** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <u>www.irs.gov/form990.</u>

Inspection

OMB No. 1545-0047

<u>A I</u>	or u	e 2015 calendar year, or tax year beginning NOV 1, 2015 and	enaing C	CT 31, 2016	
В	Check if applicat	C Name of organization		D Employer identifi	cation number
	Addr				
	Name Chan	ge Doing business as		52-1	642692
	Initia returi	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final			703-	739-9500
_	termi ated ☐Amer			G Gross receipts \$	915,617.
L	returi Appli	ALEXANDRIA, VA 22314		H(a) Is this a group re	
L	tion pend	Finame and address of principal officer: OEFFRET D. MORGAN		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: X 501(c)(3)	or 527		list. (see instructions)
_		ite: WWW.CLUBFOUNDATION.ORG	T	H(c) Group exemption	-
	orm c art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1900	M State of legal domicile: DC
	$\overline{}$		CUEDII	T.E O	
e	1	Briefly describe the organization's mission or most significant activities: SEE S	эсперо	LE U	
'nan	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
وي پ	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0
Çţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ ⋖	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)		264,815.	352,915.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		129,933.	108,452.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-151,381.	-1,337.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		243,367.	460,030.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		491,274.	205,612.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		340,638.	959.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		10,000.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	58.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		301,296.	163,443.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,143,208.	370,014.
	19	Revenue less expenses. Subtract line 18 from line 12		-899,841.	90,016.
Net Assets or	9		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,789,133.	3,597,196.
t As	21	Total liabilities (Part X, line 26)		326,441.	135,823.
2	22	Net assets or fund balances. Subtract line 21 from line 20		3,462,692.	3,461,373.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		I Date	
Sig		'		Date	
Hei	е	JEFFREY D. MORGAN, PRESIDENT Type or print name and title			
			11	Date Check [PTIN
Paid	4	Print/Type preparer's name R MICHAEL SORRELLS		3/22/2017 if self-employ	
	u parer	Firm's name TATE AND TRYON	~	Firm's EIN	52-1855942
	Only	Firm's address 2021 L STREET, NW SUITE 400		FITHI S EIN	34 IUJJ944
036	Only	WASHINGTON, DC 20036		Phone no. (2	02) 293-2200
Mar	v tha	RS discuss this return with the preparer shown above? (see instructions)		T HOUSE HO. (Z	X Yes No
ivid	,				100

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning NOV 1 , 2015, and ending OCT 31 ,20 16

Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		2015
Internal Revenue Service Name of exempt organization	▶ Information about Form 8879-EO and its instructions is at www.irs.g		l r identification number
Name of exempt organization		Limploye	i identinoation number
THE CLUB FOUNI	DATION	52-1	L642692
Name and title of officer			
JEFFREY D MORO	GAN		
PRESIDENT			
Proper and the last to the las	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, a, below, and the amount on that line for the return being filed with this form want (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the	as blank, then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	460,030.
2a Form 990-EZ check he	,		
3a Form 1120-POL check	· / / / / / / / / / / / / / / / / / / /		
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement o the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electroni payment. I have selected a	ler, transmitter, or electronic return originator (ERO) to send the organization's if receipt or reason for rejection of the transmission, (b) the reason for any dela pplicable, I authorize the U.S. Treasury and its designated Financial Agent to in institution account indicated in the tax preparation software for payment of the stitution to debit the entry to this account. To revoke a payment, I must contact an 2 business days prior to the payment (settlement) date. I also authorize the c payment of taxes to receive confidential information necessary to answer inquestion personal identification number (PIN) as my signature for the organization's elected to the payment of taxes.	y in processing the itiate an electronic to e organization's fede the U.S. Treasury Financial institutions uiries and resolve is	return or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
Officer's PIN: check one I	•		
X I authorize TA'	TE AND TRYON	to enter r	
	ERO firm name		Enter five numbers, b do not enter all zeros
is being filed with	on the organization's tax year 2015 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, the return's disclosure consent screen.		to-distance year updated and an indicated the residence of the statement of
indicated within	the organization, I will enter my PIN as my signature on the organization's tax ye this return that a copy of the return is being filed with a state agency(ies) regula after my PIN on the return's disclosure consent screen.		
Officer's signature	Date	311	0 2017
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 524728 do not ente		
and the same of th	neric entry is my PIN, which is my signature on the 2015 electronically filed retught this return in accordance with the requirements of Pub. 4163, Modernized ess Returns.	mana mana mana mana mana mana mana mana	
ERO's signature 🕨	RMichshim CPA Date	3/15/201	7
	ERO Must Retain This Form - See Instructions	S	
	Do Not Submit This Form To the IRS Unless Requested		

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

Form **8879-EO** (2015)

Pai	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefl	y describe the organization's mission:	
	THE	CLUB FOUNDATION WAS FORMED FOR CHARITABLE AND EDUCATIONAL PURP	OSES
	TO	FOSTER INTELLECTUAL EXCELLENCE IN THE FIELD OF CLUB MANAGEMENT.	
	THI	S PURPOSE IS ACHIEVED BY AWARDING SCHOLARSHIPS OR RESEARCH GRAN	TS
		INDIVIDUALS AND BY MAKING GIFTS OR CONTRIBUTIONS. THE FOUNDATION	
2		ne organization undertake any significant program services during the year which were not listed on	
_			Yes X No
	-	es," describe these new services on Schedule O.	103 [11] 140
3			Yes X No
3		· // · · · · · · · · · · · · · · · · ·	Tes [21] NO
_		es," describe these changes on Schedule O.	
4		ribe the organization's program service accomplishments for each of its three largest program services, as measured by expen	
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es, and
	reven	nue, if any, for each program service reported.	
4a	(Code:)
		ARDED SCHOLARSHIPS AND GRANTS TO EDUCATIONAL INSTITUTIONS, STUDE	
		FACULTY FOR THE PURPOSE OF STUDY AND RESEARCH IN THE FIELD OF	CLUB
	MAN	IAGEMENT	
4b	(Cada:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		. (5 11 . 0 1 . 1 . 0)	
4d		r program services (Describe in Schedule O.)	
	(Expen	ses \$ including grants of \$) (Revenue \$)	
4e	Total	program service expenses ▶ 266,486.	000
		Fo	orm 990 (2015)

532002 12-16-15

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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		X
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		X
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		X
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		<u> </u>
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		τ,	
	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		τ,	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امرا		
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امرا		v
	complete Schedule G. Part III	19	000	X

Form **990** (2015)

Form 990 (2015) THE CLUB FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	, , , , , , , , , , , , , , , , , , , ,	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٥.		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	J.		<u></u>
0 _	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		 -
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Total Time State India dia regulare de complete Correduite C	, 55	990	

Form **990** (2015)

Form 990 (2015) THE CLUB FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1096. Enter 40-if not applicable 1a 9		Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u></u> .		
be Enter the number of Forms W.2G included in line 1s. Enter -0 if not applicable in the Color the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the caleradry eyer anding with or within the year covered by this return 1b If at least one is reported on line 2a, clid the organization file all required federal employment tax returns? 2b If a least one is reported on line 2a, clid the organization file all required federal employment tax returns? 2c Note. If the sum of files 1s and 75 for the year? With, 7 to file 3b, provide an explanation in Schedule O. 3b If "Yes", has filed a Form 990 for the year? With, 7 to file 3b, provide an explanation Schedule O. 4d A farty time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (excluded as the account, securities account, or other financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country; b— 5c less instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," in the Sa or Sb, did the organization file Form 8886.7? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions with were not tax deductible ac charitable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions with were not tax deductible ac charitable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in excess of \$5^* nade parts and the second of						Yes	No
b Enter the number of Forms W.2G included in line 1s. Enter -0 if not applicable 10 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winner? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 Int lead so the service of the calendar year ending with or within the year covered by this return 3 Int lead so the service of the calendar year ending with or within the year covered by this return 3 Int lead to neis reported on line 2a, did the organization file all required federal employment tax returns? 3 Int lead to the service of the calendar year and the organization file all required federal employment tax returns? 3 Int lead to the service of the	b		1b	C			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a-rise (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if "Yes, "has it filed a Form 990-T for this year? if "No," to film 3b, provide an explanation in Schedule O 4a At any time during the calendary ear, did the organization have an explanation in Schedule O 5b If "Yes," that if filed a form 990-T for this year? if "No," to film 3b, provide an explanation in Schedule O 5c If "Yes, "that if filed a form 990-T for this year? if "No," to film 3b, provide an explanation in Schedule O 5c If "Yes," the time name of the foreign country. ► 5c If "Yes," the time same of the foreign country. ► 5c If "Yes," the time same of the foreign country. ► 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5d Did any taxable party notify the organization file Form 8886-T? 5d Does the organization have all gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d X 7d Y 7d X 7d Y	С		portab	le gaming			
filed for the calendar year ending with or within the year covered by this return A State		(gambling) winnings to prize winners?	······		1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrealed business gross income of \$1,000 or more during the year? 3b Did the organization have unrealed business gross income of \$1,000 or more during the year? 3a A at yit mean and organization have unrealed business gross income of \$1,000 or more during the year? 3a A at yit medium; the calendary year, did the organization have un interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5b If "Yes," the the name of the freeign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sile form 8886-17 6b Did any taxebule party notify the organization file form 8886-17 6c If "Yes," to line Sa or 5b, did the organization file form 8886-17 6b Did were not tax deductible? 7c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 8c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or solicitation and express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive a payment in excess of \$75 made party as a contribution of quantities of the payment in excess of \$75 made party as a contribution of quantities of \$75 made party as a contribution of quantities of \$75 made party as a contribution of quantities of \$75 made party as a contribution of quantities of \$75 made party as a contribution of quantities of \$75 made party as a contribution of quantities of \$75 made party as a contribution of quantities of \$75 made party as a contribution o	2 a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required tonie (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	C			
3a X X X X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
b If "Yes," has it filed a Form 990-T for this year? #"No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 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). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Line Sa or Sb, did the organization that was a not a party to a prohibited tax shelter transaction? 5c Line Sa or Sb, did the organization to that well was a contributions of the any contributions that were not tax deductibles as charitable contributions? 6c Line Sa or Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year for the value of the goods or services provided? 7a X 7b If "Yes," indicate the number of Forms 8282 filed during the year 7b Did the organization erceive any thurinums, directly or indirectly, on pay premiums on a personal benefit contract? 7c X 8 Sponsoring organization makes a contribution of qualified intellectual property, did the organization file Form 1984 c? 7c If the organization received and contributions of accis, boats, ariphaens, or other values of the payments of the year		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11	Section 501(c)(12) organizations. Enter:					
amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		/	$\overline{}$				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X The lf "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b			1)	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b	b		12b				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b							
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	а	-			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	_	· · · · · · · · · · · · · · · · · · ·					
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b		ا يمد ا				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130		44-		У
	D	ii res, rias it liled a Form 720 to report triese payments? It "No," provide an explanation in Scheduk	e Ο	<u></u>		990	(2015)

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
-		7b		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
		8a	х	
		8b	X	
		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
10-	Did the executation have level charters branches as effiliated?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CT, FL, GA, IL, KS			MD
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 610(c)(3)s only) available (Section 6104 requires an organization for five five five five five five five five	ailable	;	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MARGARET MELENEY - 703-739-9500			
	1733 KING STREET, ALEXANDRIA, VA 22314			
	STATE OF SCHEDILE O FOR FILL LICE OF STATES	Farm	gan.	(2015)

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(-1		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than o	an	compensation	compensation	amount of
	week	offi	cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		90	suedu		(W-2/1099-MISC)		organization and related
	organizations below	ualtr	tional		yoldı	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
JAMES G. JAMES, CCM	2.00	_	_			1				
CHAIRMAN	0.00	Х		х				0.	0.	0.
SANDRA FRAPPIER, CCM, CCE	2.00									
VICE-CHAIRMAN	0.00	Х		Х				0.	0.	0.
JOHN R. SULLIVAN, JR., CCM	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
BARRY SYMONS	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
BOBBY CRIFASI, CCN, CCE	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
ANTHONY D'ERRICO, CCM, CCE	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
KEVIN HOLLERAN	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
ROBERT JAMES, CCM, CCE, CHE	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
JASON KOENIGSFELD, PHD, CHE	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
NICHOLAS LAROCCA	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
TIMOTHY P. MINAHAN, CCM, CCE	2.00								_	_
GOVERNOR	0.00	Х						0.	0.	0.
JILL PHILMON, CCM, CCE	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
JAMES B. SINGERLING, CCM	2.00								450 505	
GOVERNOR	0.00	Х						0.	152,507.	0.
TERRA S. H. WALDRON, CCM, CCE	2.00									
GOVERNOR	0.00	Х						0.	0.	0.
BURT WARD, CCM, CCE	2.00									_
GOVERNOR	0.00	X						0.	0.	0.
JEFFREY D. MORGAN, FASAE, CAE	6.00								460 060	40 210
PRESIDENT	34.00			Х	_			0.	462,260.	40,318.
	1	1	ı	l	I	1		1		

Form 990 (2015)

Part VII Section A. Officers, Directors, Trus		ploy	ees,			gnes	st C			Τ		/E\	
(A) Name and title	(B) Average			Pos	C) itior	า		(D) Reportable	(E) Reportable			(F) imate	Ч
Name and title	hours per					than		compensation	compensation	- 1		ount o	
	week	—	cer ar	nd a d	irecto	or/trus	tee)	from	from related			ther	
	(list any hours for	irector						the	organization		comp		
	related	e or di	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nizati	
	organizations	truste	al trus		yee	om per		(** 2, 1000 1/1100)			•	relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
	line)	lpul	lnst	#0	Key	훈	Por						
		_											
							L	0.	614,7	67	4.0	, 31	0
1b Sub-total c Total from continuation sheets to Part VI								0.	014,7	0.	40	, 5	0.
d Total (add lines 1b and 1c)								0.	614,7	67.	40	, 31	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable	е			1
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director, or tru	uste	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su										- 1			
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	•				•			•		- 1	5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	iplete Schedule	e J f	or st	ıch į	pers	on					3	J	
1 Complete this table for your five highest co										pensat	ion fro	n	
the organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T	the organization's tax y	ear.		(C)	\	
Name and business	address	N	ONE	3				Description of s	ervices	C	ompen		1
							+						
							\dashv						
2 Total number of independent contractors (i	ncluding but p	ot lir	nite	d to	thos	se lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi		2 · III)							
											Form 9	ian /	

532008 12-16-1

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Form 990 (2015) THE CLUB FOUNDATION
Part VIII Statement of Revenue

		Check if Schodule O cent	raina a raananaa	or note to any lin	o in this Dart VIII			
		Check if Schedule O cont	ains a response	or note to any iiii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
S,G	С	Fundraising events	1c	241.				
ifts ar /		Related organizations						
s, G mils		Government grants (contributi						
Sig		All other contributions, gifts, gran						
ber her		similar amounts not included abo	·	352,674.				
ğ	g			,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			352,915.			
<u> </u>				Business Code	·			
ø	2 a							
vic.	b							
Ser	c							
E S	d							
gra	e	-						
Program Service Revenue	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	-	other similar amounts)	•		34,824.			34,824.
	4	Income from investment of tax			,			
	5	Royalties						
	Ū	noyanico	(i) Real	(ii) Personal				
	6 a	Gross rents		(ii) i crooriai				
		Less: rental expenses						
		Rental income or (loss)						
	4	Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	1 a	assets other than inventory	521,718.	(II) Other				
	h	Less: cost or other basis	521,710.					
	ь		448,090.					
	_	Gain or (loss)	73 628					
		Net gain or (loss)			73,628.			73,628.
		Gross income from fundraising			73,020.			73,020
ne	оа		241. of					
ven								
Other Revenue		contributions reported on line		17,315.				
Je	L	Part IV, line 18		7,497.				
₹		Net income or (loss) from fund		7,4576	9,818.			9,818.
		· ·	-		5,010.			3,010.
	Эа	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-	····· •				
	10 a	and allowances						
	h	Less: cost of goods sold						
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 -	LLC INVESTMENT	i c	532000	-11,155.			-11,155.
				332000	11,133.			
	b							
	C							
		All other revenue			-11,155.			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			460,030.	0.	0	107,115.
	1/	TOTAL LEVELUE SEE HISH HIGHORS					U .	

Form 990 (2015) THE CLUB FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			, ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			gamanan anja amaa a	
	and domestic governments. See Part IV, line 21	124,355.	124,355.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	51,257.	51,257.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	30,000.	30,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	862.		862.	
10	Payroll taxes	97.		97.	
11	Fees for services (non-employees):	60.000	50 000		
а	Management	60,000.	60,000.	0 620	
b	Legal	2,632.		2,632.	
С	Accounting	12,000.		12,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	0 025		0 025	
f	Investment management fees	9,035.		9,035.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	538.		538.	
12	Advertising and promotion	1 = 0.10			
13	Office expenses	17,913.		7,993.	9,920.
14	Information technology				
15	Royalties	44 556		44 556	
16	Occupancy	44,576.		44,576.	
17	Travel	1,677.		1,677.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 016	074	6 460	0 570
19	Conferences, conventions, and meetings	9,916.	874.	6,469.	2,573.
20	Interest Payments to a ffill the s				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,546.		2,546.	
23 24	Other expenses. Itemize expenses not covered	4,540.		2,340.	
24	above. (List miscellaneous expenses in tovereu above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,516.		235.	1,281.
b	CORPORATE ADVANTAGE PRO	1,094.			1,094.
c		,			,
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	370,014.	266,486.	88,660.	14,868.
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)				
					Earm 990 (2015)

Form 990 (2015)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	98,238.	1	463,141
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	1,328,135.	3	778,226
4	Accounts receivable, net		4	396
5	Loans and other receivables from current and former officers, directors.			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ر _م ا	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	5,505.	9	4,351
	a Land, buildings, and equipment: cost or other	•		,
	basis. Complete Part VI of Schedule D10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	2,287,477.	11	2,288,997
12	Investments - other securities. See Part IV, line 11	69,778.	12	2,288,997 62,085
13	Investments - program-related. See Part IV, line 11	•	13	•
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,789,133.	16	3,597,196
17	Accounts payable and accrued expenses	46,957.	17	
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	
₀ 22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
ة 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	279,484.	25	135,823
26	Total liabilities. Add lines 17 through 25	326,441.	26	135,823
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ဖွ	complete lines 27 through 29, and lines 33 and 34.			
ပ္ကို 27	Unrestricted net assets	1,969,393.	27	1,914,058
<u>8</u> 28	Temporarily restricted net assets	116,503.	28	170,519
n 29	Permanently restricted net assets	1,376,796.	29	1,376,796
두	Organizations that do not follow SFAS 117 (ASC 958), check here			
<u> </u>	and complete lines 30 through 34.			
S 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 22 28 29 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	3,462,692.	33	3,461,373
34	Total liabilities and net assets/fund balances	3,789,133.	34	3,597,196

Form **990** (2015)

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	46	0,0	30.	
2	Total expenses (must equal Part IX, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2		0,0		
3		3		0,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,46			
	5 Net unrealized gains (losses) on investments 5					
6	7				96.	
7		7				
8					61.	
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	9		J , <u> </u>	0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9			•	
10	- A	10	3,46	1.3	73.	
Pa	rt XII Financial Statements and Reporting	10	0,10	_, _		
	Check if Schedule O contains a response or note to any line in this Part XII					
	Chock is contound a companied of these to any line in this factorial					
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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?				X	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2015)	

532012

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE CLUB FOUNDATION 52-1642692 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1412840.	1350688.	754,085.	264,815.	352,915.	4135343.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1412840.	1350688.	754,085.	264,815.	352,915.	4135343.
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)						1530797.
6	Public support. Subtract line 5 from line 4.						2604546.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1412840.	1350688.	754,085.	264,815.	352,915.	4135343.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	46,273.	44,410.	42,093.	46,670.	34,824.	214,270.
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							4349613.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	59.88 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	58.32 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	s box and stop h	iere. Explain in Pai	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ	umstances" test.	Γhe organization qι	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						L
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
ŀ	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First five years. If the Form 990 is for	J	, ,		,	()()	· . —
<u>C-</u>	check this box and stop here						>
	ction C. Computation of Publi					T I	
15	Public support percentage for 2015 (I			olumn (f))		15	<u>%</u>
16	Public support percentage from 2014					16	%
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2015. If the						. —
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2014. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Drivate foundation If the organization	n did not chock a	boy on line 14, 10	or 10h chock th	nic boy and coo inc	etructions	▶ 7

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Ju		
3b		
3с		
4a		
4b		
4c		
F-0		
5a		
		
5b		_
5c		
6		
7		
8		
9a		
34		
9b		
35		
9с		
36		
10a		
401-		
10b		

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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's 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 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,	2		
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			
300	tion of Type it Supporting Organizations		Vaa	N ₂
_	Many and the Charles and the Control of the Association of the Association of the Association		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	_		
<u></u>	the supported organization(s).	1		
Sec	tion 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		Ju		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	5. 1.5 Supported organizations in 166, accessible in Fait VI the fole played by the Ordanization in this redard.			

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion 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		
Sect	ion 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		
d	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
6	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-functional	ly-integra	ted Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2015

Par	ιv	Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Current Year			
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exempt			
	organ	zations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
		outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Rema	ining underdistributions for 2015. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	ss distributions carryover to 2016. Add lines 3j			
	and 4	c. ·			
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information Description
I alt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	
_	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

THE CLUB FOUNDATION 52-1642692 Organization type (check one):

Filers of:	:	Section:	
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990)-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General	Rule		
	-	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special I	Rules		
	sections 509(a)(1) any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.	,
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.	
	year, contributions of is checked, enter he purpose. Do not con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\	
	-	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to	

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

THE CLUB FOUNDATION

52-1642692

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 11,923.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE CLUB FOUNDATION

52-1642692

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
500450 40.00		Oahadula D /Farma	000 000-E7 or 000-DE\ /2015\			

Name of organization Employer identification number THE CLUB FOUNDATION 52-1642692 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CLUB FOUNDATION

Employer identification number 52-1642692

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·				
		(a) Donor advised funds	(b) Funds and other accounts	_			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's e	-		No			
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?		Yes	No			
Pai							
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (e.g., recreation or education)						
	Protection of natural habitat	Preservation of a cert	ified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Y	ear			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru-	cture included in (a)	2c				
d	Number of conservation easements included in (c) acquired af	iter 8/17/06, and not on a historic structur	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele						
	year ▶						
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?	Yes	No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year				
	>						
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservat	ion easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?		Yes	No			
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for				
Da	conservation easements.	Ant Historical Transcriptor on Oth	non Oineilan Accata				
Pal	t III Organizations Maintaining Collections of		ner Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under SFAS 116 (ASC						
	historical treasures, or other similar assets held for public exhi	,	nce of public service, provide, in Part XII	I,			
	the text of the footnote to its financial statements that describ						
b	If the organization elected, as permitted under SFAS 116 (ASC						
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amoun	ıts			
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical trea		gain, provide				
	the following amounts required to be reported under SFAS 11	,					
а	Revenue included on Form 990, Part VIII, line 1						
h	Assets included in Form 990 Part X		S				

532051 11-02-15

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

	t III Organizations Maintaining Co	S FOUNDATIC		oouroo or Otho	r Cimil		42092		
	•								
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that are a s	ignificant	use of its o	collection ite	ems	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	r assets		_		
	to be sold to raise funds rather than to be ma						Yes	No	
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n Form 99	00, Part IV,	line 9, or		
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·							
1a	Is the organization an agent, trustee, custodia		•				_		
	on Form 990, Part X?					L	」Yes	No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			1			
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					L	」Yes	∐ No	
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it						T		
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y		
	Beginning of year balance	1,376,796.	1,527,988.	1,589,901.		502,339.		86,484.	
b	Contributions			12,366.		43,250.		70,772.	
	Net investment earnings, gains, and losses	13,842.	27,145.	57,884.		113,617.		54,771.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	13,842.	61,834.	132,163.		69,305.		9,688.	
	Administrative expenses								
g	End of year balance	1,376,796.	1,493,299.	1,527,988.	1,	589,901.	1,5	02,339.	
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
	Board designated or quasi-endowment		_%						
b	Permanent endowment ▶ 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3а	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for t	he organi	zation	_		
	by:						Υ Υ	es No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S						
	Description of property	(a) Cost or ot basis (investm	, ,	1	Accumula epreciatio		(d) Book v	/alue	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part >	(. column (B), line 1	0c.)		▶		0.	

Part VII Investments - Other Securities.	UNDATION		52	-1642692 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-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"	on Form 990, Part IV			
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	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.)		>	
Part X Other Liabilities.	•			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO/FROM CMAA		135,823.		
(3)		/		
(4)				
(5)				
(6)				
<u>(8)</u>				
(9)	05)	135,823.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	133,043.		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Complete if the organization answered "Yes" on Form 990, Part IV, line		Revenue per Re	turn.	
4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	439,980.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	433,300.
a Net unrealized gains (losses) on investments	2a	-94,796.		
b Donated services and use of facilities		67,249.	-	
c Recoveries of prior year grants		. ,	-	
d Other (Describe in Part XIII.)		7,497.	-	
e Add lines 2a through 2d			2e	-20,050.
3 Subtract line 2e from line 1			3	460,030.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				•
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c 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	460,030.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
Total expenses and losses per audited financial statements			1	444,760.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	67,249.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		7,497.		
e Add lines 2a through 2d			2e	74,746. 370,014.
3 Subtract line 2e from line 1			3	370,014.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			_
c 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	370,014.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional inform	ation.		
PART V, LINE 4:				
MILE THURSDED LIGE OF MILE ODGANIZATION'S END		NDG TG MO	חאדמד	
THE INTENDED USE OF THE ORGANIZATION'S END	OMMENT FO	NDS IS TO	KAISE	FUNDS
EOD EDUCATION DECEMBAL DOODANG CALLA ADA	TITDO AND	TNIMEDNICIT	D.C.	
FOR EDUCATION, RESEARCH PROGRAMS, SCHOLARS	HIPS, AND	INTERNSHI	PS.	
THE BEGINNING BALANCE OF THE ENDOWMENT FUN	ח בטפ חוד	CIIDDENT V	ב מעם.	OFS NOT
THE BEGINNING BADANCE OF THE ENDOWMENT FOR	D FOR THE	CORRENT I	EAK I	OES NOI
AGREE WITH THE ENDING BALANCE REPORTED FOR	י יים יים יים יי	D VEND BEC	אווכד	CEDMATN
AGREE WITH THE ENDING DADANCE REPORTED FOR	. IIIE FRIO	K IEAK DEC	HUBE	CERTAIN
TEMPORARY NET ASSETS RELATED TO THE SCHOLA	RCHID FIIN	DS WERE IN	CT.TIDE	איי אד מי
TEMIORARI NEI ADDEID REDAIED IO INE DONOBA	MOIIII PON	DO WEIGH IN	СПОРГ	TH THE
ENDOWMENT FUND IN THE PRIOR YEAR.				
ENDOWMENT FOND IN THE TRIOR TEAR.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAISING EXPENSES				7,497.
FUNDRAISING EXPENSES				1, 3, 1, 4

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

THE CLUB FOUNDA				52-164269						
Part I General Info	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on					
Form 990, Part IV										
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra							
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No					
	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	de the					
United States.										
			ın be duplicated if additional space is r							
(a) Region	(b) Number of	(c) Number of employees.	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures					
	offices in the region	employees, agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and					
	In the region	contractors	recipients located in the region)	of service(s) in region	investments					
		in region	Too,p.ee	0.00.000(0)09.0	in region					
JODUH AMEDICA			DDOCDAM CEDVICE	COACUING OF CMAA MEMBERS	30 000					
NORTH AMERICA	0	0	PROGRAM SERVICE	COACHING OF CMAA MEMBERS	30,000.					
3 a Sub-total	0	0			30,000.					
b Total from continuation										
sheets to Part I	0	0			0.					
c Totals (add lines 3a										
and 3b)	0	0			30,000.					

532071

Schedule F (Form 990) 2015

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

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	EDUCATION GRANT	30,000.	СНЕСК	0.		
			recognized as charities by the f					0
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities								

Part III Grants and Other Assist			ites. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated (a) Type of grant or assistance	if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2015 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

THE ORGANIZATION REQUIRES ANYONE INTERESTED IN APPLYING FOR A GRANT TO SUBMIT A GRANT REQUEST WHICH INCLUDES AMOUNT, PURPOSE, ORGANIZATION'S MISSION, ETC. GRANTS ARE APPROVED ULTIMATELY BY THE CLUB FOUNDATION BOARD OF GOVERNORS THROUGH OUR BUDGETING PROCESS. IN SOME CASES, CERTAIN SPECIFIC GRANT DECISIONS ARE HANDLED VIA COMMITTEES SUCH AS THE ALLOCATION COMMITEE. THE BOARD OF GOVERNORS DECIDES THE AMOUNTS ALLOCATED TO SPECIFIC GRANT PROGRAMS AND ALLOWS THE CERTAIN COMMITTEES TO PICK SPECIFIC GRANT APPLICATIONS. ONCE A GRANT IS APPROVED AND FUNDED, THE CLUB FOUNDATION SENDS A GRANTEE FORM TO THE RECEIPIENT SIMULTANEOUSLY WITH THE FUNDS. THIS FORM IS TO BE SUBMITTED TO THE FOUNDATION BY THE RECIPIENT STATE THAT THE FUNDS WERE USED FOR THE PURPOSE(S) STATED ON THE GRANT REQUEST. IF THE PURPOSE OF THE GRANT HAS CHANGED, THE FOUNDATION HAS PROCEDURES IN PLACE TO ADJUST WITH THESE CONDITIONS: 1) IF THE GRANT IS WITHIN A SPECIFIED AMOUNT, THE CLUB FOUNDATION'S BOARD OF GOVERNORS HAS AUTHORIZED SENIOR MANAGEMENT TO REALLOCATE THESE FUNDS AND COMMUNICATE THIS BACK TO THE BOARD AT ITS NEXT MEETING, AND 2) IF THE GRANT EXCEEDS THIS PREDETERMINED LIMIT, IT WILL BE TAKEN BACK TO THE BOARD FOR CONSIDERATION.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL BASIS OF ACCOUNTING TO ACCOUNT FOR EXPENDITURES.

PART IV, LINE 1

THE ORGANIZATION IS NOT REQUIRED TO FILE IRS FORM 926 AMOUNT

TRANSFERRED WAS BELOW 926 THRESHOLD.

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CLUB FOUNDATION

Employer identification number

52-1642692 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete tillo part	••					
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pablif "Yes," list the ten highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	<u> </u>					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is exempt from re	gistration
		_				

08580322 790809 52-1642692

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

2015.05060 THE CLUB FOUNDATION

Schedule G (Form 990 or 990-EZ) 2015

52-1642692 Page 2 Schedule G (Form 990 or 990-EZ) 2015 THE CLUB FOUNDATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SILENT NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) 17,556. 17,556. Gross receipts 241 2 Less: Contributions 241. **3** Gross income (line 1 minus line 2) 17,315. 17,315. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 7,497. 7,497 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 9,818 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

Schedule G	(Form 990 or 990-EZ) 2015 THE CLUB FOUNDATION 52	-1042092	Page 3
11 Does t	ne organization conduct gaming activities with nonmembers?	Yes	No
	organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	inister charitable gaming?	Yes	No
	e the percentage of gaming activity conducted in:		
	ganization's facility	13a	%
	side facility		<u> </u>
	he name and address of the person who prepares the organization's gaming/special events books and records:	. [102]	70
Name	>		
Addres	ss >		
15a Does t	ne organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	ing revenue retained by the third party ▶\$		
c If "Yes	enter name and address of the third party:		
Name	>		
Addres	ss >		
16 Gamin	g manager information:		
Name	>		
Gamin	g manager compensation \$		
damin	——————————————————————————————————————		
Descri	otion of services provided		
	Director/officer Employee Independent contractor		
17 Manda	tory distributions:		
	organization required under state law to make charitable distributions from the gaming proceeds to		
	he state gaming license?	Yes	☐ No
			110
	he amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Part IV	eation's own exempt activities during the tax year \$\\\$\\\$\\\$\\\$\\\$\\\\$\\\\\\\\\\\\\\\\\		451
Partiv	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	I, lines 9, 9b, 10b	o, 15b,

Schedule G	i (Form 990 or 990-EZ)	THE CLUB	FOUNDATION	52-1642692	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)		
		,			
-					
ē					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE CLUB	FOUNDATIO	N					52-1642692
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	1	
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLUB MANAGERS ASSOCIATION OF							
AMERICA - 1733 KING STREET -							EDUCATION DEVELOPMENT
ALEXANDRIA, VA 22314	53-0235732	501(C)(6)	66,175.	0.			PROGRAMS
FLORIDA CHAPTER CMAA CORP 3330 FAIRCHILD GARDEN AVENUE WEST PALM BEACH, FL 33420	65-0324647	501(C)(6)	10,000.	0.			EDUCATION GRANT
TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	20-2974507	501(C)(3)	20,000.	0.			TROOPS REUNION AND TOURNAMENT GRANT
NEXTGENGOLF 55 COURT STREET BOSTON, MA 02108	46-4420151	501(C)(3)	10,000.	0.			GOLF DEVELOPMENT GRANT
2 Enter total number of section 501(c)(3) a	Ind government or	ragnizations listed in th	l line 1 table	<u> </u>	<u> </u>		<u> </u>
3 Enter total number of other organization	J	· ·					2.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2015)
	,						

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 non-cash assistance
GRANTS/SCHOLARSHIPS AND EDUCATION ASSISTANCE	23	51,257.	0.		
		,			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION REQUIRES ANYONE IN	TERESTED	IN APPLYI	NG FOR A G	RANT TO	
SUBMIT A GRANT REQUEST WHICH INCLUI	DES AMOUN	T, PURPOSE	. ORGANIZA	TION'S	
MISSION, ETC. GRANTS ARE APPROVED (JLTIMATEL	Y BY THE C	LUB FOUNDA	TION BOARD	
OF GOVERNORS THROUGH OUR BUDGETING	PROCESS.	IN SOME C	ASES, CERT	AIN SPECIFIC	
GRANT DECISIONS ARE HANDLED VIA CON	MITTEES	SUCH AS TH	E ALLOCATI	ON COMMITEE.	
THE BOARD OF GOVERNORS DECIDES THE	AMOUNTS	ALLOCATED	TO SPECIFI	C GRANT	
PROGRAMS AND ALLOWS THE CERTAIN CON	MITTEES	TO PICK SP	ECIFIC GRA	NT	
APPLICATIONS. ONCE A GRANT IS APPRO	OVED AND	FUNDED, TH	E CLUB FOU	NDATION	

Schedule I (Form 990) THE CLUB FOUNDATION 52-1642692 Page 2 Part IV Supplemental Information
SENDS A GRANTEE FORM TO THE RECEIPIENT SIMULTANEOUSLY WITH THE FUNDS. THIS
FORM IS TO BE SUBMITTED TO THE FOUNDATION BY THE RECIPIENT STATE THAT THE
FUNDS WERE USED FOR THE PURPOSE(S) STATED ON THE GRANT REQUEST. IF THE
PURPOSE OF THE GRANT HAS CHANGED, THE FOUNDATION HAS PROCEDURES IN PLACE TO
ADJUST WITH THESE CONDITIONS: 1) IF THE GRANT IS WITHIN A SPECIFIED AMOUNT,
THE CLUB FOUNDATION'S BOARD OF GOVERNORS HAS AUTHORIZED SENIOR MANAGEMENT
TO REALLOCATE THESE FUNDS AND COMMUNICATE THIS BACK TO THE BOARD AT ITS
NEXT MEETING, AND 2) IF THE GRANT EXCEEDS THIS PREDETERMINED LIMIT, IT WILL
BE TAKEN BACK TO THE BOARD FOR CONSIDERATION.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

2015

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 52-1642692

	THE CLUB FOUNDATION	52-164269	2	
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	3		
	Discretionary spending account Personal services (e.g., maid, chauffeur, c	hef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	tion's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation or	ommittee		
		Similation		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	l		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	l		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	;		
	not described on lines 5 and 6? If "Yes," describe in Part III	I		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2015

Regulations section 53.4958-6(c)?

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 are not 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990		
JAMES B. SINGERLING, CCM	(i)	0.	0.	0.	0.	0.	0.	0.		
GOVERNOR	(ii)	152,507.	0.	0.	0.	0.	152,507.	0.		
JEFFREY D. MORGAN, FASAE, CAE	(i)	0.	0.	0.	0.	0.	0.	0.		
PRESIDENT	(ii)	462,260.	0.	0.	28,365.	13,100.	503,725.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
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	(ii)									
	(i)									
	(ii)						<u> </u>	<u> </u>		

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4B:
PRESIDENT JEFFREY MORGAN SERVED AS THE CEO OF THE CLUB MANAGERS ASSOCIATION
OF AMERICA (CMAA), A RELATED ORGANIZATION, DURING THE TAX YEAR ENDED
10/31/16. HE ALSO SERVED AS THE PRESIDENT OF THE CLUB FOUNDATION, BUT
RECEIVED ALL COMPENSATION FROM CMAA. DURING THE FISCAL YEAR, JEFFREY MORGAN
PARTICIPATED IN A DEFERRED COMPENSATION PLAN UNDER IRC SECTION 457 AND
\$18,000 WAS CONTRIBUTED ON HIS BEHALF.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CLUB FOUNDATION

Employer identification number 52-1642692

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CLUB FOUNDATION WAS FORMED FOR CHARITABLE AND EDUCATIONAL PURPOSES TO FOSTER INTELLECTUAL EXCELLENCE IN THE FIELD OF CLUB MANAGEMENT. THIS PURPOSE IS ACHIEVED BY AWARDING SCHOLARSHIPS OR RESEARCH GRANTS TO INDIVIDUALS AND BY MAKING GIFTS OR CONTRIBUTIONS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION IS TO SUPPORT THE ADVANCEMENT OF THE CLUB MANAGEMENT PROFESSION THROUGH FUNDING OF EDUCATIONAL AND TRAINING OPPORTUNITIES FOR CLUB MANAGERS AND STUDENTS AND TO SERVE AS A VEHICLE TO COORDINATE AND DISSEMINATE INFORMATION OF MUTUAL INTEREST TO PRIVATE CLUBS. HOTELS AND OTHER SECTORS OF THE GOLF, RESTAURANTS, AND HOSPITALITY INDUSTRIES. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BY-LAWS WERE CHANGED AND A NEW AGREEMENT BETWEEN CLUB MANAGERS ASSOCIATION OF AMERICAN AND THE CLUB FOUNDATION WAS INSTITUTED. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE CFO OF CMAA AND THE CLUB FOUNDATION PRESIDENT. THE FINAL RETURN IS CIRCULATED TO THE BOARD OF GOVERNORS PRIOR TO FILING.

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

THE ORGANIZATION MONITORS CONFLICTS OF INTERESTS THROUGH ANNUAL

QUESTIONNAIRES DISTRIBUTED TO EACH MEMBER OF THE GOVERNING BODY. CONFLICTS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

322211
399-02-15

Name of the organization THE CLUB FOUNDATION	Employer identification number $52-1642692$
OF INTEREST ARE BROUGHT TO THE BOARD'S ATTENTION AT THE NE	XT BOARD MEETING
AFTER THE RECOGNITION OF THE CONFLICT BY THE INDIVIDUAL. A	FTER ANY POSSIBLE
CONFLICT OF INTEREST HAS BEEN DISCLOSED, THE BOARD MEMBER	REFRAINS FROM
VOTING ON ANY MATTER THAT MAY BE PERCEIVED AS A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CEO OF CLUB MANAGERS ASSOCIATION OF AMERICA (CMAA) SER	VES AS THE
PRESIDENT OF THE CLUB FOUNDATION. AS SUCH, HE IS AN EMPLOY	EE OF CMAA AND
THEIR COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTE	E'S COMPARISON OF
SIMILAR ORGANIZATIONS. THE PRESIDENT COMPLETES EVALUATIONS	OF THE OTHER
OFFICERS AND COMMUNICATES THE DETAILS TO THE EXECUTIVE COM	MITTEE. THE
PRESIDENT'S COMPENSATION WAS LAST REVIEWED IN NOVEMBER 201	5.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AR,CA,CT,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,N	Y,NC,ND,OH,OK,OR
PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF	THE ORGANIZATION
ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINA	NCIAL STATEMENTS
ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-1642692

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	•		ect controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 be	ecause it had one o	or more re	lated tax-exem	pt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
CLUB MANAGERS ASSOCIATION OF AMERICA -								
53-0235732, 1733 KING STREET, ALEXANDRIA, VA 22314	PROFESSIONAL ASSOCIATION	DISTRICT OF COLUMBIA	501(C)(6)	N/A	N/A			Х

THE CLUB FOUNDATION

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop	ortionate itions?	Code V-UBI amount in box	Gene mana parti	ral or iging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
1733 CMAA, LLC - 26-1661215 1733 KING STREET			CLUB MANAGERS ASSOCIATION OF									
ALEXANDRIA, VA 22314	PROPERTY RENTAL	VA	AMERICA	EXCLUDED	-11,154.	851,476.		x	N/A		x	30.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		entity:	
		country						Yes	No	

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions wit	ith one or more rel	ated organizations listed in	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)					Х			
f	Dividends from related organization(s)				1f		X		
g	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organizations						X		
m	Performance of services or membership or fundraising solicitations by related organizat	ition(s)			_ 1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s					X			
0	o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who n	must complete thi	s line, including covered re	elationships and transaction thresholds.					
	(a) Name of related organization	(b)	(c)	(d)					
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount	nvolved				
		type (a-s)							
	OLUD MANAGEDG AGGOGTATION OF AMEDICA	ъ	66 175	G					
1) (CLUB MANAGERS ASSOCIATION OF AMERICA	В	66,175.	CASH					
o. 1	CLUB MANAGERS ASSOCIATION OF AMERICA	0	60,000.	EMT7					
2) \	CHOR MANAGERS ASSOCIATION OF AMERICA		00,000	r m v					
3)									
3)									
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τ)									
5)									
<u>-,</u>									
		l							

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	(h) Disproportionate allocations' Yes No		General manage partner	(k) Percentage ing ownership
	_								000) 0045

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complet					X	
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of	this form).			
	, ,		tic 3-month extension on a previous	•			
	ic filing $(e ext{-file})$. You can electronically file Form 8868 if y						
•	to file Form 990-T), or an additional (not automatic) 3-mor		•		•		
of time to	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	ssociated W	ith Certain	
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details o	n the elect	ronic filing o	f this form,	
visit _{WW}	v.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded)			
	ation required to file Form 990-T and requesting an autom						
Part I on						▶ 🗆	
	corporations (including 1120-C filers), partnerships, REMI come tax returns.	Cs, and tru	usts must use Form 7004 to request	_	ion of time er's identifyi	ng number	
Type or print	Name of exempt organization or other filer, see instruc	Employe	imployer identification number (EIN) or				
File by the	THE CLUB FOUNDATION				52-16	42692	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 1733 KING STREET	ee instruct	ions.	Social se	curity numbe	er (SSN)	
instructions	City, town or post office, state, and ZIP code. For a for ALEXANDRIA, VA 22314	reign addı	ress, see instructions.				
Entor the	Deturn and for the return that this application is far /file	a concret	a application for each return)			0 1	
	Return code for the return that this application is for (file	а ѕерагат					
Applicat	ion	Return	Application		Retu		
Is For		Code	Is For			Code	
Form 99	O or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07	
Form 99		08					
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	O-T (trust other than above)	06	Form 8870			12	
	ooks are in the care of \blacktriangleright 1733 KING STREE hone No. \blacktriangleright 703-739-9500		ALEXANDRIA, VA 2231	4			
-		اماله ماله	Fax No.		-	. —	
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (
_		1			•	group, check this	
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of		ers the exter	ISION IS TOT.	
1 re	equest an automatic 3-month (6 months for a corporation JUNE 15, 2017 , to file the exempt	•	o file Form 990-1) extension of time tion return for the organization name		The extensio	n	
is t	for the organization's return for:						
>	calendar year or		04 0046				
•	X tax year beginning NOV 1, 2015	, an	d ending OCT 31, 2016		<u> </u>		
2 If t	he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	on: Initial return	Final retur	n		
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax. less any				
	nrefundable credits. See instructions.		2 222, 1000 21.19	За	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069.	, enter any	refundable credits and	1	,		
	timated tax payments made. Include any prior year overpa	•		3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
by	using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	3с	\$	0.	
Caution instruction	. If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879	-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 923841 04-01-15

Form **8868** (Rev. 1-2014)