Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ► Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047

2017

Open to Public

Α	For the	e 2017 calendar year, or tax year beginning , 2017, and ending	,	,
В		applicable C	D Employer identi	fication number
	X Add	dress change ARIZONA FREE ENTERPRISE CLUB	20-2423	383
	Nan	ne change 1 N 1ST ST., STE 725	E Telephone numb	per
	Initi	PHOENIX, AZ 85004	602-508-	-6088
	Final	Leturn/terminater		
	Amı	ended return	G Gross receipts	546,984.
	Арр	plication pending F Name and address of principal officer H	(a) Is this a group return for sub	
		Same As C Above	I(b) Are all subordinates included If No. attach a list (see inst	
ī	Tax ex	xempt status   501(c)(3)   X   501(c) ( 4	If INO lattach a fist (see inst	tructions)
J	Web		I(c) Group exemption number	
ĸ	Form	of organization X Corporation Trust Association Other L Year of formation	<del>· · · · · · · · · · · · · · · · · · · </del>	egal domicile AZ
Pá	nt(  -			116
<u> </u>	1 E	Briefly describe the organization's mission or most significant activities The Mission	n of the Organi	zation is to
a)		advance policies that promote economic freedom and a st	trong and vibrar	nt Arizona
<u> </u>	7	economy.		
įĘ				
ove	2	Check this box 🕨 📗 if the organization discontinued its operations or disposed of more	than 25% of its net asse	ets
evenue Activities & Governance	3 1	Number of voting members of the governing body (Part VI line 1a)	3	1
S	4 1	Number of independent voting members of the governing body (Part VI line 1b)	4	1
#	5 7	Total number of individuals employed in calendar year 2017 (Part V line 2a)	5	2
Ę	6   7a   7	Total number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII column (C) line 12	6	0
٩	h N	Net unrelated business taxable income from Form 990-T. line 34	7a 7b	0.
		ter arrelated business taxable income north offin 550-1 line 54	Prior Year	0. Current Year
	8 (	Contributions and grants (Part VIII line 1h)		
ne	9 F	Program service revenue (Part VIII line 2g)	520,515.	546,906.
Revenue	10	nvestment income (Part VIII column (A) lines 3 4 and 7d)	227.	78.
æ	11 (	Other revenue (Part VIII column (A) lines 5 6d 8c 9c 10c, and 11e)	227	-2,812.
	12 T	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A) line 12)	520,742.	544,172.
	13	Grants and similar amounts paid (Part IX column (A) lines 1-3)		
	14 E	Benefits paid to or for members (Part IX) column (A) Tine 4)		
	<b>15</b> S	Salaries other compensation employee benefits (Part IX column (A), lines 5-10)	242,695.	246,971.
ses	16a F	Professional fundraising fees (Part IX) column (A), line 11e)		2.0///
Expenses		Fotal fundraising expenses (Part IX column (D) line 25) ►		**, , , , , , ,
Ä		Other expenses (Part IX column (A) lines 11a-11d (11f-24e)		
	17 C	otal expenses Add lines 13 17 (must equal Part IX column (A) (line 25)	675,819.	405,359.
			918,514.	652,330.
ة ۴		Revenue less expenses Subtract line 18 from line 12   C	-397,772.	
ts or ances		Total assets (Part X line 16)	Beginning of Current Year	End of Year
Assets   Balanc		Total assets (Part X line 16)  Total liabilities (Part X line 26)	267,039.	160,672.
Net A			4,705.	6,496.
		Net assets or fund balances Subtract line 21 from line 20 ( ) ( ) ( ) ( )	262,334.	154,176.
	<u>rtäll/*</u>	Signature Block		
Unde	r penaltie	es of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the Haration of preparer (other than officer) is based on all information of which preparer has any knowledge.	e best of my knowledge and belie	ef it is true correct and
		S A A	111 12 18	
۵.		Signature of officer		
Siç He	in Lo			
не	re	SCOT MUSSI Type or print name and title	President	· <del>_</del> ·
			<u> </u>	OTINI
_		Print/Type preparer's name Preparer's statute.	Onech L	PTIN
Pai		PAUL N. RAMBEAU, CPA PAUL N. RAMBEAU, CPA	s Pemployed I	200156861
	parer			
US	e Only	300 Mede Clarendon, Bares 310	Firms EIN ► 86-	0548915
		Phoenix, AZ 85013	Phone no (602	<del></del>
		S discuss this return with the preparer shown above? (see instructions)		X Yes No
BA	A For F	Paperwork Reduction Act Notice, see the separate instructions.	0113L 08/08/17	Form <b>990</b> (2017)

Ç

Pä	irt IV. Checklist of Required Schedules	≚	<u>`</u>	age t
	1		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		х
8	Did the organization maintain collections of works of art historical treasures or other similar assets? If 'Yes' complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability serve as a custodian for amounts not listed in Part X or provide credit counseling debt management credit repair or debt negotiation services? If 'Yes' complete Schedule D Part IV	9		Х
10	Did the organization directly or through a related organization hold assets in temporarily restricted endowments permanent endowments or quasi endowments? If 'Yes' complete Schedule $D$ Part $V$	10		Х
11	If the organization's answer to any of the following questions is 'Yes' then complete Schedule D. Parts VI. VIII. IX or $X$ as applicable			
	a Did the organization report an amount for land buildings and equipment in Part X. line 10? If 'Yes' complete Schedule D. Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments — other securities in Part X. line 12 that is 5% or more of its total assets reported in Part X. line 16? If 'Yes' complete Schedule D. Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X. line 13 that is 5% or more of its total assets reported in Part X. line 16° If 'Yes' complete Schedule D. Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets reported in Part X. line 16? If 'Yes' complete Schedule D. Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X. Irrie 25? If 'Yes' complete Schedule D. Part X.	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes' complete Schedule D. Part X.	11 f		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
	<b>b</b> Was the organization included in consolidated independent audited financial statements for the tax year? If 'Yes' and if the organization answered 'No' to line 12a, then completing Schedule D. Parts XI and XII is optional.	12 b		Х
	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		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking fundraising business, investment, and program service activities outside the United States or aggregate foreign investments valued at \$100 000 or more? If 'Yes' complete Schedule F Parts I and IV	14b		Х
15	Did the organization report on Part IX column (A) line 3 more than \$5 000 of grants or other assistance to or for any foreign organization? If 'Yes' complete Schedule F Parts II and IV	15		Х
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		X
18	Did the organization report more than \$15 000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a? If 'Yes' complete Schedule G. Part II	18	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

Form 990 (2017) ARIZONA FREE ENTERPRISE CLUB

[Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes' complete Schedule H	20a		Х
ŀ	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   Parts   and	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
ı	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	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
ŀ	s 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		х
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)			
ā	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
	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		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes' complete Schedule M	29		X
30	Did the organization receive contributions of art historical treasures or other similar assets or qualified conservation contributions? If 'Yes' complete Schedule M	30		Х
31	Did the organization liquidate terminate or dissolve and cease operations? If 'Yes' complete Schedule N. Part I	31		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		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes' complete Schedule R Part II III or IV and Part V line I	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf 'Yes' to line 35a did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes' complete Schedule R, Part V line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes' complete Schedule R, Part V line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	2017)

Form **990** (2017)

BAA

Form 990 (2017) ARIZONA FREE ENTERPRISE CLUB	20-2423383	Page <b>5</b>
Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response or note to any line in this Part V		
		Yes No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable       1 a	2	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?	1 c	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 a	2	
b If at least one is reported on line 2a did the organization file all required federal employment tax returns		X
Note. If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions)	**************************************	· 2 1
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
<b>b</b> If 'Yes,' has it filed a Form 990 T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	
4a At any time during the calendar year did the organization have an interest in or a signature or other autifinancial account in a foreign country (such as a bank account, securities account, or other financial account.	thority over a ount)? 4a	х
<b>b</b> If Yes' enter the name of the foreign country		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (FBAR)	3 1
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<del>                                     </del>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	<b>—</b>	<del></del>
c If 'Yes to line 5a or 5b did the organization file Form 8886 T?	5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000 and did the o solicit any contributions that were not tax deductible as charitable contributions?	rganization 6 a	х
<b>b</b> If 'Yes' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were 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 and partly for god services provided to the payor?	ods and <b>7 a</b>	
<b>b</b> If 'Yes did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell exchange or otherwise dispose of tangible personal property for which it was in Form 8282?	equired to file 7 c	
d If Yes indicate the number of Forms 8282 filed during the year 7 d		. 1
e Did the organization receive any funds directly or indirectly to pay premiums on a personal benefit cont	ract <sup>2</sup> 7 e	
f Did the organization, during the year pay premiums directly or indirectly, on a personal benefit contract	. <sup>7</sup> 7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form as required?	8899 <b>7</b> g	
h If the organization received a contribution of cars, boats airplanes, or other vehicles did the organization Form 1098-C?	7 h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the organization have excess business holdings at any time during the year?	he sponsoring 8	
9 Sponsoring organizations maintaining donor advised funds.	£\$1.4	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	
<b>b</b> Did the sponsoring organization make a distribution to a donor-donor advisor-or related person?	9 b	
10 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b> Gross receipts included on Form 990 Part VIII line 12, for public use of club facilities 10b	je	
11 Section 501(c)(12) organizations. Enter	*,	
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b	्रंट्रोस स्ट्रोस	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	7   12 a	1
b If 'Yes,' enter the amount of tax exempt interest received or accrued during the year  12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers  a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O	154	#231. T
<b>b</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		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in Schedule O	14 b	o

TEEA0105L 08/08/17

Part VI | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Nο Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a الميران 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 ٦, **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X 6 6 Did the organization have members or stockholders? 7 a Did the organization have members stockholders or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members See Sch O Х stockholders, or persons other than the governing body? 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following See Schedule O a The governing body? 8 a Х **b** Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer director trustee or key employee listed in Part VII. Section A who cannot be reached at the organization's mailing address? If 'Yes' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a Did the organization have local chapters branches or affiliates? 10 a Х b If Yes, did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process of any used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No ' go to line 13 Х 12 a b Were officers directors or trustees and key employees required to disclose annually interests that could give rise to conflicts? 12 h X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes' describe in See Schedule O Schedule O how this was done 12 c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision? a The organization's CEO Executive Director or top management official See Schedule O 15 a Х b Other officers or key employees of the organization 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records > PAUL N. RAMBEAU, P.C. 300 W. CLARENDON AVE, STE 340 PHOENIX AZ 85013 602-265-9688

## Part VIII\* 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	ı co	mpe	nsate	ed a	any current officer	director or trus	stee	
				(C)							
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for			(do no box ector)	ot che unles officer /truste Kcy omployed	and a Highest cripleys	e ∈ Formor	(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organization (W 2/1099 M/SC)	า าร	(F) Estimated amount of other compensation from the organization and related organizations
		or director	Institutional trustee		ployee	Highest compensated employee	,				urganizativiis
(1) SCOT MUSSI	40										
President	0	X		_X_				140,000.		0.	7,000.
(2)											
(3)											
(4)											
(5)											
(6)											·
(7)											
(8)											
(9)											
(10)	~										
(11)											
(12)											
(13)											
(14)									-		

Part VII Section A. Officers, Directors, Tru	ustees,	Key	En	nple	oye	es,	an	d Highest Con	npensated Er	nploye	es (cor	ntinued)
•	(B)			((	<b>(</b> 2)							-
(A) Name and title	Average hours per	box	unle	heck ss pe	erson	than is both or/trus	h an itee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	n am	(F) Estimate ount of c	other
	week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organization (W 2/1099 MISC)	ns co	mpensa from the iganizati ind relati ganizatio	e ion ed
(15)												
(16)												<del></del>
(17)												
(18)												
(19)		1										
(20)												
(21)		1										· ····
(22)												
(23)												
(24)												
(25)			-		-	_						
1 b Sub-total							<b>&gt;</b>	140,000.	(	).	7,	000.
c Total from continuation sheets to Part VII. Section d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limit		se li	sted	abo	ove)	who	► lec	0. 140,000. served more than \$	(	O. O. rtable cor		0. 000. ation
from the organization 1											Yes	No
3 Did the organization list any <b>former</b> officer direction line 1a? If 'Yes' complete Schedule J for such			key	em	ploy	ee c	or hi	ighest compensate	ed employee	3	163	X
For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportabler than \$1!	e cor 50 00	npei	nsat If 'Y	lion 'es '	and o	othe <i>plet</i>	er compensation fi e Schedule J for	rom		,	
<ul><li>such individual</li><li>Did any person listed on line 1a receive or accrue</li></ul>	e compen	satio	n fro	om a	any	unrel	ated	d organization or i	ndıvıdual	5	t	X
for services rendered to the organization? If 'Yes Section B. Independent Contractors	, comple	e Sc	пеа	uie .	J TOI	Suci	пре	erson				X
Complete this table for your five highest compensation from the organization. Report compensation.	sated inde	pend for t	lent he c	con	itrac ndar	tors year	that r en	received more the	an \$100 000 of n the organization	n's tax ye	aı	
(A) Name and business add	ress							Description (	of services		(C) ensati	on
SUMMIT CONSULTING GROUP INC. 3230 E BROADW	AY RD,	STE	C-2	60	РНО	ENIX	۲,	CONSULTING			154,	458.
					-							
2 Total number of independent contractors (including	•	t limi	ted t	to th	ose	liste	d at	bove) who receive	d more than	**************************************		
\$100,000 of compensation from the organization		TEEA	יפחות	004	NQ/17			<del></del>		12 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	en la companya de la Companya de la companya de la compa	(2017

Pai	T V	Check if Schedule O		ionse or note to an	v line in this Part VI	Ш		Γ-
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			orise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c c e f	A Federated campaigns D Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, gi	grants, and above 1 f	245,000. 71,300. 230,606.	546,906.			
Program Service Revenue	2 a		ce revenue	Business Code		X		od z`
	4 5 6 a b	Investment income (includer similar amounts) Income from investmen Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (lo	t of tax-exempt	•	78.	78.		
	7 a	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	b c	Gross income from fund (not including \$	71,300.d on line 1c)	a b 2,812. vents	-2,812.	\$		
	b	Gross income from gain See Part IV line 19 Less direct expenses Net income or (loss) from	!	ab buttes			,	
	b	Gross sales of inventory and allowances Less cost of goods sold Net income or (loss) from	I	a b ntory		And Market	, , , , , , , , , , , , , , , , , , ,	
	11 a b c	Miscellaneous Revenu		Business Code				S. A. Kin
	d	All other revenue						
		Total. Add lines 11a 11d		<b>-</b>		1.454	« , - \$ , \$ 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	名釋水·滋。
	12	Total revenue. See instr	uctions	<u> </u>	544,172.	78.	0.	0.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Sec	$\frac{1}{1}$ tion, $\frac{501(c)(3)}{1}$ and $\frac{501(c)(4)}{1}$ organizations must contains a result.			must complete column (	<u> x </u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		expenses	general expenses	ехрепьез
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations foreign governments and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers directors trustees, and key employees	140,000.	112,000.	28,000.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	20,000.	0.
7	Other salaries and wages	73,000.	58,400.	14,600.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,190.	7,352.	1,838.	
10	Payroll taxes	9,536.	7,629. 12,196.	1,907.	
11	_ ^	15,245.	12,190.	3,049.	
-	a Management				
	Legal	102 710	41 024	60.006	
	c Accounting	102,710.	41,824.	60,886.	
	Lobbying	8,925.		8,925.	
	Professional fundraising services See Part IV, line 17			-	
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 Sch	182,699. 84.	182,520. 84.	179.	
13	Office expenses	04.	04.		
14	Information technology				<del></del>
15	Royalties		<del></del>	-	<del></del>
16	Occupancy	16 252	12.002	2 251	<del></del>
17	Travel	16,253. 10,314.	13,002.	3,251.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,314.	10,314.		
19 20	Conferences conventions and meetings Interest	299.	299.		
21	Payments to affiliates				
22	Depreciation depletion and amortization	164.		164.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	A Company of the Comp
a	ISSUE ADVOCACY	25,000.	25,000.		
Ł	POLITICAL CAMPAIGN ACTIVITIES	19,058.		19,058.	
C	MEALS	8,110.	8,110.		
C	CONTRIBUTIONS	6,500.	6,500.		
	All other expenses	25,243.	16,681.	8,562.	
25	Total functional expenses Add lines 1 through 24e	<u>652,</u> 330.	501,911.	150,419.	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 ► ☐ if following SOP 98-2 (ASC 958-720)				
BAA		TEEA0110L 0	8/08/17		Form <b>990</b> (2017)

Part X 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 266,629 59,774. 2 Savings and temporary cash investments 2 100,652. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing 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 **10 a** Land buildings and equipment cost or other basis Complete Part VI of Schedule D 10a 3,210. **b** Less accumulated depreciation 10b 2,964 10 c 246. 410 Investments – publicly traded securities 11 11 12 Investments - other securities See Part IV line 11 12 13 Investments - program-related See Part IV line 11 13 14 Intangible assets 14 15 Other assets See Part IV line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 267,039. 160,672. Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Liabilities Loans and other payables to current and former officers, directors, trustees 22 key employees highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax payables to related third parties and other liabilities not included on lines 17 24). Complete Part X of Schedule D. 25 25 6,496. 4,705 Total liabilities. Add lines 17 through 25 26 4,705 6,496. Organizations that follow SFAS 117 (ASC 958), check here and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► | x| and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid in or capital surplus or land, building or equipment fund 31 31 Retained earnings endowment accumulated income or other funds. 32 154,176. 262,334 33 Total net assets or fund balances 33 262,334. 154,176. Total liabilities and net assets/fund balances 34 34 267,039 160,672.

BAA

Form 990 (2017) ARIZONA FREE ENTERPRISE CLUB	20-2423383		Page <b>12</b>
Part XI Reconciliation of Net Assets			
, Check if Schedule O contains a response or note to any line in this Part XI		_	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	54	4,172.
2 Total expenses (must equal Part IX, column (A), line 25)	2	65	2,330.
3 Revenue less expenses Subtract line 2 from line 1	3		8,158.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,334.
5 Net unrealized gains (losses) on investments	5	<u> </u>	
6 Donated services and use of facilities	6		
7 Investment expenses	7		
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain in Schedule O)	9		0.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X line 33, column (B))	10	15	4,176.
Part XII* Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
ones in concease of contains a roopened of those to dry and in this is dry and		Ty	res No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			* {
If the organization changed its method of accounting from a prior year or checked 'Other explain in Schedule O			,
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
If 'Yes' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis	eviewed on a		
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Х
If 'Yes check a box below to indicate whether the financial statements for the year were audited on a statement basis consolidated basis or both  Separate basis  Both consolidated and separate basis			
c If 'Yes to line 2a or 2b does the organization have a committee that assumes responsibility for oversign review or compilation of its financial statements and selection of an independent accountant?	•	2 c	•
If the organization changed either its oversight process or selection process during the tax year explain Schedule O			
3a As a result of a federal award was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A 133?	in the Single	3 a	Х
<b>b</b> If 'Yes' did the organization undergo the required audit or audits? If the organization did riot undergo the or audits explain why in Schedule O and describe any steps taken to undergo such audits.	ne required audit	3 b	
BAA			90 (2017)

#### 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

Employer identification number

20-2423383

Open to Public

Department of the Treasury Internal Revenue Service

Name of organization

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

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

ARIZONA FREE ENTERPRISE CLUB

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

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

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

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

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

Pa	rt I-A" Complete if the o	rganization is exempt under sect	ion 501(c) or is a	section 527 orga	nization.
1		organization's direct and indirect political c in of 'political campaign activities')	ampaign activities in	Part IV See Part	IV
2	Political campaign activity e	xpenditures (see instructions)		<b>•</b>	· \$
3	Volunteer hours for political	campaign activities (see instructions)			
Pa	rt I-B. Complete if the o	rganization is exempt under sect	ion 501(c)(3).	<del></del>	
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	<b>&gt;</b>	\$
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	•	•\$
3	If the organization incurred a	a section 4955 tax did it file Form 4720 for	this year?		Yes No
4	a Was a correction made?				Yes No
	<b>b</b> If Yes ' describe in Part IV				
Pa	rt I-C Complete if the o	rganization is exempt under sect	on 501(c), excep	t section 501(c)(	3).
1		pended by the filing organization for section			\$ 19,058.
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sect	ion 527 exempt	\$
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120 POL,	•	\$ 19,058.
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ailons received that were promptly and direct action committee (PAC). If additional spa	mount paid from the fi By delivered to a sepa	ling organization's fur rate political organiza	nds Also enter the attention such as a separate
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from film organization's funds if none enter 0	g  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. It 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) 2017

Schedule C (Form 990 or 990-EZ) 2017	ADT7ONA	FDFF	CNTEDDDTCE	CTIID

20-2423383

Page 2

section 501(	(11)).				
L.J		gs to an affiliated group (and		ch affiliated group member	s name
	· · · · · · · · · · · · · · · · · · ·	share of excess lobbying exp			
B Check ► if the filir	ng organization checke	ed box A and 'limited contro	l' provisions apply		
(The term	Limits on Lobbyin 'expenditures' mean	g Expenditures s amounts paid or incurred	.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ures to influence publi	c opinion (grass roots lobby	ring)		
<b>b</b> Total lobbying expenditu	ures to influence a leg	ıslatıve body (direct lobbyini	g)		
c Total lobbying expenditu	ures (add lines 1a and	1b)			
<b>d</b> Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add lines	s 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the amou	int from the following table i	n		
If the amount on line 1e, colu	umn (a) or (b) is T	he lobbying nontaxable am	ount is	, 74	3
Not over \$500,000	20	0% of the amount on line 1e			
Over \$500,000 but not over \$1,	,000,000 \$1	00,000 plus 15% of the excess ove	\$500 000		
Over \$1,000,000 but not over \$	\$1,500,000 \$1	75,000 plus 10% of the excess ove	r \$1,000 000		
Over \$1 500 000 put not over \$	\$17,000,000 \$2	225,000 plus 5% of the excess over	\$1 500 000		
Over \$17,000,000		,000,000			
g Grassioots nontaxable a	· ·				<del></del>
h Subtract line la from lin					
3	ne la Ifzero orless e				
Subtract line 1f from line					
Subtract line If from line	e 1c. If zero or less le her than zero on eithe		organization file Fo	rm 4720 reporting	Yes No
Subtract line 1f from line  If there is an amount off section 4911 tax for this	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that	nter -0-	der section 501(h) tion do not have to	o complete all of the five	Yes No
Subtract line 1f from line  If there is an amount off section 4911 tax for this	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that columns belo	nter -0- r line 1h or line 1r did the c -Year Averaging Period Unc made a section 501(h) elect	der section 501(h) tion do not have to tions for lines 2a	o complete all of the five through 2f.)	Yes No
Subtract line 1f from line     If there is an amount off     section 4911 tax for this	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that columns belo	nter -0- r line 1h or line 1r did the c -Year Averaging Period Unc made a section 501(h) elect w See the separate instruc	der section 501(h) tion do not have to tions for lines 2a	o complete all of the five through 2f.)	Yes No
J Subtract line 1f from line J If there is an amount off section 4911 tax for this  (Som	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that columns belo Lobbyi	r line 1h or line 1i did the convergence of the con	der section 501(h) tion do not have to tions for lines 2a Year Averaging Pe	o complete all of the five through 2f.) riod	
J Subtract line If from line J If there is an amount off section 4911 tax for this  (Som  Calendar year (or fiscal year beginning in)	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that columns belo Lobbyi	r line 1h or line 1i did the convergence of the con	der section 501(h) tion do not have to tions for lines 2a Year Averaging Pe	o complete all of the five through 2f.) riod	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable amount (150% of line)	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that columns belo Lobbyi  (a) 2014	r line 1h or line 1r did the corrections are the section 501(h) election See the separate instructions Expenditures During 4-1 (b) 2015	der section 501(h) tion do not have to tions for lines 2a Year Averaging Pe	o complete all of the five through 2f.) riod	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable amount (150% of line 2a, column (e))  c Total lobbying	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that columns belo Lobbyi  (a) 2014	r line 1h or line 1r did the corrections are the section 501(h) election See the separate instructions Expenditures During 4-1 (b) 2015	der section 501(h) tion do not have to tions for lines 2a Year Averaging Pe	o complete all of the five through 2f.) riod	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable amount (150% of line 2a, column (e))  c Total lobbying expenditures d Grassrools nontaxable	e 1c If zero or less e her than zero on eithe s year?  4- ne organizations that columns belo Lobbyi  (a) 2014	r line 1h or line 1r did the corrections are the section 501(h) election See the separate instructions Expenditures During 4-1 (b) 2015	der section 501(h) tion do not have to tions for lines 2a Year Averaging Pe	o complete all of the five through 2f.) riod	

Partill-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 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators or the public? e Publications or published or broadcast statements? f Grants to other organizations for lobbying purposes? a Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies demonstrations seminars conventions speeches lectures, or any similar means? Other activities? I Total Add lines 1c through 1i 2 a 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		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X
$\overline{}$				

# | 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	245,000.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2 a	19,058.
<b>b</b> Carryover from last year	2 b	
<b>c</b> Total	2 c	19,058.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	245,000.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.

#### Part IV | Supplemental Information

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

#### Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

THE ORGANIZATION ADVOCATED ON BEHALF OF AND IN OPPOSITION OF CANDIDATES IN MUNICIPAL RACES IN ARIZONA. OUR ACTIVITIES INCLUDED MAILERS AND SOCIAL MEDIA ADVERTISING.

ARIZONA HAS VERY STRICT CAMPAIGN FINANCE LAWS, AND REQUIRES PERIODIC REPORTING OF ALL CANDIDATE ELECTION SPENDING. THE ORGANIZATION DID NOT VIOLATE ANY ARIZONA

CAMPAIGN FINANCE LAWS IN 2017.

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 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545 0047

Open to Public Inspection

ARIZONA FREE ENTERPRISE CLUB

Pai	প্রাক্ত Organizations Maintaining Dono Complete if the organization ans	r Advised Funds or Other Simi wered 'Yes' on Form 990, Part I	lar Funds V, line 6		423363 <b>5.</b>	
		(a) Donor advised funds		(b) Funds ar	nd other acco	unts
1	Total number at end of year			<u>`</u>		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and don are the organization's property subject to the	or advisors in writing that the assets hel organization's exclusive legal control?	ld in donor ac	dvised funds	Yes	No
6	Did the organization inform all grantees donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that gra of the donor or donor advisor or for any	ant funds can y other purpo	be used only se conferring	Yes	☐ No
Pai	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990. Part I	V. line 7		<del>_</del> '	
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., is		vation of a h	storically impo	rtant land are	ea
	Protection of natural habitat	· L_		ertified historic		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribu	ition in the fo	rm of a conser	vation easem	ent on the
	,			Held at 1	the End of the	e Tax Year
	a Total number of conservation easements		1	2 a		
I	<b>b</b> Total acreage restricted by conservation easer	nents		2 b		
	Number of conservation easements on a certif	ed historic structure included in (a)		2 c		
•	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06 and not on a	a historic	2 d		
3	Number of conservation easements modified tax year	ransferred released extinguished or to	erminated by	the organization	on during the	
4	Number of states where property subject to co	servation easement is located •				
5	Does the organization have a written policy rec		on handling	of violations		
•	and enforcement of the conservation easemen		orr, marroning	o	Yes	No
6	Staff and volunteer hours devoted to monitorin	g inspecting handling of violations, and	d enforcing c	onservation ea	sements durir	ng the year
7	Amount of expenses incurred in monitoring in   •\$	specting handling of violations and enf	forcing conse	rvation easeme	ents during th	e year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	s of section 1	70(h)(4)(B)(ı)	Yes	No
9	In Part XIII describe how the organization rep- include if applicable, the text of the footnote to conservation easements	orts conservation easements in its rever orthe organization's financial statements	nue and expe s that describ	nse statement es the organiza	and balance ation's accour	sheet and nting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasu wered 'Yes' on Form 990, Part I	<b>res, or O</b> th V, line 8	er Similar <i>F</i>	Assets.	
1 a	alf the organization elected, as permitted under art, historical treasures or other similar assets in Part XIII the text of the footnote to its finan	held for public exhibition education, or	research in	atement and ba furtherance of	alance sheet v public service	works of e provide,
1	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958) to report in its red d for public exhibition education or res	evenue staten earch in fuith	nent and balan perance of publ	ce sheet work ic service, pro	ks of art, ovide the
	(i) Revenue included on Form 990, Part VIII	ine 1		•	\$	
	(ii) Assets included in Form 990 Part X			•	\$	
2	If the organization received or held works of a amounts required to be reported under SFAS		issets for fina	ncial gain, pro	vide the follow	wing
í	a Revenue included on Form 990, Part VIII, line	1		•	\$	
ı	<b>b</b> Assets included in Form 990, Part X			•	- \$ <del></del>	

	Yes	No
3a(ı)		
3a(11)		
3b		

#### Part VI | Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			A	
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		3,210.	2,964.	246.
e Other		• • •		
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, co	olumn (B) line 10c )	<b>&gt;</b>	246.

BAA

Schedule **D** (Form 990) 2017

Pait VII Investments – Other Securities.  Complete if the organization answered	'Yes' on Form 990 [	Part IV line 11h See Form	QQN Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	
(1) Financial derivatives	(1)	(0)	
(2) Closely-held equity interests			
(3) Other			
(A)			
<u>S</u>			
(C)			
(D)			
<u>```</u> (E)			
<u>`                                    </u>	-		
 (G)			
<u>````</u>	-		
` (I)			
Total (Column (b) must equal Form 900, Part X, column (B) line 12)	-	· 3.	, ¿**,
Part VIII: Investments - Program Related.	<u> </u>	N/A	
Complete if the organization answered	'Yes' on Form 990, F	Part IV, line 11c See Form	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
			-
(8)			
(8)			
(9) (10)  Total (Column (b) must equal Form 900, Part X column (B) line 13)			
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets.	N/A	ort IV June 11d. See Form 00	20 Part V. lina 15
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 9:	
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX · Other Assets. Complete if the organization answered 'Y  (a) De	N/A	art IV. line 11d See Form 99	90, Part X, line 15 (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2)	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10)  Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3)	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4)	N/A 'es' on Form 990, Pa	art IV, line 11d See Form 99	
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7)	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Ye (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10)  Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/A (es' on Form 990, Pa	art IV. line 11d See Form 99	
(9) (10)  Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990 Part X column (B)	N/A (es' on Form 990, Pa	art IV, line 11d See Form 99	
(9) (10)  Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990 Part X column (B) line 13)  Part X Other Liabilities.	N/A (es' on Form 990, Pa escription	art IV. line 11d See Form 99	(b) Book value
(9) (10)  Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990 Part X column (B) line 13)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 100 part X column (B) part X complete If the organization answered 'Yes' on Form 100 part X column (B) part X complete If the organization answered 'Yes' on Form 100 part X column (B) part X complete If the organization answered 'Yes' on Form 100 part X column (B) part X column (B) part X column (B) part X	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e o	art IV. line 11d See Form 99	(b) Book value
(9) (10)  Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990 Part X column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (B)  (a) Description of liability	N/A (es' on Form 990, Pa escription	art IV. line 11d See Form 99	(b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card Payable	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e o	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Y  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Ye'  (a) December (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10) Total. (Column (b) must equal Form 990 Part X column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of Irability  (1) Federal income taxes  (2) Credit Card Payable  (3)	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Ye (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card Payable (3) (4) (5) (6)	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Ye' (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card Payable (3) (4) (5) (6) (7)	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yea' (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X column (B) Part X Other Liabilities. Complete if the organization answered 'Yea' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card Payable (3) (4) (5) (6) (7) (8)	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10) Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yea' (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X column (B) Part X Other Liabilities. Complete if the organization answered 'Yea' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card Payable (3) (4) (5) (6) (7) (8) (9)	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10)  Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Yea' (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990 Part X column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yea' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card Payable (3) (4) (5) (6) (7) (8) (9) (10)	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value
(9) (10)  Total (Column (b) must equal Form 900, Part X column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Yea' (a) December (b) must equal Form 900 Part X column (b) (b) (c) (d) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	N/A Yes' on Form 990, Pa escription  B) line 15 )  rm 990, Part IV, line 11e 0  (b) Book value	r 11f See Form 990, Part X, line 2	(b) Book value

Schedule <b>D</b> (	Form 990) 2017	' ARIZONA	FREE	ENTERPRISE	CLUB

20-2423383

Page 4

Part XI Reconciliation of Revenue per Audited Financial State	ments man revenue	per Return. N/A	
<ul> <li>Complete if the organization answered 'Yes' on Form 9</li> </ul>	90, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements.		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII line 12 but not on line 1			
a Investment expenses not included on Form 990 Part VIII, line 7b	4 a		
<b>b</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, line	12)	5	
Part XII Reconciliation of Expenses per Audited Financial Stat	ements With Expense	s per Return. N/A	
Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 12a		
1 Total expenses and losses per audited financial statements			
		1	
2 Amounts included on line 1 but not on Form 990 Part IX line 25		1	
	2 a	1	
2 Amounts included on line 1 but not on Form 990 Part IX line 25	2 a 2 b	1	
<ul> <li>Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> </ul>	<del></del>	1	
<ul> <li>2 Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> </ul>	2 b	1	
<ul> <li>2 Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> </ul>	2 b 2 c	2 e	
<ul> <li>2 Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII )</li> </ul>	2 b 2 c		
<ul> <li>2 Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990 Part IX line 25 but not on line 1</li> </ul>	2 b 2 c	2 e	
<ul> <li>2 Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> </ul>	2 b 2 c	2 e	
<ul> <li>2 Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII )</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990 Part IX line 25 but not on line 1</li> <li>a Investment expenses not included on Form 990 Part VIII line 7b</li> <li>b Other (Describe in Part XIII )</li> </ul>	2 b 2 c 2 d	2 e	
<ul> <li>2 Amounts included on line 1 but not on Form 990 Part IX line 25</li> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII )</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990 Part IX line 25 but not on line 1</li> <li>a Investment expenses not included on Form 990 Part VIII line 7b</li> </ul>	2 b 2 c 2 d	2 e	

Part XIII Supplemental Information.

Provide the descriptions required for Part II lines 3 5 and 9 Part III lines 1a and 4 Part IV lines 1b and 2b Part V line 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

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

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Go to www irs.gov/Form990 for the latest instructions

OMB No 1545 0047

Open to Public Inspection

Name of the organization			<del></del>		Employer identific	ation number
ARIZONA FREE ENTERPRISE	CLUB				20-242338	3
Part 1. Fundraising Activities. Comp	quired to comp	lete this p	art			
1 Indicate whether the organization	raised funds thi	rough any	of the follo	wing activities. Check a	all that apply	
a Mail solicitations			е	Solicitation of non	government grants	
<b>b</b> Internet and email solicitations	S		f	Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations			3		,	
2a Did the organization have a written employees listed in Form 990, Par b If 'Yes' list the 10 highest paid ind compensated at least \$5,000 by the	t VII) or entity lividuals or enti	ın connect	ion with big	ofessional fundraising s	services?	Yes X No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2			}			
3						
4						
5						
6						
7						
8						
9						
10						
otal	·		<u> </u>			0.
List all states in which the organization licensing	ation is register	ed or licer	nsed to soli	cit contributions or has	been notified it is exer	
		 			<del>-</del>	<b>-</b>
	<b>-</b>					

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b
List events with gross receipts greater than \$5,000

			RECEPTION	(b) Event #2	(c) Other events	(add column (a)
R E			(event type)	(event type)	None (total number)	through column (c)
R # > # Z U #	1	Gross receipts	71,300.			71,300.
Ē	2	Less Contributions	71,300.			71,300.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
D	5	Noncash prizes				
RECT	6	Rent/facility costs				
	7	Food and beverages	1,738.			1,738.
X   P E	8	Entertainment				
EXPEZSES	9	Other direct expenses	1,074.			1,074.
S		Direct expense summary Add lines 4 this	•		•	2,812.
Par	11	Net income summary Subtract line 10 fro Gaming. Complete if the organization		Form 000 Post IV	luna 10 or reported	-2,812.
rai	LIII	\$15,000 on Form 990-EZ, line 6a	orranswered res or	1 FORM 990, Part IV,	line 19, or reported	more than
# W V W Z U W			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue				
_	2	Cash puzes				
D X I P R E S S T E	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 thic	ough 5 in column (d)		•	
	8	Net gaming income summary Subtract lin	ne 7 from line 1, columi	n (d)	•	
	<u>-</u>					
а	ls th	er the state(s) in which the organization con ne organization licensed to conduct gaming to 'explain	activities in each of the			Yes No
		e any of the organization's gaming licenses			-	Yes No
BAA			TEEA3702L 0	9/18/17	Schedule G (Fo	orm 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 ARIZONA FREE ENTERPRISE CLUB 2	0-242338	3	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in	1		
	a The organization's facility	13a		96
1	<b>b</b> An outside facility	13b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records		
	Name •	- <b></b>		
	Address •			
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenue bill 'Yes' enter the amount of gaming revenue received by the organization ► \$ and to of gaming revenue retained by the third party ► \$		Yes	No
	Name ►			
	Address •			
16	Gaming manager information			
	Name •			
	Gaming manager compensation • \$			
	Description of services provided •			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	als the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?		Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in the		
	organization's own exempt activities during the tax year 🕒 \$			
Pai	<b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions	ilumns (III) ny addition	and ( nal	(V),

TEEA3703L 09/18/17

Schedule G (Form 990 or 990-EZ) 2017

BAA

#### 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.

2017

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

ARIZONA FREE ENTERPRISE CLUB

20-2423383

Employer identification number

#### Form 990, Part III, Line 4d - Other Program Services Description

In addition to our top three program service accomplishments, the organization also worked to oppose an illegal and unconstitutional sales tax initiative in Pinal County. The measure was approved with 51% of the vote, but has been challenged in court due to the illegal nature of the tax. The organization also was a party to a challenge over the constitutionality of Proposition 206, the minimum wage initiative. The organization also produced several articles and reports which have been published on the organization's website.

#### Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Key decisions are delegated to the Members, including (a) election of individuals to serve on the Board of Directors; (b) approval of the annual budget proposed by the President; (c) approval of any amendments to the articles of incorporation or the bylaws; (d) approval of transactions or arrangements (including compensation arrangements) involving conflicts of interest between a Director or an officer and the Organization; (e) dissolution of the Organization; and (f) distribution of assets upon dissolution of the Organization. There is currently only one class of membership, and each Member is entitled to one vote.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

See explanation for Part VI.A, Line 7a in Schedule O.

Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings
THE ORGANIZATION HAD NO COMMITTEES DURING THE TAX YEAR.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

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

Name of the organization

ARIZONA FREE ENTERPRISE CLUB

Employer identification number

20-2423383

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

In addition to the annual conflict disclosure completion and associated monitoring for conflicts that could result from the disclosed relationships, the President and the Members communicate on a regular basis regarding current activities of the Organization, thus providing an opportunity for any such conflicts to be discovered.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation determinations are made by independent (conflict-free) members of the governing body who debate the amount to be paid, utilizing a compensation survey or other appropriate comparability data. To be approved, the total compensation must not be greater than would ordinarily be provided for like services by like enterprises (whether taxable or tax-exempt) under like circumstances. The minutes of any meeting at which a compensation determination is made include (i) the identities of the governing body members who were present at the beginning of the meeting, (ii) the identities of such members who recused themselves due to a conflict of interest, (iii) the terms of the approved compensation arrangement and the date it was approved, (iv) the identities of such members who were present during the debate and those who voted in favor of it, and (v) a description of the comparability data used for determining the reasonableness of the compensation 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.

Name of the organization	Employer identification number
ARIZONA FREE ENTERPRISE CLUB	20-2423383

#### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management & General	Fund- raising
BANK FEES		119.		119.	
BUSINESS REGISTRATION FEES		60.		60.	
CONTRACT LABOR		182,520.	<u>182,5</u> 20.		
•	Total	\$ 182,699.	\$ 182,520.	\$ 179.	\$ 0.