
| 2 | Enter the amount of any exci | ise tax incurred by organization managers i | under section 4955 | ►\$ | |
| 3 | If the organization incurred a | section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| | Was a correction made? | | | | ∐Yes ∐No |
| | If 'Yes,' describe in Part IV | | F04() | 11 501()(2) | |
| - 22 | · | rganization is exempt under section | | | |
| 1 | Enter the amount directly exp | pended by the filing organization for section | 1 527 exempt function | activities > \$ | 157,138. |
| 2 | Enter the amount of the filing function activities | g organization's funds contributed to other o | organizations for secti | on 527 exempt ► \$ | |
| 3 | Total exempt function expendine 17b | ditures Add lines 1 and 2 Enter here and o | on Form 1120-POL, | ► \$ | 157,138. |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | Yes X No |
| 5 | Enter the names, addresses organization made payments amount of political contribution | and employer identification number (EIN) of For each organization listed, enter the anons received that were promptly and directly action committee (PAC). If additional spaces | nount paid from the fil y delivered to a sepai | ling organization's funds rate political organizatio | nich the filing S Also enter the |
| | (a) Name | (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) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2016

| Part II-A D Complete if section 501 | the organization | on is exempt under se | ection 501(c)(3) and | filed Form 5768 (e | election under |
|---|----------------------|--|---------------------------|----------------------------------|--|
| A Check ► ☐ if the fills | ng organization bel | ongs to an affiliated group | (and list in Part IV each | affiliated group member | r's name, |
| address, | EIN, expenses, ar | d share of excess lobbying | expenditures) | | |
| B Check ► ☐ if the filli | ng organization che | ecked 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 expenditi | ures to influence pi | ublic opinion (grass roots lo | bbying) | | |
| b Total lobbying expenditi | ures to influence a | legislative body (direct lobb | ying) | | |
| c Total lobbying expenditi | ures (add lines 1a | and 1b) | | | |
| d Other exempt purpose e | expenditures | | | | |
| e Total exempt purpose e | xpenditures (add li | nes 1c and 1d) | | | |
| f Lobbying nontaxable an both columns | nount Enter the an | nount from the following tab | ole in | | |
| If the amount on line 1e, col | umn (a) or (b) is | The lobbying nontaxable | amount is | | \$ <i>11</i> |
| Not over \$500,000 | | 20% of the amount on line 1e | | | Service Comments of the Commen |
| Over \$500,000 but not over \$1 | ,000,000 | \$100,000 plus 15% of the excess | over \$500,000 | | |
| Over \$1,000,000 but not over \$ | 1,500,000 | \$175,000 plus 10% of the excess | over \$1,000,000 | | |
| Over \$1,500,000 but not over \$ | 17,000,000 | \$225,000 plus 5% of the excess | over \$1,500,000 | | i |
| Over \$17,000,000 | | \$1,000,000 | | | i |
| g Grassroots nontaxable a | amount (enter 25% | of line 1f) | | | |
| h Subtract line 1g from lir | ne 1a If zero or les | s, enter -0- | | | |
| i Subtract line 1f from lin | e 1c If zero or less | s, enter -0- | | | |
| j If there is an amount ot section 4911 tax for this | | ther line 1h or line 1i, did th | ne organization file Form | 4720 reporting | Yes No |
| (Son | | 4-Year Averaging Period nat made a section 501(h) e elow. See the separate ins | lection do not have to o | | |
| | Lob | bying Expenditures During | 4-Year Averaging Perio | od | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2 a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | F. 4 | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | 8 2 | | |
| f Grassroots lobbying expenditures | | | | | |
| BAA | | | | Schedule C (For | m 990 or 990-EZ) 2016 |

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)).

| | (a |) | (b) |
|--|-----|----|--------|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | Yes | 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 | | | 35. |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | 1 |
| 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)? | [] | | |
| 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 III-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 campaign activity 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 | 195,500. |
|---|-----------------------|----------|
| 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). | tical | |
| a Current year | 2a | 240,735. |
| b Carryover from last year | 2 b | |
| c Total | 2 c | 240,735. |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 195,500. |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? | excess d political | 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 IN MUNICIPAL AND LEGISLATIVE RACES IN ARIZONA. OUR ACTIVITIES INCLUDED MAILERS, DOOR HANGERS AND SOCIAL MEDIA ADVERTISING. 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 2016.

Part IV Supplemental Information (continued)

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 (Fòrm 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

Open to Public Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ARIZONA FREE ENTERPRISE CLUB 20-2423383 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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? ΠNο 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 No Yes impermissible private benefit? Partill 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 2a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d 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 Partime Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 990) 2016 ARIZO | | | | 20-2423 | |
|--|--|--|---|--|------------------------------|
| Part III Organizations Mainta | ining Collection | s of Art, Histo | rical Treasures, o | Other Similar Ass | ets (continued) |
| 3 Using the organization's acquisiti items (check all that apply) | on, accession, and | other records, chec | ck any of the following | that are a significant use | e of its collection |
| a Public exhibition | | | r exchange programs | | |
| b Scholarly research | | e Other | | | |
| c Preservation for future gener | | | | | |
| 4 Provide a description of the organ Part XIII | | · | , | | ın |
| 5 During the year, did the organiza to be sold to raise funds rather th | tion solicit or receive an to be maintained | e donations of art, if as part of the ord | historical treasures, or anization's collection? | other similar assets | Yes No |
| Part IV Escrow and Custodia | | | | swered 'Yes' on Fo | |
| line 9, or reported an | amount on Forn | n 990, Part X, | line 21. | | |
| 1 a Is the organization an agent, trus on Form 990, Part X? | tee, custodian or ot | her intermediary fo | or contributions or other | assets not included | Yes No |
| b If 'Yes,' explain the arrangement | in Part XIII and con | nplete the following | g table | | |
| | | | | | Amount |
| c Beginning balance | | | | 1 c | . |
| d Additions during the year | | | | 1 d | |
| e Distributions during the year | | | | 1 e | |
| f Ending balance | - 1 5 .000 | D-17 1 - 01 4 | | 1f) | |
| 2a Did the organization include an a | | | | | 」Yes |
| b If 'Yes,' explain the arrangement | in Part Air Check | nere ii ine expiana | mon has been provided | OII Falt Alli | |
| Part V 1 Endowment Funds. Co | mplete if the orga | anization answe | red 'Yes' on Form 9 | 90. Part IV. line 10. | |
| , | (a) Current year | (b) Prior year | (c) Two years back | | (e) Four years back |
| 1 a Beginning of year balance | | <u> </u> | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
| Provide the estimated percentage | e of the current year | end balance (line | 1g, column (a)) held a | s· | |
| a Board designated or quasi-endov | vment • | 8 | | | |
| b Permanent endowment ► | & | | | | |
| c Temporarily restricted endowmer | | | | | |
| The percentages on lines 2a, 2b, | and 2c should equa | al 100% | | | |
| 3a Are there endowment funds not a organization by: | n the possession of | the organization th | hat are held and admin | stered for the | Yes No |
| (i) unrelated organizations. | | | | | 3a(i) |
| (ii) related organizations | | | | | 3a(ii) |
| b If 'Yes' on line 3a(ii), are the rela | - | • | | | 3b |
| 4 Describe in Part XIII the intended | | zation's endowmer | nt funds | | |
| Part VI Land, Buildings, and Complete if the organization | | 'Yes' on Form 9 | 990, Part IV, line 11 | a. See Form 990, P | art X, line 10. |
| Description of property | | est or other basis investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a Land | | | | 13 | |
| b Buildings | | | | | |
| c Leasehold improvements | | | | | |
| d Equipment | | | 3,210. | 2,800. | 410. |
| e Other | | | | | |
| Total. Add lines 1a through 1e (Colum | n (d) must equal Fo | orm 990, Part X, co | olumn (B), line 10c) | Colonial Colonia Colonia Colonial Colonia Colonia Colonia Colonia Colonia Colonia Co | 410. |
| BAA | | | | Sched | ule D (Form 990) 2016 |

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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

TEEA3303L 08/15/16 Schedule D (Form 990) 2016

| Schedule D (Form 990) 2016 ARIZONA FREE ENTERPRISE CLUB | | 20-2423383 | Page 4 |
|--|----------------------|---------------------|--------|
| Reconciliation of Revenue per Audited Financial Sta | tements With Reve | nue per Return. N/A | |
| Complete if the organization answered 'Yes' on Form | 990, Part IV, line 1 | 2a. • | |
| 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 | | 2 to 1 | |
| a Net unrealized gains (losses) on investments | 2 a | | |
| b Donated services and use of facilities | 2b | * | |
| c Recoveries of prior year grants | 2 c | | |
| d Other (Describe in Part XIII) | 2 d | 7, 1 | |
| 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 | | , | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b | - | 4 c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 12) | 5 | |
| Reconciliation of Expenses per Audited Financial St Complete if the organization answered 'Yes' on Form | | | |
| Total expenses and losses per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | 18 | |
| a Donated services and use of facilities | 2 a | | |
| b Prior year adjustments | 2 b | | |
| c Other losses | 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 | |

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

b Other (Describe in Part XIII) **c** Add lines **4a** and **4b**

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

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 **D** (Form 990) 2016

5

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ► Attach to Form 990. OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ARIZONA FREE ENTERPRISE CLUB

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

ov/form990. Inspection ...

20-2423383

| a | Questions Regarding Compensation | | | | |
|-----|---|--|-----------|--|--|
| | | | | Yes | No |
| 1 a | a Check the appropriate box(es) if the organization provide VII, Section A, line 1a Complete Part III to provide any i | ed any of the following to or for a person listed on Form 990, Part relevant information regarding these items | | | - 3 |
| | First-class or charter travel | Housing allowance or residence for personal use | , 0 | E | |
| | Travel for companions | Payments for business use of personal residence | A 144 | | 5 |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | A Section | | |
| | Discretionary spending account | Personal services (such as, maid, chauffeur, chef) | | 40 | 7 |
| ı | f any of the boxes on line 1a are checked, did the organ reimbursement or provision of all of the expenses descri | | 1 b | | -47.0 |
| 2 | Did the organization require substantiation prior to reimb trustees, and officers, including the CEO/Executive Direction | | 2 | | - |
| 3 | Indicate which, if any, of the following the filing organiza CEO/Executive Director. Check all that apply Do not che establish compensation of the CEO/Executive Director, by | ation used to establish the compensation of the organization's eck any boxes for methods used by a related organization to but explain in Part III | 4 . | T. Attagram | |
| | Compensation committee | Written employment contract | , | Ž, | i i |
| | Independent compensation consultant | Compensation survey or study | • | | 1 |
| | Form 990 of other organizations | Approval by the board or compensation committee | a | | |
| | | | | <u> </u> | 1.3 |
| 4 | During the year, did any person listed on Form 990, Part organization or a related organization | t VII, Section A, line 1a, with respect to the filing | | · · · · · · · · · · · · · · · · · · · | The state of the s |
| | Receive a severance payment or change-of-control paym | | 4 a | | X |
| | Participate in, or receive payment from, a supplemental | · | 4 b | | X |
| • | Participate in, or receive payment from, an equity-based | | 4 c | <u> </u> | X |
| | If 'Yes' to any of lines 4a-c, list the persons and provide | the applicable amounts for each item in Part III | 2 | À. | 1 |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiz | rations must complete lines 5-9 | | 14. | |
| 5 | For persons listed on Form 990, Part VII, Section A, line | e 1a, did the organization pay or accrue any compensation | | • <u>•</u> • • • • • • • • • • • • • • • • • | |
| | contingent on the revenues of | | 5a | ļ | ٠ ا |
| | a The organization? o Any related organization? | | 5 a | | X |
| • | If 'Yes' on line 5a or 5b, describe in Part III | | - 3 | 5.5 | ^ |
| 6 | · | e 1a, did the organization pay or accrue any compensation | | ₹1 | |
| á | The organization? | | 6a | Ì | x |
| ŧ | Any related organization? | | 6 b | | Х |
| | If 'Yes' on line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line payments not described on lines 5 and 6? If 'Yes,' described on lines 5 and 6? | e 1a, did the organization provide any nonfixed ribe in Part III | 7 | | x |
| 8 | Were any amounts reported on Form 990, Part VII, paid to the initial contract exception described in Regulations If 'Yes,' describe in Part III | or accrued pursuant to a contract that was subject section 53 4958-4(a)(3)? | 8 | | |
| _ | | | ° | | x |
| 9 | If 'Yes' on line 8, did the organization also follow the reb section 53 4958-6(c)? | puttable presumption procedure described in Regulations | 9 | | |

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Schedule J (Form 990) 2016 ARIZONA FREE ENTERPRISE CLUB

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (e) Breakdown (| Breakdown of W-2 and/or 1099-MISC compensation | C compensation | | | () T | |
|-----------------------------|------------|---|--|---|---------------------------------|---|---|---|
| (A) Name and Title | nd Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | and other deferred compensation | benefits | columns(B)(I)-(D) | reported as deferred on prior Form 990 |
| | 0 | 145,833. | 0 0 | 0 | 0 | 677 | 153,125. | 0. |
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| 7 | (ii) | | | | | | | |
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| 10 | (ii) | | ۱ | | | | | |
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| 12 | (2) | 1 | | 1 1 1 1 1 1 1 | 1 | 1 | | 1 1 1 1 1 1 |
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| 14 | (E) (E) | | | | | | | |
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| BAA | | | TEEA4102L 08/19/16 | 91 | | | Schedule J | Schedule J (Form 990) 2016 |

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Schedule J (Form 990) 2016 ARIZONA FREE ENTERPRISE CLUB

Pa他们等 Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 2016 Open to Public

a . _ _ . b . _ .

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

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

MEETING, (II) THE IDENTITIES OF SUCH MEMBERS WHO RECUSED THEMSELVES DUE TO A

IDENTITIES OF THE GOVERNING BODY MEMBERS WHO WERE PRESENT AT THE BEGINNING OF THE

CONFLICT OF INTEREST, (III) THE TERMS OF THE APPROVED COMPENSATION ARRANGEMENT AND

DURING THE DEBATE AND THOSE WHO VOTED IN FAVOR OF IT, AND (V) A DESCRIPTION OF THE

THE DATE IT WAS APPROVED, (IV) THE IDENTITIES OF SUCH MEMBERS WHO WERE PRESENT

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.