

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 THE NEW CENTURIONS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 64545

City or town, state or province, country, and ZIP or foreign postal code
 TUCSON, AZ 857284545

D Employer identification number
 46-5768330

E Telephone number
 (520) 209-1842

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ THECENTURIONS.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 150,068

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																			
Revenue	1	Contributions, gifts, grants, and similar amounts received																																														
	2	Program service revenue including government fees and contracts																																														
	3	Membership dues and assessments																																														
	4	Investment income																																														
	5a	Gross amount from sale of assets other than inventory														5a		5c																														
	b	Less cost or other basis and sales expenses														5b																																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																														
	6	Gaming and fundraising events																																														
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)														6a		6d																														
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														6b																																
	c	Less direct expenses from gaming and fundraising events														6c																																
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																														
	7a	Gross sales of inventory, less returns and allowances														7a		7c																														
	b	Less cost of goods sold														7b																																
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																														
	8	Other revenue (describe in Schedule O)																																														
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																														
	11	Benefits paid to or for members																																														
	12	Salaries, other compensation, and employee benefits																																														
	13	Professional fees and other payments to independent contractors																																														
	14	Occupancy, rent, utilities, and maintenance																																														
	15	Printing, publications, postage, and shipping																																														
	16	Other expenses (describe in Schedule O)																																														
17	Total expenses. Add lines 10 through 16 ▶																																															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																														
	20	Other changes in net assets or fund balances (explain in Schedule O)																																														
	21	Net assets or fund balances at end of year Combine lines 18 through 20																																														

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	157,740	22 163,939
23 Land and buildings		23
24 Other assets (describe in Schedule O)	9,033	24 8,964
25 Total assets	166,773	25 172,903
26 Total liabilities (describe in Schedule O).	11,410	26 4,209
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	155,363	27 168,694

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVLY AS A SOCIAL AND RECREATIONAL CLUB FOR THE PLEASURE OF ITS MEMBERS AND OTHER NON-PROFIT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(7) OF THE INTERNAL REVENUE CODE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KEN FLOWER	2 00	0	0	0
SECRETARY				
BRITTON D SIMMONS	2 00	0	0	0
TREASURER				
JOE DHUEY	2 00	0	0	0
VICE PRESIDENT				
RON TEANEY	2 00	0	0	0
DIRECTOR				
TOM MILLER	2 00	0	0	0
DIRECTOR				
DON COLEMAN	2 00	0	0	0
DIRECTOR				
JAY HANSON	2 00	0	0	0
DIRECTOR				
DAVID HAUERT	2 00	0	0	0
DIRECTOR				
LAMONTE HUNLEY	2 00	0	0	0
DIRECTOR				
STEVE SHEPHERD	2 00	0	0	0
DIRECTOR				
TONY POE	2 00	0	0	0
PRESIDENT				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 ***** Signature of officer 2017-09-29 Date BRITTON D SIMMONS TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name DAVID B BARBER CPACFE Preparer's signature Date Check if self-employed PTIN P00348638 Firm's name REGIER CARR & MONROE LLP Firm's EIN 48-0573184 Firm's address 4801 E BROADWAY BLVD STE 501 TUCSON, AZ 857113648 Phone no (520) 624-8229

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 46-5768330

Name: THE NEW CENTURIONS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SOCIAL AND RECREATIONAL CLUB (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: THE NEW CENTURIONS

EIN: 46-5768330

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEW CENTURIONS

Employer identification number

46-5768330

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 347

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ACCOUNTING AMOUNT 1,735 DESCRIPTION OFFICE EXPENSE AMOUNT 1,251 DESCRIPTION MEMBERSHIP ACTIVITIES AMOUNT 130,091 DESCRIPTION OTHER EXPENSE AMOUNT 756 DESCRIPTION INSURANCE AMOUNT 2,557 TOTAL TO FORM 990-EZ, LINE 16 136,390

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 7,760 END OF YEAR AMOUNT 8,038 D DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,273 END OF YEAR AMOUNT 926

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,535 END OF YEAR AMOUNT 2,179 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 8,875 END OF YEAR AMOUNT 2,030