

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning , **and ending**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization 100 CLUB OF ARIZONA		D Employer identification number 23-7172077
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
	5033 N. 19th Ave. 123		602.485.0100
	City or town	State or country	ZIP + 4
	Phoenix	AZ	85015-3226
F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶			

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ www.100club.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,096,163

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		0
	b Direct public support (not included on line 1a)	1b	897,322	
	c Indirect public support (not included on line 1a)	1c	112,885	
	d Government contributions (grants) (not included on line 1a)	1d		0
	e Total (add lines 1a through 1d) (cash \$ 1,010,207 noncash \$ 0)	1e		1,010,207
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
	3 Membership dues and assessments	3		0
	4 Interest on savings and temporary cash investments	4		65,417
	5 Dividends and interest from securities	5		0
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		0	
7 Other investment income (describe ▶)	7		0	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	0	8a	0	
	0	8b	0	
	0	8c	0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	11,250	
	b Less: direct expenses other than fundraising expenses	9b	0	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		11,250
10 a Gross sales of inventory, less returns and allowances	10a	9,289		
	b Less: cost of goods sold	10b	9,650	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		-361	
11 Other revenue (from Part VII, line 103)	11		0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,086,513	
Expenses	13 Program services (from line 44, column (B))	13	847,773	
	14 Management and general (from line 44, column (C))	14	101,806	
	15 Fundraising (from line 44, column (D))	15	15,391	
	16 Payments to affiliates (attach schedule)	16	0	
	17 Total expenses. Add lines 16 and 44, column (A)	17		964,970
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	121,543	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,203,207	
	20 Other changes in net assets or fund balances (attach explanation)	20	68,768	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,393,518

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23 Specific assistance to individuals (attach schedule)	23 551,479	551,479		
24 Benefits paid to or for members (attach schedule)	24 0			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 113,685	84,127	23,874	5,684
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26 167,443	123,908	37,885	5,650
27 Pension plan contributions not included on lines 25a, b, and c	27 0			
28 Employee benefits not included on lines 25a – 27	28 0			
29 Payroll taxes	29 19,986	14,790	4,197	999
30 Professional fundraising fees	30 0			
31 Accounting fees	31 13,830	0	13,830	0
32 Legal fees	32 180	0	180	0
33 Supplies	33 10,086	7,797	1,992	297
34 Telephone	34 4,774	4,105	669	0
35 Postage and shipping	35 6,255	5,888	257	110
36 Occupancy	36 917	789	128	0
37 Equipment rental and maintenance	37 0			
38 Printing and publications	38 34,862	30,288	2,381	2,193
39 Travel	39 5,487	5,276	107	104
40 Conferences, conventions, and meetings	40 0			
41 Interest	41 0			
42 Depreciation, depletion, etc. (attach schedule)	42 3,474	0	3,474	0
43 Other expenses not covered above (itemize):				
a Bank and credit card fees	43a 2,546	572	1,728	246
b Insurance	43b 5,540	5,540	0	0
c Meals	43c 38	38	0	0
d Training costs	43d 402	85	317	0
e Corporation fees	43e 20	0	20	0
f Other professional services	43f 22,126	11,729	10,325	72
g Payroll Service fees	43g 1,840	1,362	442	36
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 964,970	847,773	101,806	15,391

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Assistance to law enforcement officers and their families.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a Direct assistance to individual public safety officers or their families in time of need. The 100 Club provided benefits and assistance to 74 families. (Grants and allocations \$ 342,196) If this amount includes foreign grants, check here <input type="checkbox"/>	469,338
b Contributed to 19 law enforcement agencies. (Grants and allocations \$ 134,179) If this amount includes foreign grants, check here <input type="checkbox"/>	134,179
c Activities that support the public safety officers and their families throughout the year. Ten families were supported in 2006. (Grants and allocations \$ 75,104) If this amount includes foreign grants, check here <input type="checkbox"/>	244,256
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	847,773

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

				(A)		(B)
				Beginning of year		End of year
Assets	45 Cash—non-interest-bearing			70,989	45	170,047
	46 Savings and temporary cash investments			88,447	46	22,193
	47 a Accounts receivable	47a	0			
	b Less: allowance for doubtful accounts	47b	0	0	47c	0
	48 a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 a Investments—publicly-traded securities.	<input type="checkbox"/> Cost	<input checked="" type="checkbox"/> FMV	1,056,640	54a	1,218,432
	b Investments—other securities (attach schedule).	<input type="checkbox"/> Cost	<input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a	0			
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments—other (attach schedule)			0	56	0
	57 a Land, buildings, and equipment: basis	57a	18,592			
b Less: accumulated depreciation (attach schedule)	57b	13,897	8,169	57c	4,695	
58 Other assets, including program-related investments (describe)			0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58			1,224,245	59	1,415,367	
Liabilities	60 Accounts payable and accrued expenses			12,670	60	21,849
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe)			8,368	65	0
66 Total liabilities. Add lines 60 through 65			21,038	66	21,849	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			1,202,948	67	1,270,228
	68 Temporarily restricted			0	68	123,031
	69 Permanently restricted			259	69	259
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			1,203,207	73	1,393,518
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.			1,224,245	74	1,415,367

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,194,558
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1 74,761		
2	Donated services and use of facilities	b2 23,634		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4 0		
	Add lines b1 through b4		b	98,395
c	Subtract line b from line a		c	1,096,163
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2 0		
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	1,096,163

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,004,247
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1 23,634		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4 0		
	Add lines b1 through b4		b	23,634
c	Subtract line b from line a		c	980,613
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2 0		
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	980,613

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Sharon Knutson-F Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title CEO Hr/WK 40	113,685	0	0
Name Joe Scheid Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title President Hr/WK	0	0	0
Name Bob Easton Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Vice President Hr/WK	0	0	0
Name Diane Scherer Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Secretary Hr/WK	0	0	0
Name Jack Cross Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Treasurer Hr/WK	0	0	0
Name Hal Becker Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Director Hr/WK	0	0	0
Name Dennis Compton Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Director Hr/WK	0	0	0
Name Bud Davidson Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Director Hr/WK	0	0	0
Name Ross Dean Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Director Hr/WK	0	0	0
Name Jack Friedland Str 5033 N. 19th Ave. City Phoenix ST AZ ZIP 85015-322	Title Director Hr/WK	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 columns: Question, Yes, No. Rows include 75a (22), 75b, 75c, 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 4 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b.

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Includes rows 82a through 91b with various organizational details and financial information.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, and Subtotal.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					0

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature **Carolyn Sechler** Date **8/22/2007** Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) **P00008030**

Firm's name (or yours if self-employed), address, and ZIP + 4 **Sechler CPA, PC** EIN **86-0859647**

921 E. Orange Dr., Phoenix, AZ 85014 Phone no. **602-230-2700**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

100 CLUB OF ARIZONA

Employer identification number

23-7172077

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Acts with substantial contributors; 2a-e. Financial activities; 3a-d. Grants and services; 4a-c. Donor advised funds; 4d-g. Fund values.

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	923,914	790,681	579,624	296,289	2,590,508
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,866	3,893			13,759
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,558	19,764	14,560	16,549	67,431
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	46,622	47,522	26,366		120,510
23 Total of lines 15 through 22	996,960	861,860	620,550	312,838	2,792,208
24 Line 23 minus line 17	987,094	857,967	620,550	312,838	2,778,449
25 Enter 1% of line 23	9,970	8,619	6,206	3,128	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 55,569
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 2,778,449
d Add: Amounts from column (e) for lines: 18 <u>67,431</u> 19 _____ 22 <u>120,510</u> 26b _____ ▶					26d 187,941
e Public support (line 26c minus line 26d total) ▶					26e 2,590,508
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 93.24%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c 0
d Add: Line 27a total . _____ and line 27b total ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Includes rows 36-44 for Limits on Lobbying Expenditures.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Includes rows 45-50 for 4-Year Averaging Period.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Yes, No, Amount. Includes rows for various lobbying activities (a-i) and a total row.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

100 CLUB OF ARIZONA

Employer identification number

23-7172077

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization 100 CLUB OF ARIZONA	Employer identification number 23-7172077
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 33,172	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 26,901	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization 100 CLUB OF ARIZONA	Employer identification number 23-7172077
--	---

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (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 information once—see instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
2	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
3	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
4	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____
For. Prov. _____ Country _____	

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	631,541	1
2 Membership dues and assessments (contributions from the public)	265,781	2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 _____		5
6 _____		6
7 _____		7
8 _____		8
9 _____		9
10 Total	897,322	10 0
Line 1c - Indirect public support	112,885	
Line 1d - Government contributions (grants)		

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Annual Dinner	.....	.....	.....
1a Number of special events	1	.....	.....	.....
2 Gross receipts	11,250	.....	.....	.....	2 11,250
3 Less contributions	0	.....	.....	.....	3 0
4 Gross revenue	11,250	0	0	0	4 11,250
5 Less direct expenses	0	.....	.....	.....	5 0
6 Net income or (loss)	11,250	0	0	0	6 11,250

Line 10c (990) - Gross Profit from Sale of Inventory

9,289

9,650

-361

Category		Gross Sales	Cost of Goods Sold	Net
1	Misc logo inventory	9,289	9,650	-361
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Line 20 (990) - Other Changes in Net Assets or Fund Balances

68,768

Description		Total
1	Change in market value	74,761
2	Less investment fees	-5,993
3	Misc reconciling difference	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Line 54a (990) - Investments - Publicly-Traded Securities

Check one box below to indicate how securities are reported:

 Cost End of year market value (FMV)

		0	1,056,640	1,218,432	
Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
1	CD Capital One			19,993	0
2	CD Flagstar			19,830	0
3	CD Merrill Lynch			31,416	0
4	CD Providian			30,035	0
5	accrued interest			0	1,786
6	NM Merrill Lynch Corp Bond			24,954	0
7	AIM Large Cap Basic			28,526	32,393
8	AIM Mid Cap			42,100	29,017
9	American Capital World			71,124	87,030
10	American Capital Income Builder			0	50,440
11	American Growth Fund			38,546	42,764
12	Columbia International Value			47,265	0
13	Columbia Mars Co Growth			109,769	109,422
14	Dreyfus Appreciation			80,871	94,021
15	Eaton Vance			22,001	23,503
16	Franklin SM - Mid Cap			41,331	28,985
17	Franklin US Long Short Fund			25,936	25,721
18	America High Income			0	47,402
19	Lord Abbett			55,673	65,475
20	Lord Abbett Mid-Cap			41,161	46,249
21	MFS Value			74,950	90,443
22	Mutual Discovery			30,900	38,012
23	Nuveen International Value			30,607	35,774
24	Nuveen NWQ Multi Cap			57,432	66,492
25	Oppenheimer Capital Appreciation			34,395	36,976
26	Oppenheimer International Bond			23,177	55,532
27	PIMCO All Asset			26,734	27,987
28	Royce Penn Mut			47,917	29,152
29	rounding			-3	2
30	CD FST FED BK Calif FSB			0	19,937
31	CD Glacier BK Whitefish			0	54,644
32	CD Sovereign Bank			0	29,914
33	America Income Fund of America			0	49,359
34					0

Line 57 (990) - Land, Buildings, and Equipment

Land (net of any amortization)		Land (net of any amortization)			
		Beginning		End	
1	1				
2	2				
3	3				
4	4				
5	5				
6	6	0		0	

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	7	18,592	18,592	10,423	13,897
8	8				
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17	18,592	18,592	10,423	13,897
18	18	Buildings and equipment (less accumulated depreciation)		8,169	4,695
19	19	Total land, buildings and equipment		8,169	4,695

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11	0	0	0

Line 65 (990) - Other Liabilities

8,368

0

		Beginning	End
1	Agency funds	8,368	
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 22 (Sch A (990/990-EZ)) - Other Income

Description		(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
1	Event income	46,622	47,522	26,366		120,510
2	.....					0
3	.....					0
4	.....					0
5	.....					0
6	.....					0
7	.....					0
8	.....					0
9	.....					0
10	.....					0
Total of Other Income		46,622	47,522	26,366	0	120,510

Line 10c (990) - Gross Profit from Sale of Inventory

9,289

9,650

-361

Category		Gross Sales	Cost of Goods Sold	Net
1	Misc logo inventory	9,289	9,650	-361
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

The 100 Club
2004 Form 990
Part V, Board of Directors, cont
EIN 86-0718936

a	b	c	d	e
Easton, Bob 5301 W. Avenida Comba Tucson, AZ 85745	Southern Arizona Liaison 2	0	0	0
Friedland, Jack A. M.D. 101 E. Coronado Rd Tucson, AZ 85745	Medical Liaison 2	0	0	0
Handy, LT., Robert D 23821 N. 64th Ave. Glendale, AZ 85310	Director 2	0	0	0
Hester, Mark S. 3221 N. 16th St. #300 Tucson, AZ 85745	Corporate Membership Chair 2	0	0	0
Horrell, Steve B. 4350 E. Camelback F150 Phoenix, AZ 85018	Director 2	0	0	0
Irish, Robert, C P.O. Box 10504 Sedona, Arizona 86339	Northern Arizona Liaison 2	0	0	0
Thomas Jonovich 2398 E. Camelback Rd., #8002 Phoenix, AZ 85016	Past President	0	0	0
Khan, Bob 150 S. 12th Street Phoenix, AZ 85034	Director 2	0	0	0
Lang, Jr., Howard M. 535 N. Cactus Rd. Apache Junction, AZ 85219	Chair of ByLaw Committee 2	0	0	0
Leal, Steve 4300 S. Park Tucson, AZ 85714	Director 2	0	0	0
Scheid, Joe 4350 E. Camelback Rd. Suite F-150 Phoenix, AZ 85018	Vice President 2	0	0	0
Tuttle, Steve 7860 E. McClain Drive, Suite 22 Scottsdale, AZ 85260-1627	Director	0	0	0
		<hr/>		
		<hr/>	0	0
		<hr/>	0	0