** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

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

| Α | For tr | e 2022 calendar year, or tax year beginning | and | i enaing | | |
|-------------------------|----------------------|---|---------------------------------------|---------------|---------------------------------|--------------------------------|
| В | Check if applicat | le: C Name of organization | | | D Employer ident | ification number |
| | Addr | ge 100 CLOB OF ARIZONA | | | | |
| | Nam chan | ge Doing business as | | | 23-717207 | 7 |
| | Initia retur | Number and street (or P.O. box if mail is not de | livered to street address) | Room/suite | E Telephone numl | oer |
| | Final retur | 333 NORTH 44TH STREET | | 100 | 602-485-01 | 00 |
| | termi ated | | ZIP or foreign postal code | | G Gross receipts \$ | 4,907,391. |
| | Ame | PHOENIX, AZ 65006 | | | H(a) Is this a group | |
| | Applition pend | F Name and address of principal officer: ANGE | LA HARROLLE | | for subordinat | es? Yes X No |
| | - | SAME AS C ABOVE | | | H(b) Are all subordinate | s included? Yes No |
| 1. | Tax-ex | empt status: X 501(c)(3) 501(c) (| (insert no.) 4947(a)(1) | or 527 | If "No," attach | a list. See instructions |
| | Webs | | | | H(c) Group exemp | tion number |
| | Form o | f organization: X Corporation Trust A Summary | ssociation Other | L Year | of formation: 1968 | M State of legal domicile: AZ |
| _ | 1 | Briefly describe the organization's mission or most | significant activities: TO PRO | VIDE IMME | EDIATE FINANCIAL | ı |
| Activities & Governance | | ASSISTANCE TO FAMILIES OF PUBLIC SAFE | | | | |
| Ja Ja | 2 | Check this box if the organization disco | ntinued its operations or dispo | sed of more | than 25% of its net a | assets. |
| Ş | 3 | Number of voting members of the governing body | (Part VI, line 1a) | | <u>L</u> : | 3 17 |
| Ğ | 4 | Number of independent voting members of the go | | | | 4 17 |
| 8 | 5 | Total number of individuals employed in calendar y | vear 2022 (Part V, line 2a) | | | 5 13 |
| <u>Vi</u> | 6 | Total number of volunteers (estimate if necessary) | | | | 6 141 |
| Ç | 7 a | Total unrelated business revenue from Part VIII, co | lumn (C), line 12 | | | 'a 0. |
| _ | b | Net unrelated business taxable income from Form | 990-T, Part I, line 11 | <u></u> | | 'b 0. |
| | | | | | Prior Year | Current Year |
| <u>a</u> | 8 | Contributions and grants (Part VIII, line 1h) | | | 3,333,411 | · · · |
| enc | 9 | | | | 0. | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4 | | | 146,625 | ' |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8d | | | 11,428 | |
| | 12 | Total revenue - add lines 8 through 11 (must equal | · · · · · · · · · · · · · · · · · · · | | 3,491,464 | |
| | 13 | Grants and similar amounts paid (Part IX, column (| | | 2,200,671 | |
| | 14 | Benefits paid to or for members (Part IX, column (A | | | | 0. |
| es | 15 | Salaries, other compensation, employee benefits (| | | 696,717 | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), | | | U | 0. |
| Ž.X | _b | Total fundraising expenses (Part IX, column (D), lin | / | ,222. | 206 046 | 200 700 |
| | '' | Other expenses (Part IX, column (A), lines 11a-11d | | | 286,046 3,183,434 | <u>'</u> |
| | 18 | Total expenses. Add lines 13-17 (must equal Part I | | | 3,183,434 | |
| | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | ginning of Current Yea | |
| ts o | | Total accets (Part V. line 16) | | - DC | 8,132,063 | |
| Asse | 20 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | | | 526,055 | |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from | line 20 | | 7,606,008 | |
| P | art II | Signature Block | IIIIC ZO | | | |
| Und | ler pen | alties of perjury, I declare that I have examined this return | including accompanying schedule | s and stateme | ents, and to the best of | mv knowledge and belief, it is |
| | | ct, and complete Declaration of preparer (other than office | | | | , |
| | , | William Langer | , | | 4 | /24/2023 |
| Sig | n | Signature of officer | | | Date | |
| Hei | | WILLIAM LANGER, BOARD CHAIR | | | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name | Preparer's signature | 1 | Date Check | PTIN |
| Pai | d | WAYNE M. HUNTER | WAYNE M. HUNTER | 0 | 4/24/23 if self-em | P01073139 |
| Pre | parer | Firm's name CLIFTONLARSONALLEN LLP | | | Firm's EIN | 41-0746749 |
| Use | Only | Firm's address 20 EAST THOMAS ROAD, SUIT | E 2300 | | | |
| | | PHOENIX, AZ 85012 | | | Phone no. (| 602) 266-2248 |
| Ma | y the | RS discuss this return with the preparer shown abo | ve? See instructions | | | X Yes No |

| Form | 100 CLUB OF ARIZONA | 23-7172077 | Page 2 |
|------|--|--------------------|---------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | TO PROVIDE IMMEDIATE FINANCIAL ASSISTANCE TO FAMILIES OF PUBLIC SAFETY | | |
| | OFFICERS AND FIREFIGHTERS WHO ARE SERIOUSLY INJURED OR KILLED IN THE | | |
| | LINE OF DUTY, AND TO PROVIDE RESOURCES TO ENHANCE THEIR SAFETY AND | | |
| | WELFARE. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Y | es 🗓 No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | es 🗓 No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as more | easured by expense | es. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | the total expenses | , and |
| | revenue, if any, for each program service reported. | • | , |
| 4a | (Code:) (Expenses \$ 1,896,595. including grants of \$ 1,425,685.) (Revenue | \$ | 0.) |
| | FIRST RESPONDER BENEFITS: THE BENEFICIARIES ARE RELATED TO FIRST | | |
| | RESPONDERS WHO WERE EITHER INJURED OR DIED IN THE LINE OF DUTY OR ON | | |
| | DUTY. THE BENEFITS INCLUDE ACCESS TO A FREE APP THAT THE 100 CLUB | | |
| | MAINTAINS THAT DEPARTMENTS AND INDIVIDUALS CAN ACCESS THAT ARE SPECIFIC | | |
| | TO THEIR INDIVIDUAL AGENCIES. THE PURPOSE OF THE APP IS TO EDUCATE AND | | |
| | GIVE NEW TOOLS AND RESOURCES TO OFFICERS AND THEIR FAMILIES TO DEAL | | |
| | WITH THE ASSOCIATED HEALTH AND WELLNESS ISSUES THAT THEIR JOBS BRING. | | |
| | | | |
| | DURING THE YEAR-ENDING 12/31/2022, THE 100 CLUB OF ARIZONA RECEIVED | | |
| | \$1,491,434 IN ARIZONA SPECIALTY LICENSE PLATE CONTRIBUTIONS WHICH | | |
| | HELPED FUND THESE BENEFITS. | | |
| | THE TOTAL TREE PER TITE. | | |
| 4b | (Code:) (Expenses \$ 416 ,122. including grants of \$ 416 ,122.) (Revenue | Φ. | 0.) |
| 710 | SES PROGRAM: 100 CLUB AWARDED 39 PUBLIC SAFETY AGENCIES WITH FUNDING TO | Φ | , |
| | PURCHASE SAFETY EQUIPMENT. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ 400,513. including grants of \$ 375,513.) (Revenue | \$ | <u> </u> |
| | SCHOLARSHIPS: 75 EDUCATIONAL SCHOLARSHIPS WERE AWARDED TO FAMILY | | |
| | MEMBERS OF PUBLIC SAFETY OFFICERS. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 2,713,230. | | |
| | | Forr | n 990 (2022) |

100 CLUB OF ARIZONA Page 3 23-7172077 Form 990 (2022)

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 17 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| _ | Schedule D, Part III | 8 | | <u>x</u> |
| 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? | | х | |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | Λ | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | | х |
| 44 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| _ | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | Part VI | 11a | х | |
| b | | 11a | | |
| b | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 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 | 1115 | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | 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 | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | ļ <u>.</u> . |
| | 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 | | 17 | |
| | 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 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>x</u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | Х | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | Λ | |

232003 12-13-22

Form 990 (2022) 100 CLUB OF ARIZONA 23-7172077 Page **4**

| Pai | T IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----------|
| | | | Yes | No |
| 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 | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| | 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 | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) 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 the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 1 |
| | 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 | | | 1 |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | 1 |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 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 | | X |
| 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 on Schedule O for Part VI, lines 11b and 19? | _ | 77 | |
| Pai | Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| ı a | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 20 1b | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| C | (gambling) winnings to prize winners? | 1c | | |

232004 12-13-22

Form 990 (2022) 100 CLUB OF ARIZONA 23-7172077 Page **5**

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Form **990** (2022)

If "Yes," complete Form 6069.

Page 6 100 CLUB OF ARIZONA Form 990 (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

| | to line ed, es, et res selen, decembe the smearhetenees, proceeded, et changes en consedit et see metablishe. | | | |
|-----|---|-------|---------|-----|
| 0 | Check if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sec | tion A. Governing Body and Management | | | l |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 11 1a 17 | | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 17 | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | _ | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ | | ,, |
| _ | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | 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 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | l |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | 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 on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | 1 | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process on 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? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availal | ble |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | PATTI BALLENTINE - 602-485-0100 | | | |
| | 333 NORTH 44TH STREET, 100, PHOENIX, AZ 85008 | | | |

Form 990 (2022) 100 CLUB OF ARIZONA 23-7172077 Page **7**

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

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

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

- 1a 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|-------------------------|------------------------|--------------------------------|-----------------------|----------------|--------------|---------------------------------|--------|-----------------|----------------------------------|--------------------|
| Name and title | Average | (do | not c | Posi neck i | | | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | an | compensation | compensation | amount of |
| | week | | | | | 17 (1 (13) | | from the | from related | other compensation |
| | (list any hours for | Individual trustee or director | | | | , | | organization | organizations (W-2/1099-MISC/ | from the |
| | related | ee or | stee | | | Highest compensated employee | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | Institutional trustee | | oyee | om pe | | 1099-NEC) | , | and related |
| | below | vidua | itutio | cer | Key employee | hest coloyee | Former | | | organizations |
| | line) | lnd | Inst | Officer | Key | Hig | For | | | |
| (1) ANGELA HARROLLE | 40.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 183,838. | 0. | 1,889 |
| (2) WILLIAM LANGER | 2.00 | | | | | | | | _ | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) DANIELLE RUSSELL | 2.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0 |
| (4) BILL SCHUBERT | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0 |
| (5) GERALD DEETZ | 2.00 | | | | | | | | _ | |
| SECRETARY | 2.00 | Х | | Х | | | | 0. | 0. | 0 |
| (6) CHRISTOPHER PETRIE | 2.00 | , | | | | | | | _ | _ |
| DIRECTOR (7) RON WESTAD | 2,00 | Х | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | _ |
| (8) STEVE HORRELL | 2,00 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR (THRU 12/22) | 2.00 | X | | | | | | 0. | 0. | 0 |
| (9) JAY JOHNSON | 2,00 | | | | | | | 0. | · · | |
| DIRECTOR (THRU 5/22) | 2.00 | х | | | | | | 0. | 0. | 0. |
| (10) KATHY MAYBERRY | 2.00 | | | | | | | • | · · | |
| DIRECTOR (THRU 12/22) | 2.00 | х | | | | | | 0. | 0. | 0 |
| (11) JOE SCHEID | 2.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (12) SCOTT WEDE | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0 |
| (13) CURT GARRETT | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (14) REBECCA ARMENDARIZ | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0 |
| (15) HARRY CURTIN | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0 |
| (16) JILL ESTEP | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0 |
| (17) THOMAS WESNER | 2.00 | | | | | | | | | |
| DIRECTOR (THRU 12/22) | | х | | | | | | 0. | 0. | 0 |

232007 12-13-22 Form **990** (2022)

| orm 990 (2022) | ARIZONA | | | | | | | | 23-717207 | / Page • |
|--|--|--------------------------------|------------------------------------|--|---------------------------------|------------------------------|--------|---|---|--|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Emr | oloy | ees, | and | l Hig | ghes | t Co | ompensated Employee | s (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | hours per (do not check more than one both an both an both an loss person is both an compens | | Reportable compensation from | Reportable compensation from related | Estimated amount of other | | | | | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stit utional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) JASON BECK | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (19) REBEKAH BROWDER DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| (20) SUHAS CHAUHAN | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (21) JARED LOWE DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (22) REDA RIDDLE-BIGLER DIRECTOR | 2.00 | х | | | | | | 0. | 0. | 0. |
| 21.13010N | | - | | | | | | <u> </u> | · · | <u></u> |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 183,838. | 0. | 1,889. |
| c Total from continuation sheets to Part | VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 183,838. | 0. | 1,889. |
| 2 Total number of individuals (including but | | | | | | | o re | , | - | 1,889. |

compensation from the organization

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | Х |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services | | | |
| | rendered to the organization? If "Vos." complete Schodule, I for each person | 5 | | х |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address NONE | (B) Description of services | (C) Compensation |
|--|---------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of independent contractors (including but not limited to those listed | l above) who received more than | |

Form 990 (2022) 100 CLUB OF ARIZONA 23-7172077 Page **9**

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 123,419 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 149,064. c Fundraising events 1c d Related organizations 1d 1,534,121. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,614,776. 1f 53,343 g Noncash contributions included in lines 1a-1f 3,421,380 h Total. Add lines 1a-1f **Business Code** 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 61,538 61,538 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,199,194. assets other than inventory **b** Less: cost or other basis 1,195,986. Other Revenue and sales expenses 7с c Gain or (loss) 3,208. 3,208. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 149,064. of contributions reported on line 1c). See Part IV, line 18 125,279 **b** Less: direct expenses 126,128, -849 -849c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a INSURANCE SETTLEMENT 900099 100,000 100,000. b d All other revenue 100,000 e Total. Add lines 11a-11d

12 To

Form **990** (2022)

163,897.

3,585,277.

Total revenue. See instructions

0.

Form 990 (2022)

100 CLUB OF ARIZONA

23-7172077

Page 10

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 respons Do not include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) Fundraising |
|---|----------------|---------------------|-----------------------|--------------------------|
| 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | expenses |
| 1 Grants and other assistance to domestic organizations | 416 122 | 416 122 | | |
| and domestic governments. See Part IV, line 21 | 416,122. | 416,122. | | |
| 2 Grants and other assistance to domestic | 1 001 100 | 1 001 100 | | |
| individuals. See Part IV, line 22 | 1,801,198. | 1,801,198. | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, | 105 505 | 76.447 | 00 555 | 06.004 |
| trustees, and key employees | 185,725. | 76,147. | 83,577. | 26,001 |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 523,659. | 289,675. | 140,146. | 93,838 |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions) | 5,728. | 2,817. | 2,126. | 785 |
| 9 Other employee benefits | 1,711. | | 1,711. | |
| 10 Payroll taxes | 50,295. | 11,543. | 27,231. | 11,521 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 2,285. | | 2,285. | |
| c Accounting | 41,298. | | 41,298. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 4,194. | | 4,194. | |
| g Other. (If line 11g amount exceeds 10% of line 25, | · | | , | |
| column (A), amount, list line 11g expenses on Sch O.) | 122,331. | 64,918. | 25,851. | 31,562 |
| 12 Advertising and promotion | 11,500. | , | , | 11,500 |
| 13 Office expenses | 52,270. | 12,725. | 36,908. | 2,637 |
| 14 Information technology | , - | , - | , , | , |
| 15 Royalties | | | | |
| | | | | |
| 16 Occupancy | 11,415. | 10,727. | 31. | 657 |
| 17 Travel | 11,113. | 10,727. | 31. | |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 26 642 | 25 202 | 1 261 | |
| 22 Depreciation, depletion, and amortization | 26,643. | 25,282. | 1,361. | |
| 23 Insurance | 23,218. | | 23,218. | |
| Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| a MISCELLANEOUS | 13,554. | 2,076. | 6,757. | 4,721 |
| L | 25,552. | 2,0,0. | 5,757. | 1,,21 |
| _ | | | | |
| c | | | | |
| d | | | | |
| e All other expenses Add lines 1 through 24s | 3 202 116 | 2 712 220 | 306 601 | 183,222 |
| 25 Total functional expenses. Add lines 1 through 24e | 3,293,146. | 2,713,230. | 396,694. | 183,222 |
| 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) | | | | |
| | | | | |

Page **11** 100 CLUB OF ARIZONA 23-7172077

| Form 990 (| | | 1 |
|------------|----|----------|-----|
| Part X | Ba | lance Sh | eet |

| 4 5 6 7 8 9 | Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | or former offic stantial contril ese persons lified persons ed in section 4 | er, director, outor, or 35% | (A) Beginning of year 5,718,357. 465,428. 612,085. | 1 2 3 4 | (B) End of year 3,672,025. 482,132. 12,085. |
|--|--|--|--|---|---|---|
| 2 3 4 5 6 7 8 9 | Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Loans and other receivables from other disquared under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | or former offic stantial contril ese persons alified persons ed in section 4 | er, director, outor, or 35% (as defined | 465,428. | 3 4 | 482,132. |
| 3 4 5 6 7 8 9 | Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Loans and other receivables from other disquared under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | or former offic stantial contril ese persons alified persons ed in section 4 | er, director, outor, or 35% (as defined | | 3 4 | · · · · · · · · · · · · · · · · · · · |
| 4 5 6 7 8 9 | Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | or former offic stantial contril ese persons alified persons ed in section 4 | er, director, outor, or 35% (as defined | 612,085. | 4 | 12,085. |
| 4 5 6 7 8 9 | Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | or former offic stantial contril ese persons alified persons ed in section 4 | er, director, outor, or 35% (as defined | | | |
| 5 6 7 8 9 | Loans and other receivables from any current trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net | or former offic stantial contril ese persons ilified persons ed in section 4 | er, director, outor, or 35% | | 5 | |
| 6 7 8 9 | controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | ese persons alified persons ed in section 4 | (as defined | | 5 | |
| 6 7 8 9 | controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | ese persons alified persons ed in section 4 | (as defined | | 5 | |
| 7 8 9 | under section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use | alified persons ed in section 4 | (as defined | | | |
| 8 9 | Notes and loans receivable, net | | .958(c)(3)(B) | | | |
| 8 9 | Inventories for sale or use | | ····· | | 6 | |
| 8 9 | Inventories for sale or use | | | | 7 | |
| 9 | | | | | 8 | |
| 10a | Prepaid expenses and deferred charges | | | 32,986. | 9 | 32,734. |
| | Land, buildings, and equipment: cost or other | | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 93,644. | | | |
| b | Less: accumulated depreciation | 10b | 78,346. | 41,941. | 10c | 15,298. |
| 11 | Investments - publicly traded securities | | | 710,581. | 11 | 3,752,124. |
| 12 | Investments - other securities. See Part IV, line | 468,492. | 12 | 418,554. | | |
| 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| 14 | | | 14 | | | |
| 15 | Other assets. See Part IV, line 11 | | | 82,193. | 15 | 82,322. |
| 16 | | | | , , | 16 | 8,467,274. |
| | | 443,862. | 17 | 573,357. | | |
| 18 | | | | | 18 | |
| 19 | | | | | | |
| | | | | | | |
| 21 | | | | 82,193. | 21 | 82,322. |
| | | | | | | |
| | | | outor, or 35% | | | |
| | | | | | | |
| | | • | | | | |
| | | | | | 24 | |
| 25 | - | - | 1 | | | |
| | • | es 17-24). Con | npiete Part X | | 0.5 | |
| 06 | | | | 526 055 | | 655,679. |
| 20 | | and have | У | 320,033. | 26 | 033,073. |
| | - | ieck fiele | | | | |
| 7 | | | | 5 558 830. | 27 | 6,969,667. |
| | | | | · · · | | 841,928. |
| -0 | | | | , , , | | , |
| | | ooo, oncor n | | | | |
| 29 | | S | | | 29 | |
| 30 | | | | | | |
| 31 | | | | | | |
| 32 | | | | 7,606,008. | 32 | 7,811,595. |
| | Total liabilities and net assets/fund balances | | | | | 8,467,274. |
| 1: | 3 4 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 | Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must eq Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of the Secured mortgages and notes payable to unrelat Unsecured notes and loans payable to unrelat Other liabilities (including federal income tax, p parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or of Retained earnings, endowment, accumulated in Total net assets or fund balances | Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Sci Loans and other payables to any current or former officer, di trustee, key employee, creator or founder, substantial contril controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third part Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to reli parties, and other liabilities not included on lines 17-24). Con of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check he and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fun Retained earnings, endowment, accumulated income, or other | Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds | 2 Investments - other securities. See Part IV, line 11 468,492. 3 Investments - program-related. See Part IV, line 11 | 2 Investments - other securities. See Part IV, line 11 3 Investments - program-related. See Part IV, line 11 4 Intangible assets 5 Other assets. See Part IV, line 11 5 Other assets. See Part IV, line 11 6 Total assets. See Part IV, line 11 6 Total assets. Add lines 17 through 15 (must equal line 33) 7 Accounts payable and accrued expenses 8 Grants payable 9 Deferred revenue 1 Tax-exempt bond liabilities 1 Escrow or custodial account liability. Complete Part IV of Schedule D 1 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 2 Secured mortgages and notes payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 5 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 2 Total liabilities. Add lines 17 through 25 3 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions 5 7,558,830. 27 8 Net assets with donor restrictions 7 Crganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 9 Capital stock or trust principal, or current funds 1 Retained earnings, endowment, accumulated income, or other funds 2 Total net assets or fund balances 7 7,606,008. 32 |

| Form | 1990 (2022) 100 CLUB OF ARIZONA | 23-717207 | 7 | Pag | ge 12 |
|------|--|-----------|------------|------|--------------|
| | rt 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 | | 585, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3, | 293, | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 131. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7, | 606, | 008. |
| 5 | Net unrealized gains (losses) on investments | 5 | | -86, | 544. |
| 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 on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 7, | 811, | 595. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 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 separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | Г | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 100 CLUB OF ARIZONA 23-7172077 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

100 CLUB OF ARIZONA

23-7172077

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------------|----------------------|------------------------|---------------------------|----------------------|----------------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | (=,/ = = : = | (, | (-, | (=/ = = = : | χ-, | (-) |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2,083,041. | 6,371,152. | 3,067,668. | 3,333,411. | 3,421,380. | 18,276,652. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2,083,041. | 6,371,152. | 3,067,668. | 3,333,411. | 3,421,380. | 18,276,652. |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 3,457,225. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 14,819,427. |
| Se | ction B. Total Support | | · | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | 2,083,041. | 6,371,152. | 3,067,668. | 3,333,411. | 3,421,380. | 18,276,652. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 33,897. | 60,199. | 68,439. | 68,316. | 61,538. | 292,389. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | 11,428. | | 11,428. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 360,164. | | | | 100,000. | 460,164. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 19,040,633. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | 116,043. |
| | First 5 years. If the Form 990 is for th | | | ourth, or fifth tax ye | ear as a section 50 | 01(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Se | ction C. Computation of Publi | c Support Perc | entage | | | | |
| 14 | Public support percentage for 2022 (li | ine 6, column (f), di | vided by line 11, co | olumn (f)) | | 14 | 77.83 % |
| 15 | Public support percentage from 2021 | Schedule A, Part II | , line 14 | | | 15 | 75.56 % |
| 16a | 33 1/3% support test - 2022. If the o | organization did not | check the box on | line 13, and line 14 | 4 is 33 1/3% or mo | ore, check this box | and |
| | stop here. The organization qualifies | as a publicly suppo | rted organization | | | | X |
| b | 33 1/3% support test - 2021. If the o | organization did not | check a box on lir | ne 13 or 16a, and l | ine 15 is 33 1/3% | or more, check this | s box |
| | and stop here. The organization qual | ifies as a publicly su | upported organizat | tion | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the orga | anization did not cl | neck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| | and if the organization meets the facts | s-and-circumstance | s test, check this I | oox and stop here | e. Explain in Part | /I how the organiza | ation |
| | meets the facts-and-circumstances te | st. The organizatior | n qualifies as a pub | olicly supported org | ganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the orga | anization did not cl | neck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is 1 | 0% or |
| | more, and if the organization meets the | ne facts-and-circum | stances test, chec | k this box and sto | p here. Explain ir | Part VI how the | |
| | organization meets the facts-and-circu | umstances test. The | e organization qual | lifies as a publicly s | supported organiz | ation | |
| 18 | Private foundation. If the organization | n did not check a b | ox on line 13, 16a | , 16b, 17a, or 17b, | check this box ar | nd see instructions | |
| | | | | | | Schedule A | Form 990) 2022 |

100 CLUB OF ARIZONA

23-7172077

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | siow, piease comp | Diete Part II.) | | | | |
|------------|--|---------------------|--------------------|---------------------|--------------------|-----------------------|-----------|
| | idar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | (4) 2010 | (2) 2010 | (0) 2020 | (4) 2021 | (6) 2322 | (i) rotal |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| | Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| | | | | | | | |
| | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | + | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | - | 1 | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8_ | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Caler | idar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First 5 years. If the Form 990 is for th | e organization's fi | rst second third | fourth or fifth tax | vear as a section | 501(c)(3) organizatio | n |
| | check this box and stop here | J | | , | • | (/ (/) | · — |
| | tion C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (li | | | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | tion D. Computation of Inves | | | | | 1 10 1 | 70 |
| | Investment income percentage for 20 | | | ine 13 column (f) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2022. If the | | | | | | |
| | | | | | | | , 19 HOT |
| | more than 33 1/3%, check this box an | = | - | • | | | L |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| Z U | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a. or 190. check th | iis dox and see in | SITUCTIONS | 1 1 |

232023 12-09-22

100 CLUB OF ARIZONA

23-7172077

Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
| _ | | |
| За | | |
| | | |
| 3b | | |
| | | |
| 3с | | |
| | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| 4c | | |
| | | |
| 5a | | |
| | | |
| 5b | | |
| 5c | | |
| 6 | | |
| | | |
| 7 | | |
| | | |
| 8 | | |
| 9a | | |
| Ju | | |
| 9b | | |
| | | |
| 9c | | |
| 10a | | |
| iva | | |
| 10b | | |

232024 12-09-22

100 CLUB OF ARIZONA 23-7172077 Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations plaved in this regard Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

100 CLUB OF ARIZONA 23-7172077 Schedule A (Form 990) 2022 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

100 CLUB OF ARIZONA 23-7172077 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets

Other distributions (describe in Part VI). See instructions.
 Total annual distributions. Add lines 1 through 6.
 Distributions to attentive supported organizations to which the organization is responsive

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2022 from Section C, line 6

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

10 Line 8 amount divided by line 9 amount

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions | (iii) Distributable |
|--|-----------------------------|----------------------------|------------------------|
| | Execute Block ibations | Pre-2022 | Amount for 2022 |
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reason- | | | |
| able cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, | | | |
| line 7: \$ | | | |
| Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if | | | |
| any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h | | | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j | | | |
| and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

<u>5</u>

7

8 9

10

| Schedule A (Form 990) 2022 100 CLUB OF ARIZONA | 23-7172077 | Page 8 |
|--|--|--------|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition | and 2; Part IV, Section /, Section B, line 1e; Pa | n C, |
| (See instructions.) | | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | | |
| MISCELLANEOUS INCOME | | |
| 2018 AMOUNT: \$ 360,164. | | |
| 2022 AMOUNT: \$ 100,000. | | |
| | | |
| | | |
| | | |
| SCHEDULE A, PART II, SECTION B, LINE 9: | | |
| PURSUANT TO THE IRS SCHEDULE A INSTRUCTIONS, THE AMOUNTS REPORTED ON | | |
| LINE 9 REPRESENT THE NET INCOME FROM THE FUNDRAISING AND GAMING | | |
| ACTIVITIES, IF ANY, THAT ARE DEFINED AS UNRELATED BUSINESS ACTIVITIES | | |
| THAT ARE NOT REGULARLY CARRIED ON UNDER IRC SECTIONS 512 AND 513. | | |
| SINCE THEY ARE NOT REGULARLY CARRIED ON, THE NET INCOME IS NOT SUBJECT | | |
| TO UNRELATED BUSINESS INCOME TAX. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Employer identification number Name of the organization

| 100 CLUB OF ARIZONA 23-7172077 | | | | | | | |
|---|---|------------------------------|--|--|--|--|--|
| Organization type (check | one): | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | e. See instructions. | | | | | |
| - | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's | • | | | | | |
| Special Rules | | | | | | | |
| sections 509(a)(1) contributor, durin | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II. | d that received from any one | | | | | |
| contributor, durin literary, or educat | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this begins checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | | |
| answer "No" on Part IV, lin | nution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify at it doesn't meet the filing requirements of Schedule B (Form 990). | | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

| Genedale B (Form 330) (2022) | r age |
|------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| 100 CLUB OF ARIZONA | 23-7172077 |
| | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if ac | dditional space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ 85,101. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

100 CLUB OF ARIZONA

23-7172077

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|------------------------------|---|---|----------------------|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |

223453 11-15-22

Schedule B (Form 990) (2022)

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 100 CLUB OF ARIZONA 23-7172077 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

100 CLUB OF ARIZONA

Employer identification number 23-7172077

| Pai | | | milar Funds or A | ccounts. Complete if the |
|--------|---|----------------------------|--------------------------|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | 6. | | |
| | | (a) Donor advise | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 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 donor advisors in wri | iting that the assets he | d in donor advised fur | nds |
| | are the organization's property, subject to the organization's ex | clusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor adv | risors in writing that gra | nt funds can be used | only |
| | for charitable purposes and not for the benefit of the donor or d | lonor advisor, or for any | other purpose confe | rring |
| | impermissible private benefit? | | | |
| Par | | | " on Form 990, Part I | V, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | 1 | |
| | Preservation of land for public use (for example, recreation | on or education) | Preservation of a his | torically important land area |
| | Protection of natural habitat | | Preservation of a cer | tified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribu | ition in the form of a c | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| _ | | | | 2a |
| b | | | | 2b |
| C | Number of conservation easements on a certified historic struct | | | 2c |
| d | Number of conservation easements included in (c) acquired after | | | |
| • | | | | 2d |
| 3 | Number of conservation easements modified, transferred, release | sea, extinguisnea, or te | erminated by the orga | nization during the tax |
| 4 | year | ment is leasted | | |
| 4 5 | Number of states where property subject to conservation easer Does the organization have a written policy regarding the period | | on handling of | |
| 3 | violations, and enforcement of the conservation easements it has | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | | d enforcing conservat | |
| Ū | Ctan and volunteer neare develor to mentioning, inspecting, na | aramig or violations, arr | a omereing concervat | ion oddomonio ddinig tilo you |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and ent | orcina conservation e | asements during the year |
| - | ,g,g,g, | .g o. moladione, and om | 5.5g 5555a | accinente adming and year |
| 8 | Does each conservation easement reported on line 2(d) above s | satisfy the requirements | s of section 170(h)(4)(E | 3)(i) |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footnot | e to the organization's | financial statements t | hat describes the |
| | organization's accounting for conservation easements. | _ | | |
| Par | t III Organizations Maintaining Collections of A | Art, Historical Trea | sures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | 90, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, | not to report in its reve | nue statement and ba | alance sheet works |
| | of art, historical treasures, or other similar assets held for public | exhibition, education, | or research in further | ance of public |
| | service, provide in Part XIII the text of the footnote to its financial | al statements that desc | cribes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, $$ | to report in its revenue | statement and balance | ce sheet works of |
| | art, historical treasures, or other similar assets held for public ex | xhibition, education, or | research in furtherand | ce of public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| | | | | |
| 2 | If the organization received or held works of art, historical treasures | ures, or other similar as | sets for financial gain | , provide |
| | the following amounts required to be reported under FASB ASC | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | |
| | Assets included in Form 990, Part X | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for | or Form 990. | | Schedule D (Form 990) 2022 |

| Sulping the organizations acquisitions, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): | Sche | dule D (Form 990) 2022 100 CLUB 03 | | | | | | | 23-717 | | Page 2 |
|--|----------|--|-------------------------|-------------|----------------|----------------|-------------|-------------------|--------------|-----------|------------|
| a Public exhibition d Loan or exchange program a Public exhibition d Cother b Scholarly research e Other b Scholarly research e Other c Preservation for Nuture generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for paise funds rather than to be maintained as part of the organization answered "Yea" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance International Complete in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No No If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII X Part XIII. The Other Par | Par | t III Organizations Maintaining C | collections of A | t, Hist | orical Tre | asures, or | Other | Simila | r Assets | (contin | ued) |
| a Public exhibition d | 3 | Using the organization's acquisition, accessi | on, and other record | ls, check | any of the f | following that | make sig | nificant ı | use of its | | |
| b Scholarly research c Preservation for future generations d Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to raise funds a three than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Z | | collection items (check all that apply): | | | | | | | | | |
| c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maritained as part of the organization answered 'Yee' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escribing the year in English and the organization and year in English and the organization and year in English and the part of the organization and year in English and the organization include an amount on Form 990, Part X, line 21, for escribing the year in English gold and the organization include an amount on Form 990, Part X, line 21, for escribing the year in English gold and the organization include an amount on Form 990, Part X, line 21, for escribing the year in English gold and the organization include an amount on Form 990, Part X, line 21, for escribing the year in English gold and the organization has been provided on Part XIII The Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Beginning of year balance [a) Current year (b) Prior year [c) Two years back [d) Three years back [e) Four years back [d) Three years back [e) Four years back [e) F | а | Public exhibition | • | d 🗌 | Loan or exc | hange progra | m | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical breasures, or other similar assets to be sold to raise funds either than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization and part XIII and complete the following table: C Beginning balance 1c | b | Scholarly research | | е 🗌 | Other | | | | | | |
| So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No | С | Preservation for future generations | | | | | | | | | |
| Does sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further th | ne organizatio | n's exem | pt purpo | se in Part I | XIII. | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X IV Yes X No If "Yes" Explain the arrangement in Part XIII and complete the following table: C | 5 | During the year, did the organization solicit of | or receive donations | of art, hi | storical treas | sures, or othe | r similar a | assets | | | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | | | | | | | | | | No |
| Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Tc Amount | Par | | | lete if the | organizatio | n answered " | Yes" on F | Form 990 | , Part IV, I | ine 9, or | |
| on Form 990, Part X? Yes X No | | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| Part | 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for | contributions | s or other ass | ets not in | cluded | | _ | |
| Amount Color Col | | on Form 990, Part X? | | | | | | | L | Yes | X No |
| c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization part XIII. Check here if the explanation has been provided on Part XIII. 2c Did the organization answered "Yes" on Form 990, Part IV, line 10. 2c Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: 2c Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: 2c Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of the current year end balance line 1g, column (al) held as: 2c Provide the estimated percentage of | b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing t | able: | | | | | | |
| d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If Yee, 'explain the arrangement in Part VIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses (d) Grants or scholarships. d Grants or scholarships. g End of year balance provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment — 96 b Permanent endowment — 96 c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property | | | | | | | | | | Amount | |
| e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years | С | Beginning balance | | | | | | 1c | | | |
| f Ending balance | d | Additions during the year | | | | | | 1d | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Ves No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IX, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. | е | Distributions during the year | | | | | | 1e | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e | | | | | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | - | | | | | | y? | ЦХ | Yes | |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four | | | | | | | | | | | X |
| Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment g End of year balance 7 Permanent endowment g The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. 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 depreciation (d) Book value basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment 17,799, 16,324, 1,475. e Other 75,845, 62,022, 13,823. | Par | Endowment Funds. Complete | | | | | | | | / \ F | la la |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 Buildings c Leasehold improvements d Equipment 17,799, 16,324, 1,475. e Other 75,845, 62,022, 13,823. | | | , , | (b) F | rior year | (c) Two years | s dack (| d) Three y | ears back | (e) Four | years back |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment | 1a | | | | | | - | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 depreciation 1a Land b Buildings c Leasehold improvements d Equipment 17,799, 16,324, 1,475. e Other 75,845, 62,022, 13,823. | b | | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | С | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | d | | | | | | | | | | |
| g End of year balance | е | Other expenditures for facilities | | | | | | | | | |
| per End of year balance | | | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | f | | | | | | | | | | |
| a Board designated or quasi-endowment | g | • | | | | | | | | | |
| b Permanent endowment | 2 | | • | • | g, column (a) |)) held as: | | | | | |
| c Term endowment | а | | | % | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 Buildings c Leasehold improvements d Equipment funds. 17,799. 16,324. 1,475. e Other Other | b | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (d) Book value Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value | С | | -^ - | | | | | | | | |
| organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related | _ | | | | | | | | | | |
| (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 Buildings c Leasehold improvements d Equipment d Equipment e Other 75,845. 62,022. 13,823. | За | | ession of the organiz | ation tha | t are held ar | nd administere | ed for the | ! | | Г | Vos No |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment f Other 75,845. 62,022. 13,823. | | , | | | | | | | | | 163 140 |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 1a Land b Buildings c Leasehold improvements d Equipment f Other 17,799. 16,324. 1,475. e Other | | | | | | | | | | | - |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 depreciation 1a Land b Buildings c Leasehold improvements d Equipment funds: 17,799. 16,324. 1,475. e Other | L | (ii) Related organizations | ations listed as year i | | obodulo DO | | | | | | _ |
| 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 1a Land b Buildings c Leasehold improvements d Equipment e Other 17,799. 16,324. 1,475. 13,823. | _ | | | | | | | | | 3D | |
| 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 Buildings c Leasehold improvements d Equipment e Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 12 | | | | wment | unus. | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (n) Accumulated depreciation (n) Accumulated depreciat | 1 011 | | | 0. Part I\ | /. line 11a. S | see Form 990. | Part X. li | ne 10. | | | |
| basis (investment) basis (other) depreciation b Buildings C Leasehold improvements C Leasehold improvements C Leasehold improvements D Leasehold improvements | | · · · · · · · · · · · · · · · · · · · | | | Ī | T T | | | 2d | (d) Rook | value |
| 1a Land b Buildings c Leasehold improvements d Equipment 17,799. 16,324. 1,475. e Other 75,845. 62,022. 13,823. | | Description of property | 1 ' ' | | ` , | | | | I | (u) DOOK | value |
| b Buildings C Leasehold improvements c Leasehold improvements Incompany of the province of the | 10 | Land | · ' | | 54010 | (- 11.0.) | ч | . 55.36011 | | | |
| c Leasehold improvements 17,799. 16,324. 1,475. e Other 75,845. 62,022. 13,823. | | | | | | | | | | | |
| d Equipment 17,799. 16,324. 1,475. e Other 75,845. 62,022. 13,823. | | | | | | | | | | | |
| e Other 75,845. 62,022. 13,823. | | | | | | 17 799 | | 16 | 324. | | 1 475 |
| | | | | | | | | | | | |
| | | | | Y colum | an (R) line 1 | | | | | | |

| Schedule D (Form 990) 2022 100 CLUB OF ARIZO | NA | | 23-7172077 | Page 3 |
|---|--------------------------|--|--------------------|--------|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" o | | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | end-of-year market | value |
| (1) Financial derivatives | | | | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" o | | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | end-of-year market | value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | 5 000 B 1 N/ II | 44.1.0 5 000 5 1 1 1 1 5 | | |
| Complete if the organization answered "Yes" o | | 11d. See Form 990, Part X, line 15. | (b) D1 | |
| | Description | | (b) Book | value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <u>15.)</u> | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11e or 11f See Form 990 Part Y line | 25 | |
| (a) Description of liability | on on soo, raitiv, line | The or Th. See Form 930, Fart X, line | (b) Book v | value |
| ······································ | | | (b) Book | value |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| | | | | |
| | | | + | |
| | | | + | |
| | | | + | |
| (7) | | | + | |
| | | | | |
| (9) | 05.) | | + | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide to | | o the organization's financial statement | o that ranged the | |
| organization's liability for uncertain tax positions under l | | | | ш х |

232053 09-01-22

| Schedu | lle D (Form 990) 2022 100 CLUB OF ARIZONA | | | 23-717 | 2077 Page 2 |
|------------|--|-----------------------|----------------------|---------------|--------------------|
| Part 2 | • • • • • • • • • • • • • • • • • • • | | venue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | 2 (14 414 |
| | | | | 1 | 3,614,414 |
| | mounts included on line 1 but not on Form 990, Part VIII, line 12: | ا ء ا | -86,544. | | |
| | let unrealized gains (losses) on investments | | 72,525. | | |
| | lonated services and use of facilities | | 72,323. | | |
| | lecoveries of prior year grants other (Describe in Part XIII.) | | | | |
| | other (Describe in Part XIII.) and lines 2a through 2d | | | 2e | -14,019 |
| | ubtract line 2e from line 1 | | | 3 | 3,628,433 |
| | mounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | , , |
| | estment expenses not included on Form 990, Part VIII, line 7b | 4a | 4,194. | | |
| | other (Describe in Part XIII.) | | -47,350. | | |
| | dd lines 4a and 4b | | • | 4c | -43,156, |
| | otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 3,585,277 |
| Part | XII Reconciliation of Expenses per Audited Financial State | ements With E | xpenses per F | | , , |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | | |
| 1 T | otal expenses and losses per audited financial statements | | | 1 | 3,408,827. |
| | mounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a D | onated services and use of facilities | 2a | 72,525. | | |
| | rior year adjustments | | | | |
| | other losses | | | | |
| | other (Describe in Part XIII.) | | 47,350. | | |
| e A | dd lines 2a through 2d | | | 2e | 119,875. |
| | ubtract line 2e from line 1 | | | 3 | 3,288,952. |
| | mounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a Ir | vestment expenses not included on Form 990, Part VIII, line 7b | 4a | 4,194. | | |
| b 0 | other (Describe in Part XIII.) | 4b | | | |
| c A | dd lines 4a and 4b | | | 4c | 4,194 |
| 5 T | otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 3,293,146 |
| Part . | XIII Supplemental Information. | | | | |
| Provide | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I | Part IV, lines 1b and | d 2b; Part V, line 4 | ; Part X, lii | ne 2; Part XI, |
| lines 2d | I and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | additional informat | ion. | | |
| | | | | | |
| ד חתגת | IV IIME 2D. | | | | |
| PART | IV, LINE 2B: | | | | |
| тик ст | UB MAINTAINS A CASH ACCOUNT ON BEHALF OF THE DEPARTMENT O |) ₽ | | | |
| | MINIMINE IN COOK RECOOKS ON BEHALL OF THE BESTACTABLES | <u></u> | | | |
| CORREC | CTIONS MEMORIAL (DOC). THE FUNDS ARE HELD SEPARATELY FROM | THE CLUB'S | | | |
| | , , | | | | |
| OPERAT | TION ACCOUNTS AND ARE USED TO PAY FOR EXPENSES OF THE DOC | THE NET | | | |
| | | | | | |
| ACTIVI | TTY FOR THE FUNDS RECEIVED AND DISBURSED ARE NOT RECORDED | ON THE | | | |
| | | | | | |
| STATE | MENT OF ACTIVITIES AS THE CLUB IS ACTING AS AN AGENT ON TH | HEIR BEHALF. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| AS OF | DECEMBER 31, 2022, THE CASH HELD ON BEHALF OF AND DUE TO | THE DOC | | | |
| IIDON T | DEGLIEGE MAG 692 222 TG GUOMB GEDADAMELY ON MUE GMAMENEUMG | O.E. | | | |
| UPON F | REQUEST WAS \$82,322 IS SHOWN SEPARATELY ON THE STATEMENTS | Or | | | |
| FINANC | CIAL POSITION. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PART X | K, LINE 2: | | | | |
| 232054 0 | 9-01-22 | | | Schedule | D (Form 990) 202 |

| Schedule D (Form 990) 2022 100 CLUB OF ARIZONA | 23-7172077 | Page 5 |
|--|------------|--------|
| Part XIII Supplemental Information (continued) | | |
| THE CLUB QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF | | |
| THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, THERE IS NO PROVISION FOR | | |
| FEDERAL OR STATE CORPORATE INCOME TAXES. IN ADDITION, THE CLUB HAS BEEN | | |
| DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION | | |
| WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. | | |
| MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE CLUB AT | | |
| DECEMBER 31, 2022. | | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | | |
| SPECIAL EVENT EXPENSES MOVED TO REVENUE -47,350. | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | |
| SPECIAL EVENT EXPENSES MOVED TO REVENUE 47,350. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

| 100 CLUB OF | ? ARIZONA | | | | 23-717207 | 7 |
|---|--|--|---|---|--|---|
| Part I Fundraising Activities. required to complete this part | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 17. Form 990-EZ | filers are not |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individent compensated at least \$5,000 by the | e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua | ion of ion of fundra (includ | non-govern govern ising of ing of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ⁻ otal | | | | | | |
| List all states in which the organization or licensing. | n is registered or licensed to solicit c | ontrib | utions | or has been notified | it is exempt from re | gistration |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

Entertainment

Other direct expenses

10 Direct expense summary. Add lines 4 through 9 in column (d)

11 Net income summary. Subtract line 10 from line 3, column (d)

8

DocuSign Envelope ID: A240F369-BD9D-4950-B62E-29AD410E758B 100 CLUB OF ARIZONA Schedule G (Form 990) 2022 Page 2 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through BOOTS & BADGES col. (c)) (event type) (total number) (event type) 274,343 274,343. Gross receipts 2 Less: Contributions 149,064 149,064. Gross income (line 1 minus line 2) 125,279 125,279. 4 Cash prizes Noncash prizes 46,543. 46,543. Direct Expenses 18,942. 18,942. Rent/facility costs 46,567. 46,567. 7 Food and beverages

14,076.

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

14,076.

-849

126,128.

| Schedule G (Form 990) 2022 100 CLUB OF ARIZONA | 23-717 | 2077 | Page 3 |
|--|--|------------|-------------|
| 11 Does the organization conduct gaming activities with nonmembers? | | Ye | s No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a part | | | |
| to administer charitable gaming? | _ | Ye | s No |
| 13 Indicate the percentage of gaming activity conducted in: | | | |
| | | 13a | % |
| a The organization's facility | | 13b | |
| b An outside facility | | 130 | % |
| 14 Enter the name and address of the person who prepares the organization's gaming | /special events books and records: | | |
| | | | |
| Name | | | |
| | | | |
| Address | | | |
| | , | | |
| 15a Does the organization have a contract with a third party from whom the organization | n receives gaming revenue?L | Ye | s . No |
| | | | |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ | and the amount | | |
| of gaming revenue retained by the third party \$ | | | |
| c If "Yes," enter name and address of the third party: | | | |
| | | | |
| Name | | | |
| | | | _ |
| Address | | | |
| Address | | | |
| 40. Opering a service for the state of | | | |
| 16 Gaming manager information: | | | |
| | | | |
| Name | | | |
| | | | |
| Gaming manager compensation \$ | | | |
| | | | |
| Description of services provided | | | |
| | | | |
| | | | |
| | | | |
| Director/officer Employee Independent c | ontractor | | |
| | | | |
| 17 Mandatory distributions: | | | |
| a Is the organization required under state law to make charitable distributions from the | ne gaming proceeds to | | |
| undain the state marries licenses | Γ | Ye | s No |
| b Enter the amount of distributions required under state law to be distributed to othe | | | |
| · | exempt organizations or spent in the | | |
| organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by F | Next Line Ob columns (iii) and (v), and Dort L | II linaa | 0 0h 10h |
| | | ii, iiries | 9, 90, 100, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information | on. See instructions. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Schedule G (Fo | orm 990) | 100 CLUB OF ARIZONA | 23-7172077 | Page 4 |
|----------------|---------------------------------|-------------------------------|------------|--------|
| Part IV S | orm 990) Supplemental Inform | mation _(continued) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization 100 CLUB OF A | OT TONIA | | | | | | Employer identification number 23-7172077 |
|--|---------------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants a | | | | | | | 23-7172077 |
| Does the organization maintain records to criteria used to award the grants or assistance in Part II Grants and Other Assistance to 1. Does the organization maintain records to criteria used to award the grants or assistance to 1. Does the organization maintain records to criteria used to award the grants or assistance to 1. | o substantiate the tance? | oring the use of grant f | funds in the United | States. | | | X Yes No |
| recipient that received more than \$ | | | | | amzation anowered | 000,1 41 | 11v, iii 0 21, 101 dily |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AVRA VALLEY FD 15790 W. SILVERBELL RD. MARANA, AZ 85653 | 94-2471992 | STATE OF ARIZONA | 9,475. | 0. | | | SAFETY EQUIPMENT STIPENDS |
| BLUE RIDGE FIRE DISTRICT 5023 ENCHANTED LANE HAPPY JACK, AZ 86024-8175 | 86-0890813 | STATE OF ARIZONA | 12,309. | 0. | | | SAFETY EQUIPMENT STIPENDS |
| DESERT HILLS FIRE DISTRICT 3983 LONDON BRIDGE RD. LAKE HAVASU CITY, AZ 86404 | 86-0332485 | STATE OF ARIZONA | 8,212. | 0. | | | SAFETY EQUIPMENT STIPENDS |
| ELOY FIRE DISTRICT 4010 N. TOLTEC ROAD ELOY, AZ 85131 | 86-0431643 | STATE OF ARIZONA | 8,269. | 0. | | | SAFETY EQUIPMENT STIPENDS |
| FLORENCE FD P.O. BOX 2670 FLORENCE, AZ 85132 | 86-6000245 | STATE OF ARIZONA | 23,464. | 0. | | | SAFETY EQUIPMENT STIPENDS |
| GLOBE PD 175 N. PINE STREET GLOBE, AZ 85128 | 86-6000248 | STATE OF ARIZONA | 10,128. | 0. | | | SAFETY EQUIPMENT STIPENDS |
| 2 Enter total number of section 501(c)(3) a | nd government or | ganizations listed in the | e line 1 table | | | | 20. |
| 3 Enter total number of other organizations | s listed in the line | 1 table | | | | | 0. |
| LHA For Paperwork Reduction Act Notice. | see the Instructi | ons for Form 990. | | | | | Schedule I (Form 990) 2022 |

<u>Schedule I (Form 990)</u> 100 CLUB OF ARIZONA 23-7172077

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | | |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| HAYDEN PD | | | | | | | | |
| P.O. BOX B 601 N. HAYDEN AVE. | | | | | | | | |
| HAYDEN, AZ 85135 | 86-6005224 | STATE OF ARIZONA | 17,000. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| HELMET PEAK VOLUNTEER FIRE DEPARTMENT - 15490 s. MISSION ROAD | | | | | | | | |
| - SAHUARITA, AZ 85629 | 86-0719706 | STATE OF ARIZONA | 10,236. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| HIGH COUNTRY FIRE RESCUE 6593 HIGH COUNTRY LANE | | | | | | | | |
| WILLIAMS, AZ 86046 | 26-3019629 | STATE OF ARIZONA | 5,311. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| MAYER FIRE DISTRICT 11975 S. STATE ROUTE 69 | | | | | | | | |
| MAYER, AZ 86333 | 52-1558039 | STATE OF ARIZONA | 7,500. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| MIAMI PD 740 W. SULLIVAN | | | | | | | | |
| MIAMI, AZ 85539 | 86-6000253 | STATE OF ARIZONA | 6,415. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| QUEEN CREEK POLICE DEPARTMENT 22358 S. ELLSWORTH ROAD | | | | | | | | |
| QUEEN CREEK, AZ 85142 | 86-0646173 | STATE OF ARIZONA | 28,233. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| REGIONAL FIRE & RESCUE DISTRICT 7951 W. MCCARTNEY ROAD | | | | | | | | |
| CASA GRANDE, AZ 85194 | 20-1533415 | STATE OF ARIZONA | 8,948. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| RIO VERDE FIRE DISTRICT 25608 N. FOREST ROAD | | | | | | | | |
| RIO VERDE, AZ 85263 | 86-0839215 | STATE OF ARIZONA | 13,000. | 0. | | | SAFETY EQUIPMENT STIPENDS | |
| SAHUARITA POLICE DEPARTMENT | | | | | | | | |
| 315 W. SAHUARITA CENTER WAY SAHUARITA, AZ 85629 | 86-0777111 | STATE OF ARIZONA | 7,000. | 0. | | | SAFETY EQUIPMENT STIPENDS | |

Schedule I (Form 990)

Page 1

100 CLUB OF ARIZONA 23-7172077 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) SCOTTSDALE FD 8401 E. INDIAN SCHOOL ROAD SCOTTSDALE, AZ 85251 86-6000735 STATE OF ARIZONA 8,935 0. SAFETY EQUIPMENT STIPENDS SPRINGERVILLE FD 418 E. MAIN STREET SPRINGERVILLE, AZ 85938 86-6000796 STATE OF ARIZONA 9,000 0. SAFETY EQUIPMENT STIPENDS TEMPE FIRE & MEDICAL 1450 E. APACHE BLVD. TEMPE, AZ 85281 86-6000262 STATE OF ARIZONA 40,000 0. SAFETY EQUIPMENT STIPENDS THREE POINTS FIRE DISTRICT 11200 S SIERRITA MOUNTAIN RD., PMB TUCSON, AZ 85736 86-0790225 STATE OF ARIZONA 18,500. 0. SAFETY EQUIPMENT STIPENDS TIMBER MESA FIRE & MEDICAL 3561 E. DEUCE OF CLUBS 47-1674220 STATE OF ARIZONA SAFETY EQUIPMENT STIPENDS SHOW LOW, AZ 85901 0. 22,608,

Schedule I (Form 990) 2022 100 CLUB OF ARIZONA 23-7172077

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|---------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| INE OF DUTY DEATH OR INJURY | 188 | 388,000. | 0. | N/A | N/A |
| | | | | | |
| BENEFITS TO SURVIVORS | 22 | 167,021. | 0. | N/A | N/A |
| | | | | | |
| PEER 100 SPECIAL NEEDS | 145 | 422,542. | 0. | N/A | N/A |
| | | | _ | | |
| HEROS SPECIAL NEEDS | 95 | 324,000. | 0. | N/A | N/A |
| SCHOLARSHIPS | 75 | 375,513. | | N/A | N/A |

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

PART I, LINE 2:

ALL AWARDS ARE APPROVED BY THE BOARD OF DIRECTORS AND MONITORED BY

MANAGEMENT TO ASSURE PROPER USE. PUBLIC SAFETY ORGANIZATIONS SUBMIT PAID

INVOICES FOR SES GRANT PURCHASES AND REQUEST REIMBURSEMENT. FOR

INDIVIDUALS, ASSISTANCE IS REQUESTED BY PUBLIC SAFETY AGENCIES, VERIFIED BY

THE CEO AND ALL AWARDS ARE APPROVED PER THE ORGANIZATION'S POLICY.

SCHOLARSHIPS ARE EVALUATED AND RANKED BY A THIRD-PARTY VENDOR. PAYMENTS

ARE MADE DIRECTLY TO EDUCATIONAL INSTITUTIONS BY THE THRID PARTY VENDOR.

Page 2

<u>Schedule I (Form 990)</u> 100 CLUB OF ARIZONA 23-7172077 Page **2**

| scriedule i (Form 990) | | | | | ray |
|---|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| Part III Continuation of Grants and Other Assistance to Don | nestic Individuals | (Schedule I (Form 99 | 90), Part III.) | | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| ON-LINE OF DUTY DEATH | 24. | 109,416. | 0 | N/A | N/A |
| N BINE OF BOTT BENTH | 24. | 103,410. | | | N/II |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part I Questions Regarding Compensation

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047 **2022**

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

100 CLUB OF ARIZONA

23-7172077

| | | | Yes | No |
|------------|--|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | Х | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

100 CLUB OF ARIZONA

23-7172077

Page 2

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

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

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

| | | (B) Breakdown of W | V-2 and/or 1099-MISo compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|-------------------------|------|--------------------------|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ANGELA HARROLLE | (i) | 148,838. | 35,000. | 0. | 1,889. | 0. | 185,727. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0, | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| - | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Schedule J (Form 990) 2022 100 CEOB OF ARTZONA | 23-7172077 | Page 3 |
|--|--------------------------------|--------|
| Part III Supplemental Information | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for | or any additional information. | |
| | | |
| | | |
| PART I, LINE 3: | | |
| THE EXECUTIVE COMMITTEE SETS GOALS FOR THE CEO EACH YEAR. COMPENSATION IS | | |
| REVIEWED IN LIGHT OF THE ACHIEVEMENT OF GOALS. | | |
| | | |
| PART I, LINE 7: | | |
| THE CEO RECEIVED A BONUS DURING CALENDAR 2022. THIS WAS BASED ON THE | | |
| DISCRETION OF THE BOARD OF DIRECTORS WHICH WAS BASED ON THE ACHIEVEMENT OF | | |
| GOALS. | | |
| GOALS, | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

100 CLUB OF ARIZONA

Employer identification number 23-7172077

| Par | tΙ | Ιy | pes of Property | | | | | | | | |
|-----|---|----------|------------------------------------|---------------------|-----------------------|-----------------------|---------------|----------------|-----------------------------------|--------|------|
| | | | | (a) | (b) Number of | (c) Noncash cont | ribution | Moth | (d) | ina | |
| | | | | Check if applicable | contributions or | amounts repo | | 1 | od of determing contribution a | • | s |
| | | | | | items contributed | Form 990, Part V | /III, line 1g | | | | |
| 1 | Art - | Works | s of art | | | | | | | | |
| 2 | | | ical treasures | | | | | | | | |
| 3 | Art - | Fraction | onal interests | | | | | | | | |
| 4 | Boo | ks and | publications | | | | | | | | |
| 5 | | | nd household goods | | | | | | | | |
| 6 | Cars | s and c | ther vehicles | | | | | | | | |
| 7 | Boat | ts and | planes | | | | | | | | |
| 8 | Intel | llectual | l property | | | | | | | | |
| 9 | Seci | urities | - Publicly traded | | | | | | | | |
| 10 | Seci | urities | - Closely held stock | | | | | | | | |
| 11 | Seci | urities | - Partnership, LLC, or | | | | | | | | |
| | trust | t intere | ests | | | | | | | | |
| 12 | Seci | urities | - Miscellaneous | | | | | | | | |
| 13 | Qua | lified c | onservation contribution - | | | | | | | | |
| | Histo | oric str | ructures | | | | | | | | |
| 14 | Qua | lified c | onservation contribution - Other | | | | | | | | |
| 15 | Real | l estate | e - Residential | | | | | | | | |
| 16 | Real | l estate | e - Commercial | | | | | | | | |
| 17 | Real | l estate | e - Other | | | | | | | | |
| 18 | | | s | | | | | | | | |
| 19 | | | ntory | | | | | | | | |
| 20 | | | medical supplies | | | | | | | | |
| 21 | | | | I | | | | | | | |
| 22 | | | artifacts | | | | | | | | |
| 23 | | | specimens | | | | | | | | |
| 24 | | | cal artifacts | | | | | | | | |
| 25 | Othe | | AUCTION ITEMS |) X | 37 | | 46,943. | FMV | | | |
| 26 | Othe | er (| OTHER |) X | 3 | | 6,400. | FMV | | | |
| 27 | Othe | er (| |) | | | | | | | |
| 28 | Othe | er (| |) | | | | | | | |
| 29 | Num | nber of | Forms 8283 received by the orga | anization during | g the tax year for co | ontributions | | | | | |
| | for v | vhich t | he organization completed Form | 8283, Part V, D | Oonee Acknowledg | ement | 29 | | | 0 | |
| | | | | | | | | | | Yes | No |
| 30a | Duri | ng the | year, did the organization receive | e by contributio | n any property rep | orted in Part I, line | es 1 throug | gh 28, that it | | | |
| | | | for at least 3 years from the date | | | | | | | | |
| | exer | npt pu | rposes for the entire holding peri | od? | | | | | 30a | | X |
| b | If "Y | es," de | escribe the arrangement in Part II | | | | | | | | |
| 31 | | | | | | 31 | | Х | | | |
| 32a | 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | | | |
| | contributions? | | | | | 32a | | х | | | |
| b | If "Y | es," de | escribe in Part II. | | | | | | | | |
| 33 | If the | e orgar | nization didn't report an amount i | n column (c) fo | r a type of property | for which column | n (a) is che | cked, | | | |
| | desc | cribe in | n Part II. | | | | | | | | |
| ЦΔ | Ec | r Don | erwork Reduction Act Notice s | oo the Instruct | tions for Form 000 | ` | | Soh | edule M (For | ~ 000\ | 2022 |

232142 09-09-22

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

| Name of the organization 100 CLUB OF ARIZONA | Employer identification number 23-7172077 | | |
|--|---|--|--|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | | |
| WHO ARE SERIOUSLY INJURED OR KILLED IN THE LINE OF DUTY, AND TO PROVIDE | | | |
| RESOURCES TO ENHANCE THEIR SAFETY AND WELFARE. | | | |
| | | | |
| FORM 990, PART VI, SECTION A, LINE 1A: | | | |
| THE EXECUTIVE COMMITTEE SHALL CONSIST OF AT LEAST FIVE (5) MEMBERS BEING | | | |
| THE CHAIR, THE VICE CHAIR, THE TREASURER, THE SECRETARY, THE IMMEDIATE PAST | | | |
| CHAIR, AND SUCH OTHER DIRECTORS, IF ANY, AS DESIGNATED BY THE BOARD FROM | | | |
| TIME TO TIME. | | | |
| | | | |
| THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE THE POWERS OF THE BOARD | | | |
| IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION WHILE THE | | | |
| BOARD IS NOT IN SESSION, SUBJECT TO SUCH LIMITATIONS AS MAY BE INCLUDED IN | | | |
| A BOARD RESOLUTION OR AS OTHERWISE PROVIDED IN THE BYLAWS AND THE ARTICLES. | | | |
| | | | |
| THE EXECUTIVE COMMITTEE SHALL FUNCTION PRIMARILY TO PLAN, COORDINATE AND | | | |
| FACILITATE THE ACTIVITIES OF THE BOARD AND ITS COMMITTEES, INCLUDING THE | | | |
| DEVELOPMENT OF THE BOARD'S GOVERNANCE PLANS AND GOALS FOR REVIEW BY THE | | | |
| BOARD. THE COMMITTEE ALSO SHALL OVERSEE AND PERIODICALLY EVALUATE | | | |
| COMPREHENSIVE SHORT AND LONG TERM GOALS AND PLANS FOR THE CORPORATION, | | | |
| WHICH SHALL BE REVIEWED AND ULTIMATELY APPROVED BY THE BOARD. | | | |
| | | | |
| THE EXECUTIVE COMMITTEE SHALL ALSO DEVELOP, IMPLEMENT, AND EVALUATE THE | | | |
| METHOD BY WHICH TO REVIEW THE PRESIDENT'S PERFORMANCE AND SHALL RECOMMEND | | | |
| TO THE BOARD THE ANNUAL COMPENSATION TO BE PAID THE PRESIDENT, WHICH THE | | | |
| BOARD MAY APPROVE OR REJECT IN ITS SOLE AND ABSOLUTE DISCRETION. THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990) 2022 | | |

232211 10-28-22

| Name of the organization 100 CLUB OF ARIZONA | Employer identification number 23-7172077 |
|---|---|
| EXECUTIVE COMMITTEE SHALL FILE ITS REVIEW OF THE PRESIDENT'S PERFORMANCE | · |
| WITH THE BOARD FOR THE BOARD'S REVIEW AND APPROVAL. SUCH REPORT AND REVIEW | |
| SHALL BE CONFIDENTIAL AND ACCESSIBLE ONLY TO MEMBERS OF THE BOARD. | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED | |
| ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS | |
| REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE | |
| THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO | |
| THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH | |
| THE IRS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| EACH BOARD MEMBER SUBMITS A CONFLICT OF INTEREST STATEMENT ANNUALLY. WHERE | |
| A POTENTIAL CONFLICT OF INTEREST IS PRESENT, THE BOARD MEMBER IN QUESTION | |
| RECUSES HER/HIMSELF FROM ANY DISCUSSION OR ACTION. | |
| | |
| WHEN A CONFLICT OF INTEREST ARISES CONCERNING A MATTER REQUIRING ACTION BY | |
| THE BOARD OF DIRECTORS OR ONE OF ITS COMMITTEES, THE INTERESTED PARTY SHALL | |
| DISCLOSE THE CONFLICT AND SHALL NOT PARTICIPATE IN THE DISCUSSIONS OR | |
| DECISION REGARDING THE MATTER. THE MINUTES OF THE MEETING SHALL REFLECT | |
| THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON | |
| DID NOT PARTICIPATE IN THE DISCUSSION OR VOTE. | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| THE ORGANIZATION IMPLEMENTED THE FOLLOWING CEO COMPENSATION POLICY: | |
| THE 100 CLUB OF ARIZONA SHALL (EITHER THE FULL BOARD OR THE | |

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization 100 CLUB OF ARIZONA | Employer identification number 23-7172077 |
| EXECUTIVE/COMPENSATION/REVIEW COMMITTEE) ANNUALLY EVALUATE THE | |
| CEO/PRESIDENT ON HIS/HER PERFORMANCE, AND ASK FOR HIS/HER INPUT ON MATTERS | |
| OF PERFORMANCE AND COMPENSATION. | |
| BOARD APPROVAL - THE (EXECUTIVE/REVIEW COMMITTEE) WILL OBTAIN RESEARCH AND | |
| INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION | |
| (SALARY AND BENEFITS) OF THE CEO/PRESIDENT (AND OTHER HIGHLY COMPENSATED | |
| EMPLOYEES OR CONSULTANTS) BASED ON A REVIEW OF COMPARABILITY DATA FOR | |
| SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR | |
| ORGANIZATIONS. | |
| | |
| CONCURRENT DOCUMENTATION - TO APPROVE THE COMPENSATION FOR THE | |
| CEO/PRESIDENT (OR OTHER HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS), THE | |
| BOARD MUST DOCUMENT HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON | |
| WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION | |
| WAS APPROVED. | |
| INDEPENDENCE IN SETTING COMPENSATION - THE CHAIR OF THE BOARD OF DIRECTORS, | |
| WHO IS A VOLUNTEER AND NOT COMPENSATED BY THE 100 CLUB OF ARIZONA, WILL | |
| OPERATE INDEPENDENTLY WITHOUT UNDUE INFLUENCE FROM THE CEO/PRESIDENT. THE | |
| CHAIR OF THE BOARD OF DIRECTORS WILL ENGAGE A 3RD PARTY TO CONDUCT SALARY | |
| COMPARISONS OF OTHER NONPROFITS OF APPROXIMATE SIZE AS THE 100 CLUB. THIS | |
| INFORMATION IS INCLUDED IN THE INFORMATION USED BY THE BOARD TO BASE ITS | |
| COMPENSATION DECISIONS FOR THE CEO/PRESIDENT AND OTHER HIGHLY COMPENSATED | |
| STAFF MEMBERS OR CONTRACTORS. NO MEMBER OF THE EXECUTIVE OR | |
| COMPENSATION/REVIEW COMMITTEE WILL BE A STAFF MEMBER, THE RELATIVE OF A | |
| STAFF MEMBER, OR HAVE ANY RELATIONSHIP WITH STAFF THAT COULD PRESENT A | |
| CONFLICT OF INTEREST. | |

| Schedule O (Form 990) 2022 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| 100 CLUB OF ARIZONA | 23-7172077 |
| | |
| | |
| THE CEO PERFORMS ANNUAL REVIEWS ON ALL OTHER EMPLOYEES. | |
| | |
| | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFERENCE OF INTEREST TOBICT | |
| AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |