			EXTENDED TO MAY 15, 2023		
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	except private foundation	
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it m		Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
		1		JUN 30, 2022	
Β	Check if applicab	ble: C Name of	organization	D Employer identific	ation number
	Addre	ess THE	100 CLUB, INC.		
			isiness as	74-150920	04
	chang Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/si		
	Final	6919	PORTWEST DRIVE, STE 150	713-952-0	
	⊥returr termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	63,443,314.
	Amer returr	ided UOTTC	TON, TX 77024	H(a) Is this a group re	
	Appli tion	^{ca-} F Name ar	nd address of principal officer: JAMES R. GRAVES, JR.	for subordinates'	
	pend		AS C ABOVE	H(b) Are all subordinates in	
		empt status: 🗌			list. See instructions
			THE100CLUB.ORG	H(c) Group exemption	-
		f organization:	X Corporation I Trust Association I Other ► I Y	ear of formation: 1960 M	State of legal domicile: $\mathbf{T}\mathbf{X}$
Pa	art I				
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE	DULE O.	
Jan					
/err	2		if the organization discontinued its operations or disposed of n		sets. 28
ģ	3				28
<u>م</u>	4		ependent voting members of the governing body (Part VI, line 1b)		4
Activities & Governance	5		of individuals employed in calendar year 2021 (Part V, line 2a)		46
Stiv	72		of volunteers (estimate if necessary) I business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
	<u> </u>	Hot annolatou		Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	3,773,159.	5,154,307.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	2,424,594.	14,637,870.
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,701.	83,054.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,376,454.	19,875,231.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	1,126,147.	1,510,919.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)	583,034.	642,067.
Expenses			indraising fees (Part IX, column (A), line 11e)	0.	0.
ДĂ			ng expenses (Part IX, column (D), line 25) • 0 •	885,202.	875,497.
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,594,383.	3,028,483.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	3,782,071.	16,846,748.
es	19	Revenue less		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	art X, line 16)	45,717,899.	41,759,030.
Ass Ba	21		(Part X, line 26)	146,189.	148,195.
Punc	22		und balances. Subtract line 21 from line 20	45,571,710.	41,610,835.
		Signature		· · · · ·	-
Und	er pen	alties of perjury, l	declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sia	-	Signature	of officer	Date	

Sign	Signature of officer	Date					
Here	WILLIAM SKEEN, EXECUTI						
	Type or print name and title						
	Print/Type preparer's name	Preparer's gignature P. 10	Date Check	PTIN			
Paid							
Preparer	Firm's name HAM , LANGSTON &		Firm's EIN 76 -	0448495			
Use Only	Firm's address ⊾ 11550 FUQUA, SUI	TE 475					
	Phone no. 281 - 43	81-1040					
May the II	RS discuss this return with the preparer shown ab	ove? See instructions		Yes No			
				000			

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) THE 100 CLUB, INC.	74-1509204	Pag
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		
•	SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X
	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? If "Yes," describe these changes on Schedule O.	Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 227,586. including grants of \$ 117,492.) (Revenue PROVIDING LIFE PROTECTING EQUIPMENT FOR LAW ENFORCEMENT	AGENCIES IN	I
	EIGHTEEN COUNTIES SURROUNDING HOUSTON	nonucino in	•
łb	(Code:) (Expenses \$ 1,484,891. including grants of \$ 1,341,110.) (Revenue		
HD	(Code:)(Expenses 1,484,891. including grants of 1,341,110.) (Revenue PROVIDING FINANCIAL ASSISTANCE TO FAMILIES OF POLICE OF		
	FIREFIGHTERS KILLED OR SUSTAINING SERIOUS INJURY IN THE		Ϋ́
łc	(Code:) (Expenses \$ 122,886. including grants of \$ 52,317.) (Revenue	ue \$	
	PAYMENT FOR SCHOLARSHIP AND EDUCATIONAL PROGRAMS		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 190,884 · including grants of \$) (Revenue \$)	
1e	Total program service expenses ► 2,026,247.		000
		Form	990 (2
2002	2 12-09-21 3		
80	501 742224 1008 2021.05080 THE 100 CLUB, INC.	100	8
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Form	990	(2021)	۱

THE 100 CLUB, INC. 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		X
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	-		
4	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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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,			
	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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
132003	3 12-09-21	Form	990	(2021)

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 Form 990 (2021)
 THE 100 CLUB, INC.

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	^	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24a	Schedule J 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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	23		
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If</i> "Yes," <i>complete</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
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? If "Yes," complete Schedule L, Part IV	28a	x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		^
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1	34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in box 3 of Earm 1096. Enter 0, if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
32004	\$ 12-09-21 5	Form	990	(2021
80	501 742224 1008 2021.05080 THE 100 CLUB, INC.	100	8	2
			_	_

Form 990	
Part V	Sta

 021)
 THE 100 CLUB, INC.

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ſ
	filed for the calendar year ending with or within the year covered by this return 2a 4			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	I
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			I
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		I
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		l
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
u		6a		
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b		Gh		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7	x	l
a L	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 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			l
2a	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 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			l
с	Enter the amount of reserves on hand 13c			l
	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
5	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?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
		16		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
6	lf "Vas " complete Form 1720. Schedule O			ļ
	If "Yes," complete Form 4720, Schedule O.			1
16 17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		I
		17		ļ

Form 990	(2021))
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THE 100 CLUB, INC.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_						X
Sec	tion A. Governing Body and Management					
					Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	<u>s</u>		
	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	2	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip witl	n any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under t					Γ
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
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 a					Γ
	more members of the governing body?	• •		7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					T
~	persons other than the governing body?		,	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					f
	The governing body?	-	-	8a	x	
a b	Each committee with authority to act on behalf of the governing body?			8b	X	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				<u> </u>	┢
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal F			9		
		leven			Yes	
0-	Did the organization have local chapters, branches, or affiliates?			10a	103	Ľ
				10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such of			101-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	┢
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay ber	ore filing the form?	11a		┝
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	x	
	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 ris			12b	<u>^</u>	┢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				v	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	┢
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv		· · · · · · · · · · · · · · · · · · ·			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	on's			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	90-T (section 501(c)(3)s only	/) avai	lab
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	t of interest policy, a	nd fina	ncial	
	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 b	ooks a	and records 🕨			
	WILLIAM F. SKEEN - 713-952-0100					
	6919 PORTWEST DRIVE, STE 150, HOUSTON, TX 77024					
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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, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and the Average hours per week ist any hours for ganization organization rom below Reportable compensation from organization (V-2/1099-MISC/ 1099-NEC) Estimated automation from below (1) WILLIAW F. SKEEN 40.00 X X 242,163. 0. 35,212. (1) WILLIAW F. SKEEN 40.00 X X 242,163. 0. 35,212. (1) WILLIAW F. SKEEN 0.00 X X 118,366. 0. 28,177. (3) ANME FRENCH 0.00 X 0. 0. 0. (4) BARKY SILVERMAN 0.00 X 0. 0. 0. (5) NOE JAWRENCE 0.00 X 0. 0. 0. (5) SOE JAWRENCE 0.00 X 0. 0. 0. DIRECTOR X 0.0 0. 0. 0. 0. 0. (6) CARCHARCE 0.00 X 0. 0. 0. 0. DIRECTOR X 0. 0.	(A)	(B)			(0	C)		loui	(D)	(E)	(F)
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employee	es (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
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	week		cer an	uau	Irecto	n/irus	lee)	from	from related			other	
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	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	0/		m the nizati	
	organizations	ruste	l trus		ee	mpen		1099-NEC)	1033-1120)		Ũ	relat	
	below	Individual trustee or director	Institutional trustee	_	ƙey employee	st co	5	10001120)			orga		
	line)	Indivi	In stitu	Officer	Key ei	Highest compensated employee	Former						
(18) GEORGE GEORGIADES	0.00												
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(19) GEORGE R BOLIN	0.00												
DIRECTOR		Х						0.		0.			0.
(20) HOWARD D. MOON	0.00												
DIRECTOR		Х						0.		0.			0.
(21) J. J. RUFFINO	0.00												
DIRECTOR		Х						0.		0.			0.
(22) J.L. "BUBBA" BUTERA	0.00												
DIRECTOR		Х		Х				0.		0.			0.
(23) JAMES R. GRAVES, JR.	0.00												
CHAIRMAN OF THE BOARD		Х						0.		0.			0.
(24) JERRY CREWS	0.00												
DIRECTOR		Х						0.		0.			0.
(25) JODIE LEE JILES	0.00												
DIRECTOR		Х						0.		0.			0.
(26) JOHN J. MONTALBANO	0.00												
DIRECTOR		Х		Х				0.		0.			0.
1b Subtotal								360,529.		0.	63	3,3	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								360,529.		0.	63	3,3	89.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed a	bov	e) wł	no r	received more than \$100	,000 of reportable	Э			_
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer,			key e	emp	loye	e, o	' hig	phest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	-		-						-				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	-				-			-					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•								pensa	ation fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	ithir		/ear.				
(A) Name and business	addross							(B) Description of s	onvicos	C	(C) ompen		n
MISSION CONSTRUCTION	auuress						_	Description of s	ervices	0	ompen	Satio	
		m		770	00	0		REMODELING			184	0	11
3813 BUFFALO SPEEDWAY, HO	JUSION,	14	2	//	090	0	-	REMODELTING			104	•,9	<u>+</u> + •
							_						
							_						
							-						
2 Total number of independent contractors (ii	ncluding but n	0t II	mita	d to	the	eo 16	ator	l above) who received ~	ore than				
 100,000 of compensation from the organiz 		UL II	mie	u 10		se ii: 1	5180	a above, who received m					
SEE PART VII, SECTION		ידי	JUZ	\ፓ'			SH.	EETS			Form 9	90 /	2021)
132008 12-09-21													-921)
						9							

THE 100 CLUB, INC.

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Part VII Section A. Officers, Directors (A)	(B)		,	<u>, u</u>				(D)	(E)	(F)
Name and title	Average				, ition			Reportable	Reportable	Estimated
	hours	(cl	heck				lv)	compensation	compensation	amount of
	per	`					,,	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	npens				and related organizations
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN R. BRANIFF	0.00	_	-		-	-	4			
DIRECTOR		x						0.	0.	0.
(28) JOHN VAN DE WIELE	0.00									
DIRECTOR		х						0.	0.	0.
(29) KENNETH E. MOORE	0.00									
DIRECTOR		х		х				0.	0.	0.
(30) MARK A TURZILLO	0.00									
VICE PRESIDENT		х						0.	0.	0.
(31) MICHAEL R. HARRIS	0.00									
VICE PRESIDENT		Х						0.	0.	0.
(32) MIKE SULLIVAN	0.00							_		
DIRECTOR		Х						0.	0.	0.
(33) MORTON A. COHN	0.00									
DIRECTOR		Х						0.	0.	0.
(34) PATRICK B. COLLINS	0.00								•	
DIRECTOR		X						0.	0.	0.
(35) RANDY RUSSELL	0.00								0	0
DIRECTOR		Х						0.	0.	0.
(36) RAY GARCIA	0.00	37							0	0
VICE PRESIDENT		Х						0.	0.	0
(37) RICHARD C. KURIGER, III	0.00	v						0	0.	0
DIRECTOR	0.00	Х						0.	0.	0.
(38) ROBERT "TED" LYONS	0.00	x		х				0.	0.	0.
DIRECTOR	0.00	^		^				0.	0.	0.
(39) ROSS D. MARGRAVES, JR.	0.00	x						0.	0.	0.
DIRECTOR (40) TEMPLE WEBBER	0.00	^						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(41) THOMAS E. PIZZO, JR.	0.00								0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(42) THOMAS J. ARCHER	0.00								0.	
DIRECTOR		x						0.	0.	0.
(43) TODD W. NEAL	0.00	<u> </u>	\vdash					<u>.</u>	5.	
DIRECTOR		х		x				0.	0.	0.
(44) TOMMY THOMAS	0.00			-					•••	
DIRECTOR		x						0.	0.	0.
(45) TONY SILVA	0.00								-	
DIRECTOR		х						0.	0.	0.
(46) TYSON FAUST	0.00									
DIRECTOR		х						0.	0.	0.

132201 04-01-21

10 2021.05080 THE 100 CLUB, INC.

Form 990 THE 100 C	CLUB, IN	JC .	•						74-150	9204
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) WILLIE ALEXANDER	0.00	v						0	0	0
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

132201 04-01-21

		/111									
			Check if Schedule O	conta	lins a res	oonse	or note to any lin	ie in this Part VIII (A)	(B)	(C)	<u> </u>
								Total revenue	Related or exempt function revenue		Revenue excluded from tax under
ts s	1	2	Federated campaigns		1a						sections 512 - 514
nu			Membership dues				1,691,888.				
٦ ۳			Fundraising events			-	, , .				
ifts ar A			Related organizations								
a, G			Government grants (conti								
Sil			All other contributions, gifts,								
her			similar amounts not included				3,462,419.				
ĘĐ			Noncash contributions included in				· / - · - / · ·				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f					5,154,307.			
				<u></u>			Business Code	, , .			
Ð	2	а									
, vi		b									
Ser		c									
e e e		d									
Program Service Revenue		e									
Pro			All other program service	reven	nue						
			Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)	-				1,230,221.			1230221
	4		Income from investment of								
	5		Royalties								
			,		(i) Re		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	s)			►				
	7		Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	56,954	,733.					
		b	Less: cost or other basis								
an			and sales expenses	7b	43,547	,084.					
Revenue		с	Gain or (loss)	7c	13,407	,649.					
		d	Net gain or (loss)				►	13,407,649.			13407649
her			Gross income from fundraisi								
ft			including \$		of						
			contributions reported on	n line 1	1c). See						
			Part IV, line 18			. 8a	104,053.				
			Less: direct expenses				20,999.				
		с	Net income or (loss) from	fundr	raising ev	ents	►	83,054.			83,054
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			ies	🕨				
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of inven	tory					
s							Business Code				
Miscellaneous Revenue	11	а									
ent		b									
Jev Jev		С									
Mis			All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons .			🕨	19,875,231.	0.	0.	14720924 Form 990 (2021

THE 100 CLUB, INC.

Form 990 (2021)

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THE 100 CLUB, INC.

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

Da	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	117,492.	117,492.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	1,393,427.	1,393,427.		
3	Grants and other assistance to foreign				
Ŭ	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,				
-	trustees, and key employees	423,918.	242,141.	181,777.	
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	105,642.	56,721.	48,921.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,479.	19,759.	13,720.	
9	Other employee benefits	48,242.	26,333.	21,909.	
10	Payroll taxes	30,786.	17,850.	12,936.	
11	Fees for services (nonemployees):	-			
а	Management				
	Legal	6,138.		6,138.	
	Accounting	30,780.		30,780.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	120,712.		120,712.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	22,970.		22,970.	
14	Information technology	62,870.		62,870.	
15	Royalties				
16	Occupancy	62,778.	3,236.	59,542.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,179.	11,086.	17,093.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,151.		29,151.	
23	Insurance	30,106.		30,106.	
24	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.)				
а	MEMBERSHIP	248,782.		248,782.	
b	AWARDS BANQUET	119,241.	119,241.		
c	UNCOLLECTED PLEDGES	62,600.		62,600.	
d	PRINTING AND MAILOUTS	20,597.	13,154.	7,443.	
е	All other expenses	30,593.	5,807.	24,786.	
25	Total functional expenses. Add lines 1 through 24e	3,028,483.	2,026,247.	1,002,236.	0
26	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)				

132010 12-09-21

13280501 742224 1008

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	-	Accounts receivable, net		-	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
◄	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a370,607Less: accumulated depreciation10b208,707	•		
	b	Less: accumulated depreciation 10b 208,707		10c	161,900.
	11	Investments - publicly traded securities	44,128,285.	11	40,161,393.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	102,952.	15	13,334.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	45,717,899.	16	41,759,030.
	17	Accounts payable and accrued expenses	44,086.	17	37,614.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	102,103.	25	110,581.
	26	Total liabilities. Add lines 17 through 25	146,189.	26	148,195.
s		Organizations that follow FASB ASC 958, check here \blacktriangleright			
Ce		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	25,704,173. 15,906,662.
аВ	28	Net assets with donor restrictions	16,712,330.	28	15,906,662.
Fund Balances		Organizations that do not follow FASB ASC 958, check here 🕨 📖			
F		and complete lines 29 through 33.			
ts e	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets o	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	45,571,710.	32	41,610,835.
	33	Total liabilities and net assets/fund balances	45,717,899.	33	41,759,030.
					Form 990 (2021)

THE 100 CLUB, INC.

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

Cash - non-interest-bearing

2 Savings and temporary cash investments

3 Pledges and grants receivable, net

4 Accounts receivable, net

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1 2

3

4

(B) End of year

1,189,879.

232,524.

(A)

Beginning of year 1,250,997.

235,665.

Form 990 (2021) Part X Balance Sheet

1

Form	1990 (2021) THE 100 CLUB, INC.	74-	1509204	Pag	ge 12
Pa	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	19,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,028		
3	Revenue less expenses. Subtract line 2 from line 1	3	16,840		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,57		
5	Net unrealized gains (losses) on investments	5	-20,80'	7,6	23.
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	41,61	0,8	35.
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	e 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	d 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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud			v
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

132012 12-09-21

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Department of the Treasury

Internal Revenue Service

(Form 990)

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-FZ

Attach to Form 550 of Form 550-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Nam	le of t	he organization ராபா	100 CLUB,	TNC					identification number $4-1509204$	
Pa	rt I	Reason for Public (omploto ti	aic part) S			4-1309204	
								IS.		
	organ	ization is not a private found								
1		A church, convention of ch	•			on 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative					•			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	Χ	An organization that norma	•				. ,	he general	public described in	
		section 170(b)(1)(A)(vi). (C			5			5	•	
8		A community trust describe		1)(A)(vi), (Complete Par	H II)					
9	\square	An agricultural research org				ed in coniu	inction with a	land-grant	college	
5		or university or a non-land-g								
		-	grant college of agric			name, ony		r the colleg	60	
10		university:	II	then 00 1/00/ of its own					ad awaaa waaalata fuana	
10		An organization that norma								
		activities related to its exen								
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•							
11	\square	An organization organized a	-	•	-					
12		An organization organized a								
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section {	5 09(a)(3). (Check the box on	
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), f	typically by	' giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting	
		organization. You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.	-					
с		Type III functionally inte	•		in connec	tion with. a	and functiona	llv integrat	ed with.	
		its supported organization	• • • •					.,		
d		Type III non-functionally						rted organi	zation(s)	
u	L	that is not functionally int	• •					°.		
					•		-	u an alleni	IVEIIESS	
		requirement (see instruct	-							
е		Check this box if the orga					а туре ї, туре	II, Type III		
		functionally integrated, or		nally integrated support	ing organi	zation.				
		er the number of supported of								
g		vide the following information		· · ·	(iv) Is the orga	nization listed	(1) (an an atom ((ui) Amount of other	
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	Support (See il	1311 40110113/		
Tota										

Schedule A	(Form	990)	2021

THE 100 CLUB, INC.

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

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3872432.	2578969.	4572678.	3773159.	5154307.	19951545.
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 \dots						
4	Total. Add lines 1 through 3	3872432.	2578969.	4572678.	3773159.	5154307.	19951545.
5	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)						
	Public support. Subtract line 5 from line 4.						19951545.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3872432.	2578969.	4572678.	3773159.	5154307.	19951545.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1611120.	691,042.	515,058.	2424594.	14637870.	19879684.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						39831229.
	Gross receipts from related activities,					12	615,764.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
_	organization, check this box and stor		•				
	ction C. Computation of Publ						
	Public support percentage for 2021 (14	50.09 %
	Public support percentage from 2020					15	74.55 %
16a	33 1/3% support test - 2021. If the c	-					
_	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
_	meets the facts-and-circumstances te	-		• • • •			
k	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17t	b, check this box a		
						Schedule A	(Form 990) 2021

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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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e	e) 2021	(f) Tota	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	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								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and				l I				
	3 received from disqualified persons								
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								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support			•	•				
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(6	e) 2021	(f) Tota	I
9	Amounts from line 6						-		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is								
2	regularly carried on Other income. Do not include gain								
-	or loss from the sale of capital								
2	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)	i	Level and all the local	(0)		
14	First 5 years. If the Form 990 is for th	le organization's f	irst, secona, thira,	fourth, or fifth tax	year as a section :	5U1(C)(3) organizati	on, ►	
20	check this box and stop here	ic Support Pe						····· 🚩	
	Public support percentage for 2021 (I		-	column (f))		15			%
16	Public support percentage for 2021 (i Public support percentage from 2020					16			%
	ction D. Computation of Invest			· · · · · · · · · · · · · · · · · · ·					70
	Investment income percentage for 20					17			%
						18			%
	33 1/3% support tests - 2021. If the						/ and line 1	7 is not	70
92							%, and line i		
	more than 33 1/3%, check this box at						- 00 1 /00/	P	
C	33 1/3% support tests - 2020. If the								
20	line 18 is not more than 33 1/3%, che								\square
	Private foundation. If the organizatio	n ala not check a	box on line 14, 19	a, or 19b, check t	his box and see ins				
320:	23 01-04-22			18			Schedule A	(⊢orm 990)	2021
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οl)501 742224 1008	∠0.	7100CO 1	тив тоо С.	LUD, INC.			1008	- 2

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
-			Yes	No
1	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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			

			•		•	
significant voice in the organiza	ation's investmer	nt policies and i	n directing the	use of the org	ganization's	
income or assets at all times d	uring the tax yea	r? If "Yes," des	cribe in Part VI	the role the c	organization's	
supported organizations played	l in this regard.					

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 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 these activities but for the organization's involvement.
- 3 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.**
- 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.* 132025 01-04-22

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Schedule A (Form 990) 2021

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					a)(3) Supporting Organizations
Schedule	A (Form 990) 202	THE	100	CLUB,	INC.

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
:	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

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Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ns 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

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SCHEDULE D (Form 990)	Complete if the	ntal Financial S organization answered "Y 9, 10, 11a, 11b, 11c, 11d, 11	es" on Form 990,		OMB No. 1545	1
Department of the Treasury Internal Revenue Service	►Go to www.irs.gov/Fo	Attach to Form 990. rm990 for instructions and	the latest informatio	n.	Open to Po Inspection	
Name of the organizati					yer identification r $74 - 150920$	
	ations Maintaining Donor Adv	vised Funds or Other	Similar Funds or	Account	S.Complete if the	
organizatio	n answered "Yes" on Form 990, Part I	V, line 6. (a) Donor advise	ad funda	(b) Eurodo	and other accounts	
1 Total number at er	ad of year			(b) Fullus		
	nd of year f contributions to (during year)					
	of grants from (during year)					
	t end of year					
-	on inform all donors and donor advisor	-				
	on's property, subject to the organizati				Yes	No
•	on inform all grantees, donors, and dor	• •				
impermissible priv	ooses and not for the benefit of the do			rerring	Yes	
	ation Easements. Complete if th	e organization answered "Ye		IV, line 7.	163 [<u> </u>
	servation easements held by the orgar			,		
Preservation	n of land for public use (for example, re	ecreation or education)	Preservation of a hi	storically im	portant land area	
	of natural habitat		Preservation of a ce	ertified histo	ric structure	
	n of open space					
2 Complete lines 2a day of the tax year	through 2d if the organization held a c	qualified conservation contril	bution in the form of a		on easement on the eld at the End of the T	
						axita
	onservation easements					
	vation easements on a certified histori					
	vation easements included in (c) acqu					
listed in the Natior	nal Register			. 2d		
	vation easements modified, transferre			anization du	uring the tax	
year 🕨						
	where property subject to conservatio					
•	tion have a written policy regarding the		, C		Yes	No
	forcement of the conservation easeme er hours devoted to monitoring, inspec		and enforcing conserv			
	Thous devoted to monitoring, inspec	ang, nanaling of violations, a			icints during the yea	
7 Amount of expens	ses incurred in monitoring, inspecting,	handling of violations, and e	nforcing conservation	easements	during the year	
►\$		-	-			
8 Does each conser	vation easement reported on line 2(d)	above satisfy the requirement	nts of section 170(h)(4)(B)(i)		
)(4)(B)(ii)?				Yes	No
	be how the organization reports conse		-			
	d include, if applicable, the text of the	footnote to the organization	's financial statements	that descril	bes the	
Part III Organiza	ounting for conservation easements. ations Maintaining Collection	s of Art. Historical Tr	easures. or Othe	r Similar	Assets.	
	f the organization answered "Yes" on I		,			
1a If the organization	elected, as permitted under FASB AS	C 958, not to report in its re	venue statement and I	balance she	et works	
of art, historical tre	easures, or other similar assets held fo	r public exhibition, education	n, or research in furthe	rance of pu	blic	
	Part XIII the text of the footnote to its					
	elected, as permitted under FASB AS					
	sures, or other similar assets held for p	oublic exhibition, education, o	or research in furthera	nce of publi	c service,	
•	ing amounts relating to these items:			▶ ¢		
	ided on Form 990, Part VIII, line 1 ed in Form 990, Part X					
	received or held works of art, historica			···· * * -		
-	unts required to be reported under FA		-	/		
	on Form 990, Part VIII, line 1			🕨 💲		
b Assets included in	Form 990, Part X			🕨 \$		
-	eduction Act Notice, see the Instruc	tions for Form 990.		Sc	hedule D (Form 99) 0) 202
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		CLUB, INC				1509204 Page 2
	t III Organizations Maintaining C					
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that make	significant use of	its
	collection items (check all that apply):					
a		C		change program		
b	Scholarly research	e	• U Other			
С	Preservation for future generations					
4	Provide a description of the organization's c					Part XIII.
5	During the year, did the organization solicit of			•		
De	to be sold to raise funds rather than to be m					
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Yes" o	n Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod					
	on Form 990, Part X?					└── Yes └── No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	blowing table:			Amount
						Amount
	Beginning balance					
	Additions during the year					
-	Distributions during the year					
f	Ending balance		01 (1f	
	Did the organization include an amount on F					Yes No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					·····
Fai	Endowment Funds. Complete	(a) Current year	(b) Prior year			ick (e) Four years back
4	Designing of year belongs	(a) Ourrent year				
	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
	Administrative expenses					
-	End of year balance					
2	Provide the estimated percentage of the cur	rrent year end baland		(a)) held as:		
a	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
с		<u>%</u>				
0-	The percentages on lines 2a, 2b, and 2c sho	•		and a desirate weat for	41	
Ja	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organization	Yes No
	by:					
	(i) Unrelated organizations					
h	(ii) Related organizations		ived on Cohodulo D			3a(ii)
	If "Yes" on line 3a(ii), are the related organiza					3b
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owment tunds.			
Fai	Complete if the organization answere		0 Part IV line 11a	Soo Form 000 Part	(line 10	
	· · ·				-	
	Description of property	(a) Cost or o basis (investi			Accumulated epreciation	(d) Book value
4.0	Land	· · · ·			oprobation	
	Land					
	Buildings		245		70,671.	158,574.
	Leasehold improvements				138,036.	3,326.
	Equipment					5,520.
	Other			100)		161,900.
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	л, coiumn (B), line	IUC.)	🕨	TOT,900.

Schedule D (Form 990) 2021

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or 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" of	on Form 000, Dort IV, line	11a Saa Form 000 Dart V line 12	
			of yoor market yok o
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	oryear 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.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)	-		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Wart X ()thar Liphilitian			
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of 1. (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION (3) (4) (5) (6) (7)			(b) Book value

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

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 THE 100 CLUB, INC.			74-	1509204	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue per R	etur	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	-932	,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a -	20,807,623.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-20,807	
3	Subtract line 2e from line 1			3	19,875	,231.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	19,875	<u>,231.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	3,028	,483.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	2 b				
С	Other losses	. 2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,028	,483.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,028	,483.
Pa	rt XIII Supplemental Information.					
_						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2021

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SCHEDULE G (Form 990)													
	C	-	entered more than \$1Attach to Form 990			-			LUL Open to Public				
Department of the Treasury Internal Revenue Service	► Go		.gov/Form990 for instr				ion.		Inspection				
Name of the organizatio	n THE 100	CLUB,	INC.					Employer ide	entification number 9204				
	complete this par		the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not				
 Indicate whether th a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	ne organization rais tions I email solicitations itations Dicitations on have a written o ted in Form 990, P D highest paid indiv	sed funds thi s or oral agreer art VII) or en viduals or en	f Solicita g Special ment with any individua tity in connection with p tities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes					
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
				Yes	No				+				
									<u> </u>				
									+				
-													
			ed or licensed to solicit		outions	s or has been notified	l d it is	exempt from r	registration				
		-						-					
LHA For Paperwork R	eduction Act Not	ice, see the	Instructions for Form	990 or	990-1	ΕΖ.		Schedul	e G (Form 990) 2021				

132081 10-21-21

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
er			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	104,053.			104,053.
	2	Less: Contributions				
			104,053.			104,053.
	3	Gross income (line 1 minus line 2)	104,055.			104,055.
	4	Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	20,999.			20,999.
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I				20,999. 83,054.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	0070010
		\$15,000 on Form 990-EZ, line 6a.	1			1
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Ä	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	└── No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9		ter the state(s) in which the organization cond				
		the organization licensed to conduct gaming a No," explain:				L Yes No
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or to	erminated during the tax	year?	🔄 Yes 🔛 No
b	lf "	Yes," explain:				
13208	32 10	0-21-21			Sche	edule G (Form 990) 2021

Sche	edule G (Form 990) 2021	THE	100	CLUB,	INC.	5	4-1509204 Pag	je 3
	, ,							No
						er of a partnership or other entity formed		
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gamin	g activity	conduc	cted in:				
а	The organization's facility						13a	%
								%
14	Enter the name and address of th	ne person	n who pr	epares the	organizatio	on's gaming/special events books and records	3:	
	Nama							
	Name 🕨							
	Address ►							
15a	Does the organization have a cor	ntract with	h a third	party from	whom the	organization receives gaming revenue?	Yes	No
						on > \$ and the amoun	nt	
	of gaming revenue retained by th							
С	If "Yes," enter name and address	s of the th	ird party	y:				
	Name							
	Name							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	▶ \$						
		•						
	Description of services provided							
	Director/officer	Em Em	nployee		🗌 Inde	pendent contractor		
17	Mandatory distributions:							
а	Is the organization required unde	r state lav	w to ma	ke charitab	le distribut	ons from the gaming proceeds to		
								No
		-				ted to other exempt organizations or spent in	the	
Par	organization's own exempt activit					quired by Part I, line 2b, columns (iii) and (v); a	and Dart III, Jinaa O. Ob. 1(06
1 41				-		al information. See instructions.	.nu Fait III, III es 9, 90, 10	00,
	100, 100, 10, and 170, at	applica		provide al	iy addition			
13208	3 10-21-21						Schedule G (Form 990) 2	2021
~ ~ ~	F01 F40004 1000			0001	0 - 0 0 0	30	1000	~

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2021.05080 THE 100 CLUB, INC.

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132084 11-18-21		Schedule G (Form 990)
280501 742224 1008	31 2021.05080 THE 100 CLUB, INC.	10082

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	m 990) 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. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. e of the organization													
Name of the organization							Employer identification number							
THE 10 Part I General Information on Gra	0 CLUB, INC.						74-1509204							
 Does the organization maintain red criteria used to award the grants of Describe in Part IV the organization 	cords to substantiate the or assistance?	-												
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.														
I (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)														
MONTGOMERY POLICE DEPARTMENT 101 OLD PLANTERSVILLE ROAD MONTGOMERY, TX 77316			46,336.	0.			OFFICER SAFETY EQUIPMENT							
ROMAN FOREST POLICE DEPARTMENT 2430 ROMAN FOREST BLVD ROMAN FOREST, TX 77357			8,656.	0.			OFFICER SAFETY EQUIPMENT							
MISSOURI CITY POLICE DEPARTMEN 3849 CARTWRIGHT ROAD MISSOURI CITY, TX 77459	т		62,500.	0.			OFFICER SAFETY EQUIPMENT							
 2 Enter total number of section 501(3 Enter total number of other organia 			ne line 1 table	L	l		└ 							

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

Schedule I (Form 990) 2021

Page 2

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
CHOLARSHIPS - DETAIL PROVIDED UPON REQUEST	9	52,317.	. 0.		
SURVIVOR BENEFITS - DETAIL PROVIDED UPON REQUEST	27	1,341,110.	. 0.		

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

SC	HEDULE J		OMB No. 1545-0047					
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91			
•	,	Compensated Employees		20		ł		
Deres		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	ne of the organizatio		Employer ic	er identification numbe				
		THE 100 CLUB, INC.	74-1	50920	4			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or d	harter travel Housing allowance or residence for perso	onal use					
	Travel for com	panions Payments for business use of personal re	sidence					
		ation and gross-up payments Health or social club dues or initiation fee	s					
	X Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	X			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
3	,	ny, of the following the organization used to establish the compensation of the organization'						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant Compensation survey or study						
	Form 990 of o	ther organizations Approval by the board or compensation of	committee					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re					v		
a		e payment or change-of-control payment?				X X		
b		eive payment from a supplemental nonqualified retirement plan?				A X		
С		eive payment from an equity-based compensation arrangement?		4c				
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only postion E01	(2) 501(c)(4) and 501(c)(20) argumentations must complete lines 5.0						
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
J	contingent on the r							
-	U			5a		x		
h	Any related organiz	ation?		5a 5b		X		
D.		pr 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
Ŭ	contingent on the r		011					
а	-			6a		x		
		ation?				X		
-		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment.	s					
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
-		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
-		n 53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2021		

74-1509204

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	/-2 and/or 1099-MIS 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) WILLIAM F. SKEEN	(i)	191,163.	30,000.	21,000.	10,608.	24,604.	277,375.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page 3

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

PART I, LINE 1A:

DISCRETIONARY SPENDING ACCOUNT CONSISTS OF A CREDIT CARD USED BY THE

EXECUTIVE DIRECTOR. TOTAL AMOUNT SPENT ON THIS ACCOUNT FOR THE YEAR IS

\$175.

Schedule J (Form 990) 2021

SCHEDULE L (Form 990) Department of the Treasury Internal Revenue Service		e if the o	28b, or 28c, o ► Atta	swere or Fori ich to	d "Yes m 990 Form	s" on F -EZ, Pa 990 or	orm 990, Par art V, line 38a Form 990-E2	t IV a or Z.	, line 25a, 25b, 2			Oj In:	oen To spect	02 o Pub ion	lic
Name of the organizatio	THE 1		LUB, INC							74	-15	ident		on nu	mber
Part I Excess Benefit Trans Complete if the organization (a) Name of disqualified person			-	art IV, I	ine 25a or 25t	o, or		art V,	line 40	40b.			orrected?		
3 Enter the amount of Part II Loans to	of tax, if any, o and/or Fr	n line 2, om Int	above, reimburs	ed by	the or	ganiza	tion				▶ \$				
	n amount on F			from the line line line line line line line lin		In	(h) Approved (i		(i) W	ritten ment?					
					From							Yes	No	Yes	
Total	I		<u> </u>	<u> </u>	<u> </u>		> \$								
Part III Grants or Assistance		ion ansv	Benefiting Interested Per answered "Yes" on Form 990, Pa (b) Relationship between interested person and the organization			art IV, I (c	DNS. V, line 27. (c) Amount of (d) Typ		(d) Type assistan			(e) Purpose of assistance			f

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

Schedule L (Form 990) 2021

132131 11-02-21

13280501 742224 1008

THE 100 CLUB, INC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
				Yes	No
J.L. "BUBBA" BUTERA	BOARD MEMBER	72,439.	GOODS AND S	5	Х
ROSS MARGRAVES	BOARD MEMBER	6,003.	GOODS AND S	5	Х
DON WOO	BOARD MEMBER	184,941.	GOODS AND S	5	Х
JOHN WOOLRIDGE	BOARD MEMBER	6,003.	GOODS AND S	5	Х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: J.L. "BUBBA" BUTERA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 72,439.

(D) DESCRIPTION OF TRANSACTION: GOODS AND SERVICES WERE PURCHASED FROM A

BOARD MEMBER IN THE NORMAL COURSE OF BUSINESS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROSS MARGRAVES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 6,003.

(D) DESCRIPTION OF TRANSACTION: GOODS AND SERVICES WERE PURCHASED FROM A

BOARD MEMBER IN THE NORMAL COURSE OF BUSINESS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DON WOO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

132132 11-02-21

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 184,941.

(D) DESCRIPTION OF TRANSACTION: GOODS AND SERVICES WERE PURCHASED FROM

AN ENTITY OWNED BY A BOARD MEMBER FOR RENOVATION OF THE OFFICE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN WOOLRIDGE

(D) DESCRIPTION OF TRANSACTION: GOODS AND SERVICES WERE PURCHASED FROM A

BOARD MEMBER IN THE NORMAL COURSE OF BUSINESS.

132461 11-18-21

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

74-1509204

THE 100 CLUB, INC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ANNUAL DINNER HONORING AND GIVING AWARDS TO POLICE OFFICERS AND

FIREFIGHTERS WHO HAVE RENDERED OUTSTANDING SERVICE TO THE COMMUNITY.

EXPENSES \$ 190,884. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE 100 CLUB, INC. HAS NO STOCKHOLDERS BUT HAS MEMBERS WHO PAY ANNUAL OR

LIFETIME DUES TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED AND PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR

REVIEW BY E-MAIL CORRESPONDENCE. AFTER BOARD MEMBERS HAVE HAD AN

OPPORTUNITY TO REVIEW THE RETURN, THE RETURN IS DISCUSSED AT A BOARD METING

AND COMMENTS OF DIRECTORS COLLECTED FOR CONSIDERATION IN THE FINAL RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE GOVERNING BODY OF THE ORGANIZATION REVIEWS POTENTIAL CONFLICTS OF

INTEREST AT LEAST ANNUALLY AND CIRCULATES A QUESTIONNAIRE TO ALL DIRECTORS

TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST AND AS A REMINDER OF THE

IMPORTANCE OF ADHERING TO THE CLUB'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

 THE COMPENSATION OF ALL OFFICERS AND EMPLOYEES IS DETERMINED BY THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

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40 2021.05080 THE 100 CLUB, INC.

Schedule O (Form 990) 2021	Page 2		
Name of the organization THE 100 CLUB, INC.	Employer identification number $74 - 1509204$		
COMPENSATION COMMITTEE OF THE CLUB'S BOARD OF DIRECTORS A	ND APPROVED BY THE		
EXECUTIVE COMMITTEE AND THE FULL BOARD OF DIRECTORS. THE	COMPENSATION		
COMMITTEE ESTABLISHES COMPENSATION BASED ON A REVIEW OF P	ERFORMANCE AND THE		
COMPENSATION RATES AFFORDED SIMILAR POSITIONS IN OTHER OR	GANIZATIONS IN THE		
LOCAL MARKET.			

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

FORM 990 PAGE 1, PART I, LINE 1 AND PAGE 2, PART III, LINE 1

MISSION STATEMENT

SUPPORT OF THE LAW ENFORCEMENT AND FIREFIGHTING AGENCIES IN AUSTIN, BRAZORIA, BRAZOS, BURLESON, CHAMBERS, COLORADO, FAYETTE, FORT BEND, GALVESTON, GRIMES, HARRIS, LIBERTY, MADISON, MONTGOMERY, SAN JACINTO, WALKER, WALLER, AND WASHINGTON COUNTIES, INCLUDING THE PROVISION OF FINANCIAL SUPPORT TO THE FAMILIES OF PEACE OFFICERS OR FIREFIGHTERS WHO HAVE LOST THEIR LIVES OR WERE SERIOUSLY INJURED IN THE LINE OF DUTY; THE PURCHASE OF LIFE-SAVING AND SPECIAL NEEDS EQUIPMENT SUCH AS BULLET-PROOF VESTS AND OTHER LIFE PROTECTING EQUIPMENT; THE FUNDING OF TRAINING WORKSHOPS; THE DONATION OF FUNDS TO PEACE OFFICERS FOR COLLEGE SCHOLARSHIPS; THE PROVISION OF BENEFITS TO FAMILIES OF PEACE OFFICERS WITH THE TEXAS DEPARTMENT OF PUBLIC SAFETY, THE TEXAS ALCOHOLIC BEVERAGE COMMISSION, THE TEXAS PARKS AND WILDLIFE DEPARTMENT, TEXAS DEPARTMENT OF CORRECTIONS AND TEXAS SOUTH WESTERN CATTLE RANGER ASSOCIATION WHO LOST THEIR LIVES OR WERE SERIOUSLY INJURED IN THE LINE OF DUTY ANYWHERE IN THE STATE OF TEXAS; AND THE PROVISION OF BENEFITS TO THE FAMILIES OF PEACE OFFICERS AND FIREFIGHTERS WHO HAVE LOST THEIR 132212 11-11-21 Schedule O (Form 990) 2021 41 13280501 742224 1008 2021.05080 THE 100 CLUB, INC. 1008___2

THE 100 CLUB, INC. LIVES OR WERE SERIOUSLY INJURED IN THE LINE OF DUTY IN TH ADDITIONAL COUNTIES: ANGELINA, HOUSTON, JASPER, LEE, LEON NEWTON, POLK, ROBERTSON, SABINE, SAN AUGUSTINE, SHELBY, T TYLER.	I, NACOGDOCHES,
ADDITIONAL COUNTIES: ANGELINA, HOUSTON, JASPER, LEE, LEON NEWTON, POLK, ROBERTSON, SABINE, SAN AUGUSTINE, SHELBY, T	I, NACOGDOCHES,
NEWTON, POLK, ROBERTSON, SABINE, SAN AUGUSTINE, SHELBY, T	
	TRINITY, AND
TYLER.	
FORM 990 PAGE 7, PART VII, SECTION A	
NOTE	
IN THE TAX YEAR ENDING 6/30/22, THERE WERE 28 OF 35 POSIT	TIONS FILLED ON
THE BOARD OF DIRECTORS AND SEVEN VACANCIES.	
132212 11-11-21 42	Schedule O (Form 990) 202
280501 742224 1008 2021.05080 THE 100 CLUB, INC.	10082

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each	return.	

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ructions. Ta			Taxpayer identification number (TIN)			
print	THE 100 CLUB, INC.				74-1509204			
File by the due date for filing your return. See instructions	y the late for your							
Entor the	HOUSTON, TX 77034		to opplication for each return)					
	e Return Code for the return that this application is for (fil	1				01		
Applica	tion	Return Code				Return		
Is For	0 or Form 000 E7	01	Is For	08				
Form 990 or Form 990-EZ Form 4720 (individual)			Form 1041-A			08		
Form 99		03 04	Form 4720 (other than individual) Form 5227			10		
	0-T (sec. 401(a) or 408(a) trust)	04	Form 6069			11		
-	0-T (trust other than above)	06	Form 8870			12		
	0-T (corporation)	07						
 If the If this box 1 In th th 	onone No. ► 713-952-0100 organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org Calendar year or X tax year beginning JUL 1, 2021 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's	emption Number (GEN) I uch a list with the names and TINs of \underline{Y} 15, 2023 , to file s return for: d ending	f this is fo f all memb e the exem	r the whole gro pers the extens npt organizatio	sion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	e tentative tax, less			٥		
	ny nonrefundable credits. See instructions.	t	e e de la la la constitución de	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069		•	01-	•	0.		
	timated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa			3b	\$	0.		
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	¢	0.		
Caution instructi	: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8					

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