Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning NOV 1. 2020 and ending OCT 31, 2021 C Name of organization D Employer identification number Check if applicable: Address change THE CLUB FOUNDATION Name change 52-1642692 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 703-739-9500 1733 KING STREET 1,105,483. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return ALEXANDRIA, VA 22314 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JEFFREY D. MORGAN for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.CLUBFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1988 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 15 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 394,818. 601,656. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 130,381 220,853. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,700 -1,987. 11 549,899 820 522. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 156,669. 145,709. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 245,918. 180,962. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 402,587. 326,671. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 147,312. 493,851. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year Ы **End of Year** 4,513,995 5,582,121. Total assets (Part X, line 16) 5,165. 0 21 Total liabilities (Part X, line 26) 三年 4,508,830. 5,582,121. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JEFFREY D. MORGAN, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MEREDITH BELL P01696827 Paid self-employed Firm's name RSM US LLP 42-0714325 Preparer Firm's EIN ▶ Firm's address > 2021 L STREET NW, SUITE 400 Use Only Phone no. 202-293-2200 WASHINGTON, DC 20036 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	art III Statement of Program Service Accomplishme	ents	r age =
	Check if Schedule O contains a response or note to any line	e in this Part III	X
1	Briefly describe the organization's mission:		
	THE CLUB FOUNDATION WAS FORMED FOR CHARITABLE AN	D EDUCATIONAL PURPOSES	
	TO FOSTER INTELLECTUAL EXCELLENCE IN THE FIELD O	F CLUB MANAGEMENT.	
	THIS PURPOSE IS ACHIEVED BY AWARDING SCHOLARSHIP		
	TO INDIVIDUALS AND BY MAKING GIFTS OR CONTRIBUTION	ONS. THE FOUNDATION'S	
2	Did the organization undertake any significant program services d	during the year which were not listed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant chang	ges in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for		
	Section 501(c)(3) and 501(c)(4) organizations are required to report	rt the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	145 700	
4a		g grants of \$ 145,709.) (Revenue \$	
	AWARDED SCHOLARSHIPS AND GRANTS TO EDUCATIONAL I		
	MANAGEMENT.	u in the tiend of crop	
	MANAGEMENI.		
4b	(Code:) (Expenses \$ including	g grants of \$) (Revenue \$	
4.	/- · · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$ including	g grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)

196,839.

4e Total program service expenses ▶

Form 990 (2020) 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza	, , , , , , , , , , , , , , , , , , ,	12a	х	
h	Schedule D, Parts XI and XII	IZa		
b	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2020) 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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			_v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a 28b		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2020) THE CLUB FOUNDATION 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)						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		Х			
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).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).		77				
a	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	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х			
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Λ			
		7e		Х			
e f	Did the constitution of all the constitutions of the state of the stat	7 6 7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
9 h	If the organization received a contribution of qualified intellectual property, and the organization rife rorm costs as required: If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h					
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
_	sponsoring organization have excess business holdings at any time during the year? N/A						
9							
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders N/A 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
р	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 Story the amount of receives an head						
	Enter the amount of reserves on hand Did the organization receive any payments for indeer tanning services during the tay year?	140		Х			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b					
15		15		х			
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	ıJ					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
10	If "Yes," complete Form 4720, Schedule O.	10		-			
	ii 100, complete i diffi 1120, comodulo c.						

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Form 990 (2020) THE CLUB FOUNDATION 52-1642692 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on scriedule O. see instructions.			
800	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management		Voc	No
19	Enter the number of voting members of the governing body at the end of the tax year15		Yes	No
Iu	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion 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		Х
	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	Х	
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	, , , , , , , , , , , , , , , , , , , ,	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, FL, GA, IL, KS, 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	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JASON TATE, CPA - 703-739-9500			
	1733 KING STREET, ALEXANDRIA, VA 22314			

Form 990 (2020) THE CLUB FOUNDATION 52-1642692 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A)	(B)	J	11124		C)	ірсі	ioati	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pei	more rson i	than of s both or/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	(list any by hours for hours		Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEFFREY D. MORGAN, FASAE, CAE	5.00									
PRESIDENT	35.00			Х				0.	519,900.	59,881.
(2) BURTON WARD, CCM, CCE	2.00	.,		٠,						0
CHAIRMAN (3) NICHOLAS J. LAROCCA	0.00	Х		Х				0.	0.	0.
VICE CHAIRMAN	0.00	X		х				0.	0.	0
(4) TIMOTHY P. MINAHAN, CCM, CCE	2.00	Λ		Λ				0.	0.	0.
SECRETARY	0.00	x		x				0.	0.	0.
(5) LUANN GIOVANNELLI, CCM, CAM	2.00								•	<u> </u>
TREASURER	0.00	х		х				0.	0.	0.
(6) MARK A. BADO, MCM, CCE	2.00									
DIRECTOR	2.00	х						0.	0.	0.
(7) BRIAN R. KROH, CCM	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) TODD MARSH, CCM, CCE	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) CASEY NEWMAN, CCM	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(10) JOE OSWALD	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) DONNA OTIS, CCM, CCE	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) FRED PALMER, JR.	2.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(13) MIKE PARKHURST	2.00	-							_	_
DIRECTOR	0.00	Х						0.	0.	0.
(14) MITCHELL S. PLATT, MCM, CCE	2.00									_
DIRECTOR	2.00	Х						0.	0.	0.
(15) RANDY RUDER, CCM, CCE DIRECTOR	0.00								0.	0
(16) TERRA S. H. WALDRON, CCM, CCE	2.00	^	\vdash			\vdash	 	0.	0.	0.
DIRECTOR	0.00	y						0.	0.	0.
21120101	1 0.00						<u> </u>	· · · · · · · · · · · · · · · · · · ·	0.	0.
		1								
	l							l .	l	000

101111000 (2020)	HE CLUB FOUI									52-16	4269	2	Р	age 8
	Directors, Trus		oloy	ees,			ghes	t C	compensated Employee	' '				
(A) Name and title		(B) Average hours per week	box	Posit (do not check m box, unless pers officer and a dire			than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	e Est on am		(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	ie tion ted
									0.	F10	000		E O	001
1b Subtotal c Total from continuation sh	eets to Part VI	I, Section A						>	0.	519, 519,	0.			0. 881.
d Total (add lines 1b and 1c) Total number of individuals compensation from the orga	(including but n							o re	1					0
	•	-Pro A A A											Yes	No
3 Did the organization list any line 1a? If "Yes," complete S	Schedule J for s	uch individual										3		Х
4 For any individual listed on l and related organizations gr	eater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4	Х	
5 Did any person listed on line rendered to the organization	n? If "Yes," com											5		х
Section B. Independent Contra 1 Complete this table for your		mponeated ind	lono	ndo	at oc	ntro	actor	rc tk	nat received more than \$:100 000 of com	ooncol	ion fro	·m	
the organization. Report cor	npensation for	•	•						the organization's tax y	•				
Nam	(A) e and business	address	NO	NE					(B) Description of s	ervices	С	ompe		n
2 Total number of independer	nt contractors (i	acluding but a	ot lin	nitor	1 to	thos	ما م	ted	ahove) who received me	ore than				
\$100,000 of compensation	•	•	J. 1111	inie)	ıeu	above, who received file	ore urari				

Form 990 (2020) THE CLUB FOR Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a					
ant	b								
င်္ခ ရ		Fundraising events			59,020.				
Æ,		Related organizations			194,259.				
Contributions, Gifts, Grants and Other Similar Amounts					251,265.				
Sir		Government grants (contr							
utic er	ī	All other contributions, gifts,			3/8 377				
들 된		similar amounts not included	-		348,377.				
on od	g					601 656			
O <u>e</u>	h	Total. Add lines 1a-1f				601,656.			
					Business Code				
Ç	2 a								
ē Ķ	b								
Sch	С								
ar eve	d								
Program Service Revenue	е								
4	f	All other program service	revenue	·					
	g	Total. Add lines 2a-2f							
	3	Investment income (includ	ling divi	dends, intere	est, and				
		other similar amounts)				74,248.			74,248.
	4	Income from investment of							
	5	Royalties							
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
		Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$) Securities	(ii) Other				
	ı a	assets other than inventory	7a	429,579.	. ,				
	L	•	1 a	125,575.					
o o	b	Less: cost or other basis		282,974.					
ž		and sales expenses		146,605.					
Revenue		Gain or (loss)			•	146,605.			146,605.
Æ		Net gain or (loss)				140,005.			140,005.
ther	8 a	Gross income from fundraising							
0		including \$							
		contributions reported on	,	I	_				
		Part IV, line 18							
		Less: direct expenses			1,987.	4 000			1 005
		Net income or (loss) from		-	_ _	-1,987.			-1,987.
	9 a	Gross income from gamin	-	I .					
		Part IV, line 19							
		Less: direct expenses							
	С	Net income or (loss) from	gaming	activities	<u></u>				
	10 a	Gross sales of inventory, I							
		and allowances		10a	1				
	b	Less: cost of goods sold		10k					
\perp	С	Net income or (loss) from	sales of	inventory	>				
,					Business Code				
ous •	11 a								
ane Dire	b								
Miscellaneous Revenue	С								
lsc R		All other revenue							
≥		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				820,522.	0.	0.	218,866.

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	73,965.	73,965.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	71,744.	71,744.							
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 (nonemployees):	100 000	26.000	04 000	60.000					
а	Management	120,000.	36,000.	24,000.	60,000.					
b	Legal	10.000	2 040	C 400	2.500					
_	Accounting	12,800.	3,840.	6,400.	2,560.					
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17	11,526.		11 526						
f	Investment management fees	11,520.		11,526.						
g	Other. (If line 11g amount exceeds 10% of line 25,	7,058.	2 117	3,529.	1 412					
	column (A) amount, list line 11g expenses on Sch O.)	1,438.	2,117.	719.	1,412.					
12	Advertising and promotion	16,354.	4,906.	8,177.	3,271.					
13	Office expenses	10,334.	4,500.	0,177.	5,271.					
14 15	Information technology									
15 16	Royalties									
17	Occupancy Travel									
17 18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
20 21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
 23	Insurance									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	OTHER EXPENSES	11,786.	3,836.	5,394.	2,556.					
b										
С										
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	326,671.	196,839.	59,745.	70,087.					
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)	l	l							

Page **11** 52-1642692

Form 990 (2020)
Part X Balance Sheet

		Check if Schedule O contains a response or ne	ote to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			39,790.	1	49,730.
	2	Savings and temporary cash investments				2	22,951.
	3	Pledges and grants receivable, net			160,532.	3	230,628.
	4	Accounts receivable, net			38.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub		· · ·			
		controlled entity or family member of any of th		•		5	
	6	Loans and other receivables from other disqua	•				
		under section 4958(f)(1)), and persons describe		•		6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9				6,459.	9	11,881.
		Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D)a			
	l b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			4,028,953.	11	1,350,124.
	12	Investments - other securities. See Part IV, line			46,993.	12	3,609,044.
	13	Investments - program-related. See Part IV, line				13	.,,
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			231,230.	15	307,763.
	16	Total assets. Add lines 1 through 15 (must ed			4,513,995.	16	5,582,121.
	17	Accounts payable and accrued expenses	•		5,165.	17	0.
	18				, 200.	18	
	19	Grants payable		19			
	20	Deferred revenue		20			
	21	Tax-exempt bond liabilities		IV of Coloradada D		21	
	22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
iii		trustee, key employee, creator or founder, sub				22	
Lia	22	controlled entity or family member of any of the		Aladorat or an Adama			
	23 24	Secured mortgages and notes payable to unre-				23	
	25	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line	-				
		·		, '		25	
	06	of Schedule D			5,165.		0.
	26	Total liabilities. Add lines 17 through 25		V	3,103.	26	
S		Organizations that follow FASB ASC 958, ch	neck r	iere 🚩 🔼			
nce		and complete lines 27, 28, 32, and 33.			2,723,960.	07	3,571,800.
ala	27				1,784,870.	27	2,010,321.
d B	28	Net assets with donor restrictions			1,704,070.	28	2,010,321.
ڃَ		Organizations that do not follow FASB ASC	958,	cneck nere			
Net Assets or Fund Balances		and complete lines 29 through 33.				-	
şţ	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
¥.	31	Retained earnings, endowment, accumulated			4,508,830.	31	5,582,121.
ž	32	Total net assets or fund balances				32	· · ·
	33	Total liabilities and net assets/fund balances			4,513,995.	33	5,582,121.

Form **990** (2020)

Form	990 (2020) THE CLUB FOUNDATION	52-164269	2	Pag	ge 12			
Pai	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		820,				
2	Total expenses (must equal Part IX, column (A), line 25)	2	326,6					
3	Revenue less expenses. Subtract line 2 from line 1	3	493,851					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,508,	830.			
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990:							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule 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							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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

2020

Open to Public Inspection

Name of the organization **Employer identification number** THE CLUB FOUNDATION 52-1642692 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	461,390.	623,715.	596,870.	394,818.	601,656.	2,678,449.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	461,390.	623,715.	596,870.	394,818.	601,656.	2,678,449.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						418,787.
	Public support. Subtract line 5 from line 4.						2,259,662.
Sec	ction B. Total Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	461,390.	623,715.	596,870.	394,818.	601,656.	2,678,449.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	43,647.	59,219.	67,377.	91,403.	74,248.	335,894.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			29,870.	29,367.		59,237.
	Total support. Add lines 7 through 10						3,073,580.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
80	organization, check this box and stop						
	etion C. Computation of Publi			-1 (6)			73.52 %
	Public support percentage for 2020 (I					15	
	Public support percentage from 2019						,,,
102	33 1/3% support test - 2020. If the cater hare. The organization qualifies						. 77
	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		~			or more check this	·····
L							
17-	and stop here. The organization qual 10% -facts-and-circumstances test						
1/8	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						. .
L	10% -facts-and-circumstances test	J		, , , ,			
	more, and if the organization meets the	-					070 OI
	organization meets the facts-and-circle		•				
18						***************************************	
<u> 18</u>	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	, check this box a	nd see instructions	

Page 3

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
J		
7		
8		
9a		
9b		
9с		
40		
10a		
10h		
10b		

	rt IV Supporting Organizations (continued)			age o
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	struction	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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
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		

Sche	dule A (Form 990 or 990-EZ) 2020 THE CLUB FOUNDATION			52-1642692	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain i	n Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (option	
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 (option	
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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current \	/ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
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 or	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _{(contini}	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
_	_,,5555 5111 E5E5				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 THE CLUB FOUNDATION	52-1642692	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	ı C, rt V,
			·

THE CLUB FOUNDATION 52-1642692

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Total Contributions	Excess Contributions
90,000.	28,528.
75,000.	13,528.
107,500.	46,028.
392,175.	330,703.
	418,787.
	75,000.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2020

THE CLUB FOUNDATION 52-1642692 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE CLUB FOUNDATION	52-1642692

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLUB MANAGEMENT ASSOCIATION OF AMERICA 1733 KING STREET ALEXANDRIA, VA 22314	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	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 Omnocash 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
140.	Name, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Same Property Same Propert	Person Payroll 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 II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l \$	

Name of or	ganization			Employer identification number
THE CLUB	FOUNDATION			52-1642692
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of and ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor 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

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised	I 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 wr	iting that the assets held	d in donor advised fu	inds
_	are the organization's property, subject to the organization's ex	~		
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?	,		
Pa	t II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization		,	,
-	Preservation of land for public use (for example, recreation		Preservation of a his	storically important land area
	Protection of natural habitat			ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribut	tion in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а				2a
b				
С	Number of conservation easements on a certified historic struc			·
d	Number of conservation easements included in (c) acquired aft			
	listed in the National Register	·		2d
3	Number of conservation easements modified, transferred, release			
	year▶	, ,	, ,	•
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enfo	orcing conservation e	easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenu	ue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's f	inancial statements	that describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of A	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its rever	nue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education,	or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	al statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue	statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas			n, provide
	the following amounts required to be reported under FASB AS6	C 958 relating to these it	tems:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
b	Assets included in Form 990, Part X			

Sche	dule D (Form 990) 2020 THE CLUB FOU	NDATION				52-1642	2692	Page 2
	t III Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or Oth	er Similar	Assets	(continu	
3	Using the organization's acquisition, accession	, and other records, o	check any of the f	ollowing that make	significant us	se of its	,	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explain h	ow they further th	e organization's ex	empt purpos	e in Part)	XIII.	
5	During the year, did the organization solicit or		•	•	ar assets		_	
_	to be sold to raise funds rather than to be main						Yes	No
Par	t IV Escrow and Custodial Arrange		if the organizatio	n answered "Yes" o	on Form 990,	Part IV, li	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodiar						-	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follow	ving table:					
							Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance				1f		1	
	Did the organization include an amount on For				•	L	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. C	heck here if the expla	anation has been	provided on Part XI	<u> </u>			
Fai	- Complete in					ana baali	(-) Farm	
4.		(a) Current year 1,603,166.	(b) Prior year 1,590,676.	(c) Two years back 1,499,342		9,857.		<u>years back</u> 376,796.
	Beginning of year balance	1,003,100.	1,390,070.	1,499,342	. 1,30	9,037.	1,3	10,130.
	Contributions	220,880.	31,850.	113,590	_1	0,515.	1	138,489.
	Net investment earnings, gains, and losses	220,000.	31,030.	113,330	-	.0,313.		.50,405.
	Grants or scholarships							
е	Other expenditures for facilities	68,840.	19,360.	22,256				5,428.
	and programs Administrative expenses	33,313.	15,500.	22,230	•			3,120.
'		1,755,206.	1,603,166.	1,590,676	1 49	9,342.	1 5	509,857.
2	Provide the estimated percentage of the current					-,	,-	
2	Board designated or quasi-endowment		// //) field as.				
h	Permanent endowment 78.4407		,,,					
c	Term endowment ▶ 21.5593 %							
·	The percentages on lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the possess	•	n that are held an	nd administered for	the organizat	tion		
-	by:						Г	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organization						3b	\neg
4	Describe in Part XIII the intended uses of the o							
Par	t VI Land, Buildings, and Equipme		· -					
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part	K, line 10.			
	Description of property	(a) Cost or other			Accumulated		(d) Book	value
	and the state of	basis (investmer	, ,	' '	lepreciation		.,	

basis (other)

0. Schedule D (Form 990) 2020

e Other

b Buildings c Leasehold improvements d Equipment

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

Part VII Investments - Other Securities.			У.
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(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) DYNAMIC ASSETS ALLOC OVERLAY	1,507,170.	COST	
(B) 94574.291-AB GLOBAL BOND (ANAYX)	801,044.	COST	
(C) 59522.935-BERNSTEIN INTERM (SNIDX)	801,179.	COST	
(D) 35161.912-AB INT'L STRATEGIC (STEYX)	499,651.	COST	
(E)			
(F)			
(G)			
(H)	2 600 044		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,609,044.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) DUE TO/FROM CMAA			307,763.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.)</u>		307,763.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 25.)</u>	>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pro	vided in Part XIII

Sche	edule D (Form 990) 2020 THE CLUB FOUNDATION			52-1642692	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,505,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	579,440.		
b	Donated services and use of facilities		115,440.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	694,880.
3	Subtract line 2e from line 1			3	810,982.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, -
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,527.		
b	Other (Describe in Part XIII.)		-1,987.		
0				1	9,540.
-				4c 5	820,522.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With F	ynenses ner F		020,322.
ıu			Apenises per i	ictarri.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				422 E71
1	Total expenses and losses per audited financial statements			1	432,571.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	115 440		
а	Donated services and use of facilities	1 1	115,440.	-	
b	Prior year adjustments			-	
С	Other losses				
d	Other (Describe in Part XIII.)	2d	1,987.		
е	Add lines 2a through 2d			2e	117,427.
3	Subtract line 2e from line 1			3	315,144.
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	11,527.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	11,527.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	326,671.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			l; Part X, line 2; F	Part XI,
PART	V, LINE 4:				
THE	INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO RAIS	SE FUNDS			
FOR	EDUCATION, RESEARCH PROGRAMS, SCHOLARSHIPS, AND INTERNSHIPS.				
THE	BEGINNING BALANCE OF THE ENDOWMENT FUND FOR 2 YEARS BACK DOES	S NOT			
AGRI	E WITH THE ENDING BALANCE REPORTED FOR THE YEAR PRIOR TO THA	r because			
CERT	TAIN TEMPORARY NET ASSETS RELATED TO THE SCHOLARSHIP FUNDS WE	RE			
INCI	UDED IN THE ENDOWMENT FUND IN THE PRIOR YEAR.				
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
FUNI	PRAISING EVENT EXPENSES REPORTED IN PART VIII LINE 8B	-1,987.			

Schedule D (Form 990) 2020 THE CLUB FOUNDATION Part XIII Supplemental Information (continued)	52-1642692	Page 5
Part XIII Supplemental Information (continued)		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII LINE 8B 1,987.		

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

Schedule G (Form 990 or 990-EZ) 2020

Name of the organization						Employer ide	ntification number
THE CLUB FOUNDATION						52-164269	2
Part I Fundraising Activities. required to complete this par	· Complete if the organization answett.	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed the compensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	'
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020 THE CLUB FOUNDATION Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SILENT AUCTION WINE AUCTION col. (c)) (event type) (event type) (total number) 15,632. 43,388. 59,020. 1 Gross receipts 2 Less: Contributions 15,632. 43,388. 59,020. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1,987. 1,987. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,987. -1,987. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 THE CLUB FOUNDATION 52-1	164269	2	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	ı The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	s If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of another specified b			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
	organization's own exempt activities during the tax year > \$			
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lir	100 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111		90, 100,
				,

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	THE CLUB FOUNDATION		52-1642692	Page 4
Part IV	Supplemental Infor	mation _(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.

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** THE CLUB FOUNDATION 52-1642692 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL TROOPS REUNION AND 20-2974507 501(C)(3) TOURNMENT GRANT BURNSVILLE, MN 55377 20,000. 0 CLUB MANAGEMENT ASSOCIATION OF AMERICA - 1733 KING STREET -53-0235732 501(C)(6) 0. SCHOLARSHIP TO MANAGERS ALEXANDRIA, VA 22314 48,465 FAIRLEIGH DICKINSON UNIVERSITY 1000 RIVER ROAD 22-1494434 501(C)(3) TEANECK, NJ 07666 5,500 0 STUDENT SCHOLARSHIP 2. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1. Enter total number of other organizations listed in the line 1 table

THE CLUB FOUNDATION 52-1642692 Page 2

Schedule I (Form 990) 2020 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Amount of (f) Description of noncash assistance (b) Number of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance 15,819. STUDENT SCHOLARSHIP 10 0 FACULTY AND MANAGER SCHOLARSHIPS 10 22,925, 0. CMAA CHAPTER AWARDS 19 33,000 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION REQUIRES ANYONE INTERESTED IN APPLYING FOR A GRANT TO SUBMIT A GRANT REQUEST WHICH INCLUDES AMOUNT, PURPOSE, ORGANIZATION'S MISSION ETC. GRANTS ARE APPROVED ULTIMATELY BY THE CLUB FOUNDATION BOARD OF GOVERNORS THROUGH OUR BUDGETING PROCESS. IN SOME CASES, CERTAIN SPECIFIC GRANT DECISIONS ARE HANDLED VIA COMMITTEES SUCH AS THE ALLOCATION COMMITTEE. THE BOARD OF GOVERNORS DECIDES THE AMOUNTS ALLOCATED TO SPECIFIC GRANT PROGRAMS AND ALLOWS THE CERTAIN COMMITTEES TO PICK SPECIFIC GRANT

APPLICATIONS. ONCE A GRANT IS APPROVED AND FUNDED. THE CLUB FOUNDATION

THE CLUB FOUNDATION 52-1642692 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SENDS A GRANTEE FORM TO THE RECIPIENT 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number THE CLUB FOUNDATION 52-1642692 Part 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 organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		Х
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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c)?	۹	1	

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 THE CLUB FOUNDATION 52-1642692 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JEFFREY D. MORGAN, FASAE, CAE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	448,279.	51,000.	20,621.	44,350.	23,531.	587,781.	0.
	(i)		•	•	·	·		
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i) (::\							
-	(ii) (i)							
	(י) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<u>Schedule J (Form 990) 2020</u> THE CLUB FOUNDATION 52-1642692 Page **3**

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION SHOWN IN PART VII OF THE FORM 990. AND SCHEDULE J. PAGE 2.

PART II. IS PAID BY A RELATED ORGANIZATION OF THE CLUB FOUNDATION. THE CLUB

MANAGEMENT ASSOCIATION OF AMERICA. THE COMPENSATION DETERMINATION

METHODOLOGY OF THE CLUB MANAGEMENT ASSOCIATION OF AMERICA. IS AS FOLLOWS:

ANNUALLY A DOCUMENT IS PREPARED FOR THE EXECUTIVE COMMITTEE DETAILING THE

CEO COMPENSATION. THIS INCLUDES HISTORICAL DATA, MARKET DATA, COMPARISON TO

INDUSTRY SURVEYS (I.E. ASAE) AND COPIES OF THE PREVIOUS EXECUTIVE COMMITTEE

EVALUATIONS IN WRITING. THE EXECUTIVE COMMITTEE COLLECTIVELY APPROVES THE

CEO SALARY AND DOCUMENTS THEIR EVALUATION. AND THEN SHARES WITH THE FULL

BOARD.

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 10/31/21. 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

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Employer identification number

52-1642692 THE CLUB FOUNDATION 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 RESTAURANTS, HOTELS AND OTHER SECTORS OF THE GOLF, 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.

Name of the organization THE CLUB FOUNDATION	Employer identification number 52-1642692
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CEO OF CLUB MANAGEMENT ASSOCIATION OF AMERICA (CMAA) SERVES AS THE	
PRESIDENT OF THE CLUB FOUNDATION. AS SUCH, HE IS AN EMPLOYEE OF CMAA AND	
THEIR COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE'S COMPARISON OF	
SIMILAR ORGANIZATIONS. THE PRESIDENT COMPLETES EVALUATIONS OF THE OTHER	
OFFICERS AND COMMUNICATES THE DETAILS TO THE EXECUTIVE COMMITTEE. THE	
PRESIDENT'S COMPENSATION WAS LAST REVIEWED IN NOVEMBER 2017.	
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,NM,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 FINANCIAL 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

	THE CLUB FOUNDATION					52-1642692	
Part I	Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	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 o foreign country)	r Total incom	(e) me End-of-year	assets Direct	(f) controlling ntity
		_					
		_					
		_					
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt
	(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		b) 12(b)(13) colled ity?
				501(c)(3))		Yes	No
CLUB MANAGEMENT ASSOCIATION OF AMERICA -							
53-0235732, 1733 KING STREET, ALEXANDRIA, VA							
22314	PROFESSIONAL ASSOCIATION	DISTRICT OF COLUMBIA	501(C)(6)		N/A		Х
CLUB SPA AND FITNESS ASSOCIATION -	TO SUPPORT PROFESSIONALS				CLUB MANAGEMENT		
20-8836686, 1733 KING STREET, ALEXANDRIA, VA	IN CLUB SPAS AND FITNESS				ASSOCIATION OF		
22314	CENTERS	DISTRICT OF COLUMBIA	501(C)(6)		AMERICA		Х

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

		0 11 10 1	"\" F 000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
D 111	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 34. b	ecause it had one or m	ore related
	organizations treated as a partnership during the tax year.	1 3		,		

										T	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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	Gener	or Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year	I	tions?	amount in box 20 of Schedule K-1 (Form 1065)	manag	l or Percentage ownership
		foreign country)		excluded from tax under		assets		Na	20 of Schedule K-1 (Form 1065)	Vaa	<u>'-</u>
-		country)		300000113 3 12 3 14)			Yes	No	13-1 (1 01111 1000)	res	10
							 			+	
										t	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No
	-								

	Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b	Х		
С	Gift, grant, or capital contribution from related organization(s)	1c	Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х	
е	Loans or loan guarantees by related organization(s)	1e	Х		
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		Х	
h	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	j Lease of facilities, equipment, or other assets to related organization(s)				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х		
	Sharing of paid employees with related organization(s)	10	Х		
р	Reimbursement paid to related organization(s) for expenses	1p	Х		
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
	If 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLUB MANAGEMENT ASSOCIATION OF AMERICA	В	48,465.	CASH
(2) CLUB MANAGEMENT ASSOCIATION OF AMERICA	С	194,259.	CASH
(3) CLUB MANAGEMENT ASSOCIATION OF AMERICA	0	120,000.	FMV
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2020 THE CLUB FOUNDATION 52-1642692 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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									