EXTENDED TO SEPTEMBER 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	or un	e 2018 calendar year, or tax year beginning NOV 1, 2018 and 6	enaing (CT 31, 2019							
В	Check if applicab	C Name of organization		D Employer identific	cation number						
	Addre										
	Name chang	ge Doing business as		52-1642692							
	□ Initial □ returr □ Final	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone numbe								
	Ireturr		703-	739-9500 913,668.							
	terminated Amer	ded ATEVANIDETA VA 22214	City or town, state or province, country, and ZIP or foreign postal code								
H	returr □Appli			H(a) Is this a group re							
	tion pendi	F Name and address of principal officer: OEFFRET D. MORGAN		for subordinates	—						
_	.	ng SAME AS C ABOVE empt status:		H(b) Are all subordinates in							
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o te: ► WWW • CLUBFOUNDATION • ORG	or 527		list. (see instructions)						
		f organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	A State of legal domicile: DC						
	art I	Summary	L Year	or formation. 1900 N	A State of legal doffliche. DC						
	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDII	LE O							
Se	'	briefly describe the organization's mission of most significant activities.	оспиро	<u> </u>							
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass							
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15						
S S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0						
Vi č i	6	Total number of volunteers (estimate if necessary)			15						
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	tal unrelated business revenue from Part VIII, column (C), line 12								
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.						
				Prior Year	Current Year						
Φ	8	Contributions and grants (Part VIII, line 1h)		623,715.	596,870.						
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.						
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		130,785.	123,325.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,646.	18,454.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		771,146.	738,649.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		193,831.	150,758.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
X	. b	Total fundraising expenses (Part IX, column (D), line 25) 15,90	<u> </u>								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		230,526.	221,808.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		424,357.	372,566.						
_	19	Revenue less expenses. Subtract line 18 from line 12		346,789.	366,083.						
Net Assets or	3		Ве	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		3,820,674.	4,395,312.						
TAS	21	Total liabilities (Part X, line 26)		10,980.	6,340.						
		Net assets or fund balances. Subtract line 21 from line 20		3,809,694.	4,388,972.						
	art II	Signature Block									
		alties of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is						
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.							
		Signature of officer		I Date							
Sig		'		Date							
Hei	e	JEFFREY D. MORGAN, PRESIDENT Type or print name and title									
_			, [Date Check	PTIN						
Pai	4	Print/Type preparer's name R MICHAEL SORRELLS Preparer's signature	- CPA	4/6/2020 i							
	u parer	Firm's name RSM US LLP		3cii ciripioy	42-0714325						
	Only	Firm's address 2021 L STREET, NW SUITE 400		Firm's EIN ▶	40 01T4303						
536	Unity	WASHINGTON, DC 20036		Phone no. (2	02) 293-2200						
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		Tritolie IIU. (2	X Yes No						
ivid	,				140						

Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission: 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. THE FOUNDATION'S	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	,
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 270 , 758 • including grants of \$ 150 , 758 • (Revenue \$)
	AWARDED SCHOLARSHIPS AND GRANTS TO EDUCATIONAL INSTITUTIONS, STUDENTS	
	AND FACULTY FOR THE PURPOSE OF STUDY AND RESEARCH IN THE FIELD OF CLUB	
	MANAGEMENT	
		_
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		_
41:		_
4b	(Code:) (Expenses \$)
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		_
4c	(Code:) (Expenses \$)
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		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{270.758}.	_
40	Total program service expenses 270 758.	

Form 990 (2018) THE CLUB FOUNDATION 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		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	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	<u> </u>	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		v
	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
	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	_	7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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		<u> </u>
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	Х	

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Form 990 (2018) THE CLUB FOUNDATION Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	——
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		Х
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	ļ		
<u></u>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			
•	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?		v	
Par	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. 41	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		. 55	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
832004	12-31-18	Form	990	(2018)

THE CLUB FOUNDATION 52-1642692 Page 5 Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 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)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2018)

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

X

X

THE CLUB FOUNDATION 52-1642692 Page 6 Form 990 (2018) 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 Section A. Governing Body and Management Yes No 15 **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. 15 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process 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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section 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,KY,ME,MD

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

	Own website	Another's website	X Upon request	Other (e)	xplain in Schedule C
--	-------------	-------------------	----------------	-----------	----------------------

State the name, address, and telephone number of the person who possesses the organization's books and records	▶_
JASON TATE - 703-739-9500	

1733 KING STREET, ALEXANDRIA, VA 22314

SEE SCHEDULE O FOR FULL LIST OF STATES

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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.

Check this box if neither the organization r (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,.		Pos	itior			Reportable	Reportable	Estimated
. tame and mile	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	trustee		ap.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tn	ional		ploye	t com	١.			and related organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) BURTON WARD, CCM, CCE	2.00	_	_		Ť	1 0				
CHAIRMAN		Х		х				0.	0.	0.
(2) NICHOLAS LAROCCA,	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) TIMOTHY P. MINAHAN, CCM, CCE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) LUANN GIOVANNELLI, CCM, CAM	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) MARK A. BADO, MCM, CCE	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) BRIAN R. KROH, CCM	2.00									
DIRECTOR		Х						0.	0.	0.
(7) TODD MARSH, CCM, CCE	2.00									•
DIRECTOR		Х						0.	0.	0.
(8) CASEY NEWMAN, CCM	2.00									•
DIRECTOR		Х						0.	0.	0.
(9) JOE OSWALD	2.00	.,								0
DIRECTOR	1 2 00	Х						0.	0.	0.
(10) MITCHELL S. PLATT, MCM, CCE DIRECTOR	2.00	х						0.	0.	0.
(11) DONNA OTIS, CCM, CCE	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(12) FRED PALMER. JR	2.00	† <u></u>								
DIRECTOR		Х						0.	0.	0.
(13) MIKE PARKHURST	2.00									
DIRECTOR		х						0.	0.	0.
(14) RANDY RUDER, CCM, CCE	2.00									
DIRECTOR		Х						0.	0.	0.
(15) TERRA S. H. WALDRON, CCM, CCE	2.00									
DIRECTOR		Х						0.	0.	0.
(16) JEFFREY D. MORGAN, FASAE, CAE	5.00									
PRESIDENT	35.00			Х				0.	524,326.	37,399.
		1								

	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	HI E	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)		(C) Position					(D)	(E)			(F)	
Name and title		Average	(do				າ than ເ	one	Reportable	Reportable		Estimated		
		hours per week					is both or/trus		compensation	compensation			nount	of
			tor						from the	from related organizations			other pensa	tion
		(list any hours for	direc.				, ,		organization	(W-2/1099-MIS			om th	
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations below	al trus	onal tr		loyee	comp						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizati	ons
		,	<u> </u>	=	0	¥	王市	Œ						
											\dashv			
											+			
											+			
											\dashv			
											+			
	Sub-total								0.	524,32	6. 0.	3	7,3	99. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	524,32		3	7,3	
	Total number of individuals (including but n							o re	<u> </u>	•	<u> </u>		, , 0	
	compensation from the organization									· .				0
3	Did the organization list any former officer,	director or tru	ıctor	s ko	v on	nnlo	woo	orl	highest compensated or	nnlovoo on			Yes	No
	ine 1a? If "Yes," complete Schedule J for s	•			•	•	•		•			3		Х
	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150										[4	Х	
	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com on B. Independent Contractors	plete Schedule	e J fo	or su	ıch <u>ı</u>	pers	on				<u> </u>	5		Х
	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	 ensatio	on fro	m	
	the organization. Report compensation for								the organization's tax y					
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Co	(C mpe	;) nsatio	n
									·					
								\dashv						
	Total number of independent contractors (in		ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organia	zation >				(F	orm	990 (2018)

52-1642692

Form 990 (2018) THE CLU
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
		Griedi il Goridade G Gorie	anie a respense	or moto to arry mi	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
S (0	1 2	Federated campaigns	1a					312 314
Contributions, Gifts, Grants and Other Similar Amounts								
جَ ق		Membership dues Fundraising events						
fts, A		Related organizations		276,120.				
ig je		Government grants (contributi		270,1200				
Sin		All other contributions, gifts, gran	' 					
iğ je	•	similar amounts not included above		320,750.				
흕	~			320,730.				
o d	_	Noncash contributions included in lines			596,870.			
0 0		Total. Add lines 1a-1f		Business Code				
	0.0			Busiliess Code				
/ice	2 a							
ser, ue	b							
m S	q							
gra Re	d							
Program Service Revenue	e •	All other program service reve						
_		Total. Add lines 2a-2f						
	3	Investment income (including						
	Ü	other similar amounts)			71,737.			71,737.
	4	Income from investment of tax			, _ , , , , , ,			7277576
	5	Royalties						
	J	noyanics	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) ricar	(ii) i cisoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
			219,551.	(ii) Garioi				
	b	Less: cost or other basis						
			167,963.					
	С	and sales expenses	51,588.					
	d	Net gain or (loss)	, - ,	•	51,588.			51,588.
		Gross income from fundraising						•
nue		including \$	•					
) e		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18		29,870.				
the	b	Less: direct expenses		7,056.				
Ò		Net income or (loss) from fund			22,814.			22,814.
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	е	Business Code				
	11 a	LLC INVESTMENT		532000	-4,360.			-4,360.
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			-4,360.			
	12	Total revenue. See instructions			738,649.	0.	0.	141,779.

		o or moto to arry mile in t	IIIS FAILIN	· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a responsion 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				
	and domestic governments. See Part IV, line 21	129,063.	129,063.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	21,695.	21,695.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	120,000.	120,000.		
b	Legal				
С	Accounting	7,460.		7,460.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,914.		10,914.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	6,416.		6,416.	
12	Advertising and promotion				
13	Office expenses	14,270.		4,336.	9,934
14	Information technology				
15	Royalties	40.004		40.004	
16	Occupancy	48,234.		48,234.	
17	Travel	3,873.		3,212.	661
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 252		1 250	
19	Conferences, conventions, and meetings	1,350.		1,350.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	5,708.		396.	5,312
b	BAD DEBT EXPENSES	3,583.		3,583.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	372,566.	270,758.	85,901.	15,907
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)				

Form 990 (2018)
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	179,433.	1	45,700.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	173,715.	3	192,192.
4	Accounts receivable, net		4	11,960
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			
ا ي	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
8 B	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	10,400.	9	11,486
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	2,989,608.	11	3,735,982.
12	Investments - other securities. See Part IV, line 11	49,966.	12	45,606.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	417,552.	15	352,386
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,820,674.	16	4,395,312.
17	Accounts payable and accrued expenses	10,980.	17	6,340.
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	
ဖွ 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	key employees, highest compensated employees, and disqualified persons.			
api	Complete Part II of Schedule L		22	
⊐ ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	10,980.	26	6,340.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
မွ	complete lines 27 through 29, and lines 33 and 34.			
ğ 27	Unrestricted net assets	2,133,017.	27	2,616,644.
28	Temporarily restricted net assets	299,881.	28	395,532.
물 29	Permanently restricted net assets	1,376,796.	29	1,376,796.
[교	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>5</u> 32	Retained earnings, endowment, accumulated income, or other funds	2 000 604	32	4 202 252
00	Total net assets or fund balances	3,809,694.	33	4,388,972.
34	Total liabilities and net assets/fund balances	3,820,674.	34	4,395,312.

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		8,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	2,5	<u>66.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	36	6,0	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,80	9,6	94.
5	Net unrealized gains (losses) on investments	5	21	3,1	95.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,38	8,9	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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	X	
	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:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		İ
			Form	990	(2018)

832012 12-31-18

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

		CLUB FOUND					5	2-1642692
Part I	Reason for Public (Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instructions		
Ť	nization is not a private found	•		•	-			
1 📙	A church, convention of ch					I)(A)(I).		
2	A school described in sect							
3	A hospital or a cooperative						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4 📖	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5 📖	An organization operated for		lege or university owned	or operat	ed by a go	vernmental ui	nit describe	ed in
. —	section 170(b)(1)(A)(iv). (C							
6	A federal, state, or local government	-						
7 X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
	section 170(b)(1)(A)(vi). (C							
8 🖳	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9 📖	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college
	or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
_	university:							
10	An organization that norma	Ily receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersh	nip fees, an	d gross receipts from
	activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	from gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)						
11 🖳	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section §	509(a)(3). (Check the box in
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	oorted
	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	/eness
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е 🗌	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
g Pro	vide the following information			(in) la tha ann				T
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of	•	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)

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.)

Calendar year (or fiscal year beginning in) P Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 264,815. 352,915. 461,390. 623,715. 596,870. 2299705. 27 Eax revenues levied for the organization is behalf or or expended on fis behalf and or expended on fis behalf and the space of the paid to or expended on fis behalf and the space of the paid to or expended on fis behalf and the space of the paid to or expended on fis behalf but the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line it that exceeds 2% of the amount shown on line 11, column (f) Column (f) Amounts from line 4 264,815. 352,915. 461,390. 623,715. 596,870. 2299705. 8 Public support. Exprisiting 8 from file 4 264,815. 352,915. 461,390. 623,715. 596,870. 2299705. 8 Gross income from interest, dividends, payments received on securities bone, rents, royaltes, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support percentage for 2018 (in 6,60mm f) if wided by line 11, column (fi) 15 Public support percentage from 2017 Schedule A, Part II, line 14 18 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule A, Part II, line 14 19 Public support percentage from 2017 Schedule	Sec	ction A. Public Support						
Tax revenues levied for the organization is benefit and either part to or expended on its behalf corresponded on this behalf corresponded on this behalf corresponded on the corresponded on the corresponded on the behalf corresponded o	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
264,815. 352,915. 461,390. 623,715. 596,870. 2299705.	1	Gifts, grants, contributions, and						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018	ΙŎ	rivate loundation. If the organization	in did flot check a	DOX ON HINE 13, 168	a, 100, 178, 01 170			

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	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.)						<u> </u>
14	First five years. If the Form 990 is for	•		*	•	. , . ,	
<u>C-</u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>			T I	
	Public support percentage for 2018 (I					15	<u>%</u>
16	Public support percentage from 2017					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 - 2018. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hay on line 14 10	or 10h chock th	nic how and coo inc	etructions	ightharpoonup

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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
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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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. tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
1				
	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
300	tion b. All Type III Supporting Organizations		Vaa	N ₂
_	Did the consciention was ide to each of its supported conscientions by the least day of the fifth wealth of the		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 inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		_
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		\vdash
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		$oxed{oxed}$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
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	lly integrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	ιν iype	III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distrib	utions			Current Year
1	Amounts paid				
2	Amounts paid				
	organizations,	in excess of income from activity			
3	Administrative	e expenses paid to accomplish exempt purpose	s of supported organizations	8	
4	Amounts paid	to acquire exempt-use assets			
5	Qualified set-a	side amounts (prior IRS approval required)			
6	Other distribu	tions (describe in Part VI). See instructions.			
7	Total annual	distributions. Add lines 1 through 6.			
8	Distributions t	o attentive supported organizations to which th	e organization is responsive		
	(provide detai	s in Part VI). See instructions.			
9	Distributable a	amount for 2018 from Section C, line 6			
10	Line 8 amoun	t divided by line 9 amount			
Secti	on E - Distribı	ution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable a	amount for 2018 from Section C, line 6			
2	Underdistribu	tions, if any, for years prior to 2018 (reason-			
	able cause red	quired- explain in Part VI). See instructions.			
3	Excess distrib	utions carryover, if any, to 2018			
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines	3a through e			
g	Applied to und	derdistributions of prior years			
h	Applied to 20	18 distributable amount			
i	Carryover from	n 2013 not applied (see instructions)			
j	Remainder. S	ubtract lines 3g, 3h, and 3i from 3f.			
4		or 2018 from Section D,			
	line 7:	\$			
а	Applied to und	derdistributions of prior years			
b	Applied to 20	18 distributable amount			
С	Remainder. S	ubtract lines 4a and 4b from 4.			
5	Remaining un	derdistributions for years prior to 2018, if			
	any. Subtract	lines 3g and 4a from line 2. For result greater			
	than zero, exp	plain in Part VI. See instructions.			
6		derdistributions for 2018. Subtract lines 3h			
	•	ne 1. For result greater than zero, explain in			
	Part VI. See in	· · ·			
7		butions carryover to 2019. Add lines 3j			
	and 4c.				
8	Breakdown of	line 7:			
	Excess from 2				
	Excess from 2				
	Excess from 2				
	Excess from 2				
	Excess from 2				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CLUB CAR LLC	90,000.	38,884.
JONAS SOFTWARE	150,000.	98,884.
TEXAS LONE STAR CHAPTER	53,299.	2,183.
CMAA FLORIDA CHAPTER	107,500.	56,384.
Total Excess Contributions to Schedule A, Part II, Line 5	1	196,335.

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

THE CLUB FOUNDATION

52-1642692

Filers of:		Section:			
Form 990	or 990-EZ	\boxed{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			
		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				
	-	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) a 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 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.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	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., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
but it mu	st answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

THE CLUB FOUNDATION

52-1642692

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA CHAPTER P. O. BOX 2561 PALM CITY, FL 34991	\$ 100,000.	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 Omnian (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll 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.)

Name of organization Employer identification number

THE CLUB FOUNDATION

52-1642692

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
823453 11-08-			990 990-F7 or 990-PF) (2018)

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CLUB FOUNDATION

Employer identification number 52-1642692

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and optoming consonration	an accompante during the year
7	* * **Thought of expenses incurred in monitoring, inspecting, fiance ** ** ** ** ** ** ** ** **	diling of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	vo satisfy the requirements of section 170(h)	(4)(D)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ŭ	include, if applicable, the text of the footnote to the organiza	·	•
	conservation easements.	non o manolal otatomonto that goodhood th	o organization o accounting for
Par		f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherance	ee of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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

Sche	dule D (Form 990) 2018 THE CLU	B FOUNDATIO	ON						52-16	42692	2 P	age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical ⁻	Trea	asures, or	Othe	r Si	mila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of t	he fo	llowing that	are a si	gnifi	cant u	se of its o	collection	items	
	(check all that apply):											
а	Public exhibition	d			ange progra							
b	Scholarly research	е	Other_									
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and explair	n how they furthe	er the	organizatio	n's exer	mpt į	ourpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical t	reası	ires, or othe	r similar	rass	ets				
	to be sold to raise funds rather than to be ma									Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organiz	ation	answered "	Yes" on	For	m 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribut	ions	or other ass	ets not	inclu	ıded		_		_
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:									
										Amount		
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						[1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow of	r cus	stodial accou	unt liabil	lity?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.											
Pai	t V Endowment Funds. Complete if											
		(a) Current year	(b) Prior year		(c) Two year		(d)		ears back			
	Beginning of year balance	1,499,342.	1,509,8	57.	1,376	,796.		1,3	76,796.	1,	527,	988.
	Contributions											
С	Net investment earnings, gains, and losses	113,590.	-10,5	15.	138	,489.			13,842.	. 27,145.		145.
d	Grants or scholarships											
е	Other expenditures for facilities	00.055			_							
	and programs	22,256.			5	,428.			13,842.		61,	834.
f	Administrative expenses									<u> </u>		
g	End of year balance	1,590,676.	1,499,3			,857.		1,3	76,796.	l 1,	493,	299.
2	Provide the estimated percentage of the curre	ent year end balance	· • • • • • • • • • • • • • • • • • • •	n (a))	held as:							
а	Board designated or quasi-endowment		_%									
	Permanent endowment ► 86.55	% D15										
С	· · ·	8.45 %										
0 -	The percentages on lines 2a, 2b, and 2c should be the decrease of the decrease	•	Alam Alamba 1	- ملم	d = alassi:-!-#	· · · ·			.4:			
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are nei	a anc	a administere	ea for tr	ie or	ganiza	ation	Г	V	NI-
	by:									2-(:)	Yes	No X
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		
_	If "Yes" on line 3a(ii), are the related organizated Describe in Part XIII the intended uses of the			Πſ.						3b		
4 Par	t VI Land, Buildings, and Equipme		wment lunus.									
. u.	Complete if the organization answered		Dort IV line 11	a Sa	o Form 000	Dort V	lino	10				
	-								-d	(d) Post	c volu	
	Description of property	(a) Cost or o basis (investre	. ,		or other other)	٠,		mulate iation	u	(d) Bool	valu	C
10	Land	- ` 	.5.15	.5.5 (0	2101)		٠,٠٠٠					
	Land											
	Buildings											
	Leasehold improvements Equipment								- -			
u	Equipment											

Schedule D (Form 990) 2018

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

0.

Dort VIII Investments Other Occurities	ONDALION		34	IUIZUJZ Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				- f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (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	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	. 1			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990	Part X line 15	
	Description	,	1 41174, 11110 10.	(b) Book value
(1) DUE TO/FROM CMAA	ı ı			352,386
(2)				332,300
(3)				
• •				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				252 206
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.) </u>			352,386
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25.	
(a) Description of liability		(b) Book value	_	
(1) Federal income taxes			_	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)			

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

Schedule D (Form 990) 2018

	edule D (Form 990) 2018 THE CLUB FOUNDATION				1642692 _{Page} 4			
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a						
1	Total revenue, gains, and other support per audited financial statements			1	1,007,194.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
	Net unrealized gains (losses) on investments		213,195.					
b	Donated services and use of facilities	2b	59,208.					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d	7,056.					
е	Add lines 2a through 2d			2e	279,459.			
3	Subtract line 2e from line 1			3	727,735.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,914.					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	10,914.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	738,649.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per F	Returr	າ.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.						
1	Total expenses and losses per audited financial statements			1	427,916.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	59,208.					
b	Prior year adjustments	2b						
	Other losses							
	Other (Describe in Part XIII.)		7,056.					
е	Add lines 2a through 2d			2e	66,264.			
3	Subtract line 2e from line 1			3	361,652.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,914.					
b	Other (Describe in Part XIII.)	4b						
	Add lines 4a and 4b	·		4c	10,914.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	372,566.			
Pa	rt XIII Supplemental Information.							
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	•		; Part X	K, line 2; Part XI,			
PAI	RT V, LINE 4:							
THE	E INTENDED USE OF THE ORGANIZATION'S ENDOW	MENT FU	NDS IS TO	RAIS	SE FUNDS			
FOI	R EDUCATION, RESEARCH PROGRAMS, SCHOLARSHI	IPS, ANI	INTERNSHI	PS.				
THE	E BEGINNING BALANCE OF THE ENDOWMENT FUND	FOR 2 Y	YEARS BACK	DOES	S NOT			
AGI	REE WITH THE ENDING BALANCE REPORTED FOR T	THE YEAF	R PRIOR TO	THAT	T BECAUSE			
CEF	TERTAIN TEMPORARY NET ASSETS RELATED TO THE SCHOLARSHIP FUNDS WERE							

AGREE WITH THE ENDING BALANCE REPORTED FOR THE YEAR PRIOR TO THAT BECAUSE

CERTAIN TEMPORARY NET ASSETS RELATED TO THE SCHOLARSHIP FUNDS WERE

INCLUDED IN THE ENDOWMENT FUND IN THE PRIOR YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 7,056.

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THE CLUB FOUNDATION 52-1642692 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I							
		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			SILENT	50/50	NONE	(add col. (a) through		
				DRAWING		col. (c))		
<u>o</u>			(event type)	(event type)	(total number)			
Revenue			04 116	F 754		20 070		
Rev	1	Gross receipts	24,116.	5,754.		29,870.		
	_	Lance Contributions						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	24,116.	5,754.		29,870.		
		aross income (inter i minus into 2)		377320		2370700		
	4	Cash prizes		3,000.		3,000.		
	5	Noncash prizes						
ses								
pen	6	Rent/facility costs						
Direct Expenses	_							
irec	7	Food and beverages						
D	8	Entertainment						
	9	Other direct expenses				4,056.		
	10	Direct expense summary. Add lines 4 through		1	•	7,056.		
		Net income summary. Subtract line 10 from li				22,814.		
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than			
_		\$15,000 on Form 990-EZ, line 6a.	T	T	Т	1		
<u>e</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				billigo/progressive billigo		coi. (a) throught coi. (c)		
Re	1	Gross revenue						
_	•	Gross revenue						
	2	Cash prizes						
ıses								
kbel	3	Noncash prizes						
Direct Expenses								
Jired	4	Rent/facility costs						
	_	Other and the set of t						
_	5	Other direct expenses	V 0/		Vac 0/			
	6	Volunteer labor	Yes % No	Yes % No				
	Ü	volunteer labor	110		I NO			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>			
		ter the state(s) in which the organization condu	_					
		he organization licensed to conduct gaming a		states?		Yes No		
a	H° "	No," explain:						
	_							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No		
		Yes," explain:						
	_							
	_							
83208	32082 10-03-18 Schedule G (Form 990 or 990-EZ) 2018							

Schedule G (Form 990 or 990-EZ) 2018 THE CLUB FOUNDATION	52-1642692 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partner	rship or other entity formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	l I
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/sp	pecial events books and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization r	receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent cont	ractor
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the	gaming proceeds to
retain the state gaming license?	Voc. No.
b Enter the amount of distributions required under state law to be distributed to other ex	xempt organizations or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	See instructions.

Schedule G (Form 990 or 990-EZ) THE CLUB FOUNDATION Part IV Supplemental Information (continued)	52-1642692 Page 4
Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization							Employer identification number		
THE CLUB		N					52-1642692		
Part I General Information on Grants a									
criteria used to award the grants or assis							X Yes No		
2 Describe in Part IV the organization's pro-									
aranto ana otner Abbietance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
recipient that received more than 1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	ea. (e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant		
or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance		
CARRY FOR A CARE INC									
CADDY FOR A CARE, INC. 2067 NW 104TH AVENUE									
CORAL SPRING, FL 33071	20-0667507	501(C)(3)	10,000.	0.			GENERAL SUPPORT		
estate practice, 12 ess.1	25 5557557		10,000.						
TEE IT UP FOR THE TROOPS									
515 WEST TRAVELERS TRAIL							TROOPS REUNION AND		
BURNSVILLE, MN 55377	20-2974507	501(C)(3)	20,000.	0.			TOURNMENT GRANT		
NEXTGENGOLF									
55 COURT STREET									
BOSTON, MA 02108	46-4420151	501(C)(3)	20,000.	0.			GOLF DEVELOPMENT GRANT		
CLUB MANAGEMENT ASSOCIATION OF									
AMERICA - 1733 KING STREET -									
ALEXANDRIA, VA 22314	53-0235732	501(C)(6)	36,598.	0.			SCHOLARSHIP TO MANAGERS		
•			,						
NIAGARA UNIVERSITY									
5795 LEWISTON RD									
NIAGARA UNIVERSITY, NY 14109	16-0755807	501(C)(3)	5,000.	0.			STUDENT SCHOLARSHIP		
UNIVERSITY OF NORTH TEXAS									
1155 UNION CIRCLE # 305250									
DENTON, TX 76203-5017	75-6002149	501(C)(3)	5,000.	0.			STUDENT SCHOLARSHIP		
2 Enter total number of section 501(c)(3) a	-	-							
3 Enter total number of other organization	s listed in the line	1 table)		

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

Part III can be duplicated if additional space is needed.	•	_			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATION TRAVEL REIMBURSEMENT	25	21,695.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION REQUIRES ANYONE I	NTERESTED	IN APPLYI	NG FOR A G	RANT TO	
SUBMIT A GRANT REQUEST WHICH INCLU	DES AMOUN	T, PURPOSE	. ORGANIZA	TION'S	
MISSION, ETC. GRANTS ARE APPROVED	ULTIMATEL	Y BY THE C	LUB FOUNDA	TION BOARD	
OF GOVERNORS THROUGH OUR BUDGETING	PROCESS.	IN SOME C	CASES, CERT	AIN SPECIFIC	
GRANT DECISIONS ARE HANDLED VIA CO	MMITTEES	SUCH AS TH	IE ALLOCATI	ON COMMITEE.	
THE BOARD OF GOVERNORS DECIDES THE					
PROGRAMS AND ALLOWS THE CERTAIN COL					
APPLICATIONS. ONCE A GRANT IS APPRO					

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE CLUB FOUNDATION

Employer identification number 52-1642692

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 personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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 committee			
4	During the year did any never listed an Form 000 Part VIII Section A line 1s with respect to the filing			
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:			
•		4a		х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		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 nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2018

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JEFFREY D. MORGAN, FASAE, CAE (i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (ii)		90,000.	18,774.		27,097.		0.
(i)		, , , , , , , , , , , , , , , , , , , ,	- ,	,	,	,	
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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 MANAGEMENT
ASSOCIATION OF AMERICA (CMAA), A RELATED ORGANIZATION, DURING THE TAX YEAR
ENDED 10/31/19. 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(F) AND
\$25,000 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.

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

Open to Public

OMB No. 1545-0047

Inspection

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 B, LINE 11B:

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 OF INTEREST ARE BROUGHT TO THE BOARD'S ATTENTION AT THE NEXT BOARD MEETING AFTER THE RECOGNITION OF THE CONFLICT BY THE INDIVIDUAL. AFTER ANY POSSIBLE CONFLICT OF INTEREST HAS BEEN DISCLOSED, THE BOARD MEMBER REFRAINS FROM VOTING ON ANY MATTER THAT MAY BE PERCEIVED AS A CONFLICT.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

THE CLUB FOUNDATION	52-1642692
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CEO OF CLUB MANAGEMENT ASSOCIATION OF AMERICA (CMAA) S	ERVES 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, NV, NH, NJ, N	M, NY, 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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2018

THE CLUB FOUND	ATION				į	52-16426	92	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	me End-of-yea		Direct o	(f) ontrolling ntity	9
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ntions. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	e or more r	related tax-exer	mpt	
(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 501(c)(3))		(f) et controlling entity		g) 512(b)(13) rolled ity?
CLUB MANAGEMENT ASSOCIATION OF AMERICA - 53-0235732, 1733 KING STREET, ALEXANDRIA, VA 22314	PROFESSIONAL ASSOCIATION	DISTRICT OF COLUMBIA	501/C)/6)	N/A	N/A		165	х
22314	FAOTESSIONAL ASSOCIATION	DISTRICT OF COHOMBIA	501(0)(0)	N/A	N/A			

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

Page 2

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. Part III

- · ·	1	1	T	I			T			т —	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	or Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	ations?	amount in box 20 of Schedule	partne	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0
			CLUB								
1733 CMAA, LLC - 26-1661215			MANAGEMENT								
1733 KING STREET			ASSOCIATION OF								
ALEXANDRIA, VA 22314	PROPERTY RENTAL	VA	AMERICA	EXCLUDED	156,841.	768,467.		X	N/A	x	30.00%
	1										
	1										
	1		1	1	ı	1			1		

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	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(n) Percentage ownership	Sec 512(b contr enti	tion (13) olled ty?
		country)		or tracty		455515		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 with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

			1b	X	
			1c		X
			1d		X
			1e	Х	
					<u>X</u>
					X
					X
					<u>X</u>
			1j		X
			1k		X
			11		X
anization(s)			1m		X
			1n	Х	
			10	Х	
			1p	Х	
			1q		X
			1r		X
			1s		X
who must complete th	is line, including covered re	elationships and transaction thresholds.			
(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	nvolved		
0	120,000.	FMV			
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) lf the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) (c) (d) Transaction Transaction type (a-s) Method of determining amo					
4.5		Schedulo	R (For	n 990)	2018
	who must complete the (b) Transaction type (a-s)	who must complete this line, including covered re (b) (c) Transaction type (a-s)	anization(s) anization(s) tion(s) who must complete this line, including covered relationships and transaction thresholds. (b) (c) (d) Transaction type (a-s) O 120,000 • FMV	1c	1c

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	Dispretion allocat	opor- late tions?		General manage partner	(k) Percentage ing ownership
								Oakaakala		

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, BEMICs, and trusts.

				Enter file	er's identifyiı	ng number
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identificatio	n number (EIN) o
print						
File by the	THE CLUB FOUNDATION				52-16	42692
due date for filing your		ee instruct	ions.	Social se	curity number	er (SSN)
return. See	1733 KING STREET					
instructions	ALEXANDRIA, VA 22314					
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	O or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	D-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	O-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above)	06	Form 8870			12
• The b	JASON TATE ooks are in the care of > 1733 KING STREI	ET - <i>I</i>	LEXANDRIA VA 223	14		
	hone No. ► $703 - 739 - 9500$		Fax No. ▶			
Telep			Fax No. ▶			> 🗆
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)