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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning $NOV 1, 2009$ and ending	OCT 31, 2010	- 1
	Вс	neck if	ation number		
			Please use IRS label or many CA AND DONNERS INTO N		
	<u>_</u>	Address change	print or THE CLUB FOUNDATION		
	느	Name change	type Doing Business As		642692
	느	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su		
		Termin- ated Amende	Instruc- 1/33 KING STREET	703-	739-9500
	\vdash	return Applica-	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,966,479.
	<u> </u>	Ition pending	ALEXANDRIA, VA 22314	H(a) Is this a group re	
			F Name and address of principal officer: JAMES SINGERLING	for affiliates?	Yes X No
			SAME AS C ABOVE npt status:	H(b) Are all affiliates incl	
			npt status:		list (see instructions)
				H(c) Group exemption ear of formation: 1988 M	
			Summary	sai oriormation. 1900 M	State of legal doffliche, DC
	Ī		riefly describe the organization's mission or most significant activities: THE CLUB	FOUNDATION (THE
	ا <u>و</u>		FOUNDATION") WAS FORMED FOR CHARITABLE AND	EDUCATIONAL PI	
<u> </u>	E	_	heck this box If the organization discontinued its operations or disposed of m		
© 2019	Governance		umber of voting members of the governing body (Part VI, line 1a)	3	15
69	ğ Ö		umber of independent voting members of the governing body (Part VI, line 1b)	4	15
			otal number of employees (Part V, line 2a)	5	0
<u> </u>	Ě	6 T	otal number of volunteers (estimate if necessary)	6	0
SCALNED OCI	Activities	7 a ⊤	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		b N	et unrelated business taxable income from Form 990-T, line 34	7b	0.
¥				Prior Year	Current Year
氢	g	8 C	ontributions and grants (Part VIII, line 1h)	856,834.	1,055,876.
Ş	Revenue	9 P	rogram service revenue (Part VIII, line 2g)		400 455
あ	Æ	10 Ir	vestment income (Part VIII, cplumn (A), ines 3-4, and rd)	<89,136.	
		11 (ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<402,634.	
			otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	365,064. 459,338.	999,118.
			irants and similar amounts paid Part IX Editinii (A), jii e i 3	433,330.	528,918.
	,		enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	369,357.	357,403.
	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	303,337.	331, 403.
	pe		otal fundraising expenses (Part IX, column (D), line 25) 293,679.		
	ω̈́		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	104,332.	115,228.
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	933,027.	1,001,549.
			evenue less expenses. Subtract line 18 from line 12	<567,963.	
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
	aast	20 T	otal assets (Part X, line 16)	3,692,808.	3,921,425.
	럟	21 T	otal liabilities (Part X, line 26)	662,768.	746,340.
	콀		et assets or fund balances. Subtract line 21 from line 20	3,030,040.	3,175,085.
	Pa	rt II	Signature Block		
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledgedge	ge and belief, it is true, correct,
	٠.		Walt & Diea Ve Coo	1 9/1/	¹
	Sigr	1	Signature of Officer	Date /	
	Here	•	WALTER E. GREGG, IV, CHIEF OPERATING OFFI	~~~ / ⁰⁰⁰⁰ /	
			Type or print name and title	CER .	
		1	Preparer's Date		er's identifying number
	Paid	- 1	signature 8/30/11		structions)
	•		Firm's name (or JOHNSON LAMBERT & CO. LLP yours if	EIN ▶	<u></u>
	Use	ا	self-employed). 100 SPRING FOREST ROAD, STE 115		
			RALEIGH, NC 27609	Phone no. ▶ 9	19-719-6400
	Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2009)

Other program services. (Describe in Schedule O) (Expenses \$

including grants of \$

) (Revenue \$

Total program service expenses ▶ \$

690,326.

1

Form 990 (2009) 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			7.7
	public office? If "Yes," complete Schedule C, Part I	3		$\frac{x}{x}$
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		Х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40	х	
11	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Λ	
• •	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	_ ' '		
	Part VI			
•	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 167 If "Yes," complete Schedule D, Part VII.			
•	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			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	A	
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l _	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	(2009)
		-arm	33U (ZI II 141

Form 990 (2009) THE CLUB FOUNDATION
Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III Did the organization or sure "Yes" to Part IV, 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 II. Parts I and III Section A, line 3, 4, or 5 about compensation of 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 II" "No"; go to Impart 25chedule II" "Yes," complete Schedule II" "Yes," complete S			_	_	
Linded States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 2 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Part II and the Column (A), line 27 if "Yes," complete Schedule I, Part II, section A, line 3, 4, or 5 about compensation of the organization's current and former officers, director, trustees, key employees, and hippers compensated employees? If "Yes," complete Schedule I and 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 I, Part II and the organization missue 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 II and the organization missue and an exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization missance and in behalf of "issue for bonds outstanding at any time during the year? 10 delease any tax-exempt bonds? 25c Section 50(C)(3) and 501(C)(4) organizations. Did the organization dragage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction sax on the part of the organizations by proceed and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part IV 27c Did the organization review a grant or other assistance to an officer, director, trustee, key employee? If "	01	Did the executation report mays then \$5 000 of exerts and other assuments and exercise and exercise in the		Yes	No
22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 X Column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 X Column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 X X Dot 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, fusiteses, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule I, Part II 2 X X 2 X X 2 X 2 X 2 X 2 X 2 X 2 X	21			Y	
column (A), line 27 if "Yes," complete Schedule i, Parts I and III Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, fusites, key employees, and highest compensated employees? If "Yes," complete Schedule I and tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is the 'I' 'Ao', go to Ine 25 Did the organization newst any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds of the susual research to and the transaction with a disqualified person act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization axis an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization axis an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization axis an 'on behalf of' issuer for bonds outstanding at any time during the year? Did the organization axis that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-C27 If 'Yes,' complete Schedule L, Part IV Did the organization proved a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-C27 If 'Yes,' complete Schedule L, Part IV Did the organization proved a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person on a prior year, and the organization approv	22			-	
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, fusitiess, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 15 100,000 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 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Jack Section 501(c)(3) and 501(c)(4) organizations. Did the organization organ and that the 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-E27 If "Yes," complete Schedule L, Part II 25b Was a ban to or by a current or former officer, director, fusities, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization prior prior officer, director, fusities, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 28 Was the organization prior prior officer, director, fusities, or key employee of the organization for a family member of a current or former efficer, director, fusities, or key employee? If "Yes," complete Schedule L, Part II 29 A carent or former officer, director, fusities, or key employee of the organization for a family member of a current or former officer, director, fusities, or key employee of the	22	· · · · · · · · · · · · · · · · · · ·	22	x	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2d 3 X 2d 3d 10d 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 2dd and complete Schedule K if "No", go to time 25 b Old the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2db	22	• •		- 21	
Schedule J 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 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I to she organization has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I to be a contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II to the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV and the first of the organization of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation organization experiments of the organization organization expense more than 250,000 in non-cash contributions? If "Yes," complete Schedule N, Part I and 190 bit the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part I II an	23	· · · · · · · · · · · · · · · · · · ·	ŀ		l
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 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mantian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? to defease any tax-exempt bonds? Section 501((3) and 501((4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 1. 25 Was a loan toor by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II is 1. 26 Was a loan toor by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II is 1. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization organization organized to make the organization organ				Y	
alsat 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 25 b. Did the organization mental an a rescrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d. Did the organization maintain an escrive account other than a refunding escrive at any time during the year? d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501c(K) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part If yes a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part If yes as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part If yes the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV as the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV and the instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule R, Part II and 197 yes," complete Schedule R, Part II, III and 197 yes," complete Schedule R, Part	240		23		
Schedule K. If "No", go to line 25 b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization water 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-E27 If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II as the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a J 29 29	24 a	· · · · · · · · · · · · · · · · · · ·			l
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(x)3 and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E27 If "Yes," complete Schedule L, Part II is an an interest of the organization on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II is an an interest of the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee of the organization of a fall prior to former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization of a family member of a current or former officer, director, trustee, or key employee of the organization of a family member) was an officer, director, trustee, or key employee of the organization of a family member of a current or former officer, director, trustee, or key employee of the organization of a family member of a current or former officer, director, trustee, or key employee of the or			04=		Х
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any tax-exempt bonds? 24c			24b		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) 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 25b	С		١		
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 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 Y 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		Schedule N, Part II	32		X
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34	Was the organization related to any tax-exempt or taxable entity?			
If "Yes," complete Schedule R, Part V, line 2 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		If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1	1	
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		If "Yes," complete Schedule R, Part V, line 2	35		X
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		If "Yes," complete Schedule R, Part V, line 2	36	X	
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Note. All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
Form 990 (200		Note. All Form 990 filers are required to complete Schedule O	38	X	
			Form	990	2009

Form	990 (2009) THE CLUB FOUNDATION		52-1642	2692	Pa	age 5		
Par								
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				- 1			
	U.S. Information Returns. Enter -0- if not applicable	1a]		ם [כ				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c				
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	2a		<u> </u>				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ınstruc	ctions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by th	nis return?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country: ►			Ī				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	ınd	ł				
	Financial Accounts.							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders of the Company of	arding l	Prohibited					
	Tax Shelter Transaction?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he orga	anızatıon solicit			.		
_	any contributions that were not tax deductible?			6a	L	X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the characteristics.	tions o	r gitts					
_	were not tax deductible?			6b		<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).							
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services							
L	provided to the payor?							
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	120 200	ured	7b	Х	\vdash		
C	to file Form 8282?	as req	uiieu	7c		x		
,d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1	 	 ^		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a			┨				
•	benefit contract?	56130(1	u.	7e	İ	х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	\vdash	X		
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		T		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		quired?	7h	i –			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		•					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-						
	at any time during the year?		Ç.	8		L		
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?			9a		L		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		╛		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_]		1		
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b		_	1			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	<u> </u>	<u> </u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L					

Form 990 (2009) THE CLUB FOUNDATION 52-1642692 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		15]
b	Enter the number of voting members that are independent	1b	<u> </u>	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	ł		
	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision			l
	of officers, directors or trustees, or key employees to a management company or other person?			3	_	X
4	Did the organization make any significant changes to its organizational documents since the prior F		0 was filed?	4	4	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ets?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the	_		.,
_	governing body?			78		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7t	`	 ^
8	Did the organization contemporaneously document the meetings held or written actions undertaker	n durin	g the year		-	
	by the following				₩.	
	The governing body?			88		
	Each committee with authority to act on behalf of the governing body?			81	1 4	+-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			x
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · ·	- 0- 4- 1	9		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	revenu	e Code)] V	T
100	Door the ergenization have local chapters, branches, or affiliates?			10	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	s obon	oro offiliatos	10	a	
	and branches to ensure their operations are consistent with those of the organization?	ГСПар	ers, aiillates,	10	ู ไ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina tl	e form?	1:		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	illing ti	ie ioiiii:	<u> </u>	' 	+
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	a X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould an	e rise		<u> </u>	1
	to conflicts?	Juliu gi	31.55	12	_b X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy?	"Yes."	describe	<u> </u>		<u>† </u>
_	in Schedule O how this is done	,		12	c X	i
13	Does the organization have a written whistleblower policy?			1:		
14	Does the organization have a written document retention and destruction policy?			14	ı X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and appro-	val by	ndependent			T^{-}
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•	•			
а	The organization's CEO, Executive Director, or top management official			15	a X	
b	Other officers or key employees of the organization			15	ь	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16	a X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev			ո		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	ganıza	ion's	ľ		1
	exempt status with respect to such arrangements?			16	b X	<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-i (501	(c)(3)s only) ava	allable for		
	public inspection Indicate how you make these available. Check all that apply.					
40	Own website Another's website W Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest po	licy, and f	ınancıa	
00	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books MARGARET MELENEY, CFO $-703-739-9500$	and re	coras of the org	ganization	_	
	1733 KING STREET, ALEXANDRIA, VA 22314					

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

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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization di (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	all 1		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JIM G. JAMES										
GOVERNOR	2.00	X						0.	0.	0.
GEORGE P. CARROLL										
GOVERNOR	2.00	Х					_	0.	0.	0 .
RICHARD M. KOPPLIN									_	_
GOVERNOR	2.00	X	ļ					0.	0.	0 .
JOHN L. GARRISON, JR.									_	
GOVERNOR	2.00	Х						0.	0.	0 .
MICHAEL G. LEEMHUIS			ĺ							
GOVERNOR	2.00	Х	<u> </u>	_	_	<u> </u>	_	0.	0.	0.
BROCK PHILP	200	٠,								_
GOVERNOR	2.00	Х	_	<u> </u>	<u> </u>	├-	<u> </u>	0.	0.	0.
WILLIAM A. SCHULZ GOVERNOR	2.00	x						0.	0.	0
JOHN R. SULLIVAN JR.	2.00	^	-		⊢	\vdash	-	· · ·		0
GOVERNOR	2.00	x						0.	0.	0.
PHILIP J. TRALIES										· ·
GOVERNOR	2.00	Х				i		0.	0.	0
KEVIN HOLLERAN										
GOVERNOR	2.00	X		i				0.	0.	0.
BARRY SYMONS								•		
GOVERNOR	2.00	X						0.	0.	0.
JAY DIPIETRO										
CHAIRMAN	2.00	Х		Х				0.	0.	0
THOMAS J. SARGEANT										
TREASURER	2.00	Х		Х				0.	0.	0
JOE PERDUE										
SECRETARY	2.00	X		Х		_	L.	0.	0.	0
SANDRA FRAPPIER								_		
VICE CHAIRMAN	2.00	X		X	匚	<u> </u>	<u> </u>	0.	0.	0
JAMES SINGERLING			l					_	504 405	04 44=
PRESIDENT	6.00	_	L.	X	ļ	ـ	_	0.	531,489.	31,147
WALTER E. GREGG, IV CHIEF OPERATING OFFICER	60.00			x				170,447.	0.	26 104
CHILL OF HEATING OF LCBK	1 00.00	<u>i </u>	Ц_	<u> </u>		1		1 1/0,44/.	<u> </u>	26,104

Tai	Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd i	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	(C) (D)		(D)	(E)	- 1		(F)					
	Name and title	Average			Pos				Reportable	Reportable		Est	tımate	ed
		hours	<u> </u>					ly)	compensation compensati				ount	
		, bet	ctor						from	from related			other	
		week	Individual trustee or director	_			D E		the organization	organizations (W-2/1099-MIS)			oensa	
			stee o	ustee			eusai		(W-2/1099-MISC)	(44-2/1099-141134	⁰ ,		om th anızal	
			al tru	Institutional trustee		Key employee	Highest compensated employee		(2.155555)			_	relat	
			npıvı	ttutic	Officer	e d	hest	Former			ĺ		nızatı	
			pul	Sul	96	ş	돌	ğ	1			Ŭ		
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			<u> </u>		L				450 445					
<u>1b</u>	Total						<u> </u>		170,447.	531,48		5	7,2	51.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable	•			
	compensation from the organization													1
											_		Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	у еп	olqr	yee,	or h	nighest compensated er	nployee on		ļ		1
	line 1a? If "Yes," complete Schedule J for s	uch ındıvidual									L	3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J i	for such individual			4	X	
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y un	relat	ted organization for serv	ices rendered to				
	the organization? If "Yes," complete Sched	ule J for such	pers	on								_5		X
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of com	pensa	ation f	rom	
	the organization. NONE										•			
	(A)								(B)			(C	;)	
	Name and business	address							Description of s	ervices	C	ompe		on
								i						
								\neg	· - · - · · · · · · · · · · · · · · · ·					
														
							_			-				
								ı						
		-						\dashv				_		
								ı		İ				
2	Total number of independent contractors (i	ncluding but n	nt lu	mita	d to	the	امعا	etor	d ahove) who reconsed =	nore then				
2	\$100,000 in compensation from the organization		iot III	me	u (O		0 0	sie(anove) who received I	iore man				
	Too, ood in compensation from the organization	Lation					-					C 1	200	(2000)

<37,483.>

<56,758._>

Form 990 (2009)

999,118.

Total, Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2009) THE CLUB FOUNI Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, Bb, 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 governments and							
	organizations in the U.S. See Part IV, line 21	454,648.	454,648.					
2	Grants and other assistance to individuals in	44 270	44 270					
_	the U.S See Part IV, line 22	44,270.	44,270.					
3	Grants and other assistance to governments,							
	organizations, and individuals outside the U.S.	30,000.	30,000.					
	See Part IV, lines 15 and 16	30,000.	30,000.					
4 5	Benefits paid to or for members Compensation of current officers, directors,							
3	trustees, and key employees	194,445.		194,445.				
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	124,955.		124,955.				
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)	5,846.		5,846.				
9	Other employee benefits	12,341.		12,341.				
10	Payroll taxes	19,816.		19,816.				
11	Fees for services (non-employees)							
а	Management							
þ	Legal	10 110		10 110				
	Accounting	12,116.		12,116.				
	Lobbying							
	Professional fundraising services. See Part IV, line 17	26,239.		26,239.				
f	Investment management fees	13,955.		13,955.				
g	Other	13,933.		13,933.				
12	Advertising and promotion	12,528.		10,802.	1,726.			
13 14	Office expenses Information technology	12,320.		10,002.				
15	Royalties							
16	Occupancy	36,963.		36,963.				
17	Travel	17,864.		16,814.	1,050.			
18	Payments of travel or entertainment expenses			·				
	for any federal, state, or local public officials		,					
19	Conferences, conventions, and meetings	18,427.	677.	8,457.	9,293.			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance		~ 					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)							
а	STATE FILING FEES	9,195.			9,195.			
b	MISCELLANEOUS	5,205.		675.	4,530.			
c	DUES AND SUBSCRIPTIONS	240.		240.	· · ·			
d	ADMINISTRATIVE ALLOCATI	<37,504.	> 160,731.	<466,120.	> 267,885.			
е								
f	All other expenses							
<u>25</u>	Total functional expenses. Add lines 1 through 24f	1,001,549.	690,326.	17,544.	293,679.			
26	Joint costs. Check here If following							
	SOP 98-2. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation							

Form 990 (2009)
Part X | Balance Sheet

Part .	X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	35,409.	1	47,898.
	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net	1,244,773.	3	1,329,239. <75.
- 1	4	Accounts receivable, net	150.	4	<75.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
1		Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
١ ٢	9	Prepaid expenses and deferred charges	57,332.	9	3,100.
1	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 10,596.			
	b	Less: accumulated depreciation 10,596.	0.	10c	0.
1	11	Investments - publicly traded securities	2,163,202.	_11	2,386,804.
1	12	Investments - other securities. See Part IV, line 11	191,942.	12	154,459.
1	13	Investments · program-related. See Part IV, line 11		13	
1	4	Intangible assets		14	
1	15	Other assets See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,692,808.	16	3,921,425.
1	7	Accounts payable and accrued expenses	13,411.	17	10,051.
1	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
3 2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
2	22	Payables to current and former officers, directors, trustees, key employees,		}	
		highest compensated employees, and disqualified persons. Complete Part II			
'		of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties	150,000.	23	550,000.
2	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	499,357.	25	186,289.
2	26	Total liabilities. Add lines 17 through 25	662,768.	26	746,340.
		Organizations that follow SFAS 117, check here			
Net Assets of Fund balances		lines 27 through 29, and lines 33 and 34.	1 201 200		4 600 404
2	27	Unrestricted net assets	1,301,380.	27	1,689,134.
	28	Temporarily restricted net assets	351,864.	28	109,155.
2	29	Permanently restricted net assets	1,376,796.	29	1,376,796.
[Organizations that do not follow SFAS 117, check here			
5		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
£ 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
j 3	32	Retained earnings, endowment, accumulated income, or other funds	2 020 040	32	2 455 225
ا ا	33	Total net assets or fund balances	3,030,040.	33	3,175,085.
3	4	Total liabilities and net assets/fund balances	3,692,808.	34	3,921,425.

Form **990** (2009)

Form	m 990 (2009) THE CLUB FOUNDATION	52-1642692	Pag	ge 1 3
·Pai	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Chher			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			l
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	ĺ	
	Act and OMB Circular A-133?	3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

SCHEDULE A

'(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of the organization Employer identification number 52-1642692 THE CLUB FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col organization organization in col. in col. (i) listed in your organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2009 THE CLUB FOUNDATION 52-1642692 Page 2

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.)

<u>Sec</u>	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants")	1096106.	1362726.	813,509.	856,834.	1055876.	5185051.		
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	1096106.	1362726.	813,509.	856,834.	1055876.	5185051.		
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)			·			519,278.		
6	Public support. Subtract line 5 from line 4						4665773.		
Sec	ction B. Total Support		•						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Amounts from line 4	1096106.	1362726.	813,509.	856,834.	1055876.	5185051.		
	Gross income from interest,			323,332.					
•	dividends, payments received on								
	securities loans, rents, royalties		•						
	and income from similar sources	91,129.	134,970.	158,032.	67,262.	55,617.	507,010.		
q	Net income from unrelated business				07,72023	33,0271	307,0200		
J	activities, whether or not the						i		
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)			242,116.			242,116.		
44	Total support. Add lines 7 through 10			212,1101			5934177.		
12	Gross receipts from related activities,	ata (aga instructi	l			12	568,859.		
	First five years. If the Form 990 is for	•	•	ed fourth or fifth to			300,033.		
13		-	s ilist, second, tilli	u, iourtii, or illiti ta	ax year as a section	11 30 1(0)(3)	▶ []		
Sec	organization, check this box and stop ction C. Computation of Pub	ic Support Pe	rcentage	·					
				1 (0)			78.63 %		
	Public support percentage for 2009 (-	column (1))		14	00.00		
	Public support percentage from 2008	•	· ·		14 00 4/00/	15			
104	33 1/3% support test - 2009.If the o				14 IS 33 1/3% OF IT	iore, cneck this bo	x and ►X		
	stop here. The organization qualifies		•		L 45 - 00 4 (00)		•		
L	33 1/3% support test - 2008.If the o				iine 15 is 33 1/3%	or more, check th	iis box		
47-	and stop here. The organization qual	•	., .		40.40- 40'				
1/8	17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the								
	organization meets the "facts-and-cir-		_		· · · · · · · · · · · · · · · · · · ·		▶ٰ		
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶∐		

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (b) 2006 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 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 IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2009 THE CLUB FOUNDATION	52-1642692 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part and Part III, line 12 Provide any other additional information. See instructions	II, line 10; Part II, line 17a or 17b;
SCHEDULE A, PART II, LINE 10: ATTRIBUTED INCOME FROM LLC	TABLECOMPAND
SCHEDULE A, PART II, LINE IU: ATTRIBUTED INCOME FROM LLC	INVESTMENT.
	
	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE CLUB FOUNDATION

Employer identification number 52-1642692

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	s the organization's accounting for
Pai	conservation easements	4 Aut Historical Traceurs	Othon Cimilan Aposta
rai	<u>t III</u> Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form		Juner Similar Assets.
	Complete if the organization answered Tes to Form	1990, Falt IV, line 6.	
4.	If the expenses an elected as normalited under CEAC 11C ma		
Ia	If the organization elected, as permitted under SFAS 116, no	· ·	•
	treasures, or other similar assets held for public exhibition, e	•	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
Ð	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		*
0	(ii) Assets included in Form 990, Part X	and the state of t	P D
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1	i to relating to these items:	► ¢
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
D	Assets included in Form 990, Part X		> 3

U	res to satisfy, are the related organizations listed as required on schedule it.	
4	Describe in Part XIV the intended uses of the organization's endowment funds	

Part VI Investments - Land Buildings and Equipment See F

	3a(ii)	X	
	3b		
(d) Book v	alue	

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land b Buildings c Leasehold improvements		10 506	10.506	
d Equipment e Other		10,596.	10,596.	0.
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, colu	mn (B), line 10(c))	•	0.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
-				Not Value
Financial derivatives				
Closely-held equity interests				
Other	 			
				
				_
			. <u> </u>	
		1 - 1		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990 Part Y	line 13		
	See Foilii 990, Fait A,		(c) Method of valua	ntion .
(a) Description of investment type	(b) Book value	Co	st or end-of-year mar	
				101 14140

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, III				
	a) Description			(b) Book value
	a) Description			(b) Book value
-				
				·
Total. (Column (b) must equal Form 990, Part X, col (B) I	ino 15 l			
Part X Other Liabilities. See Form 990, Part	V line 25			<u> </u>
(-) D	A, iirie 25	(b) Amount	T	
		(b) Amount	4	
Federal income taxes		106 000		
DUE TO CMAA		186,289.	<u>.</u>	
<u> </u>				
			1	
		 .	1	
			1	
			4	
		406 000	4	
Total. (Column (b) must equal Form 990, Part X, col (B) I	line 25.)	186,289.	·I	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

Sche	dule D (Form 990) 2009 THE CLUB FOUNDATION					1642692	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	l Financial	State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			999	<u>, 118.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1		1,001	,549.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	1 -			,431.
4	Net unrealized gains (losses) on investments		4	1 -			,476.
5	Donated services and use of facilities		5				
6	Investment expenses		6	1 -			
7	Prior period adjustments		7	 			
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net) Add lines 4 through 8		9	+		147	,476.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10				,045.
	t XII Reconciliation of Revenue per Audited Financial Stateme				eturr		, • = = =
1	Total revenue, gains, and other support per audited financial statements				1	1,336	,317.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a	Net unrealized gains on investments	2a	147,	476.	.		
ь	Donated services and use of facilities	2b	52,	105.	1		
c	Recoveries of prior year grants	2c	<u></u>		1		
ď	Other (Describe in Part XIV.)	2d	137,	618.	1]		
e	Add lines 2a through 2d		_ 		2e	337	,199.
3	Subtract line 2e from line 1				3	999	,118.
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			1		
b	Other (Describe in Part XIV.)	4b			1		
	Add lines 4a and 4b			_	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	999	,118.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expense	es per	_		
1	Total expenses and losses per audited financial statements			•	1	1,191	,272.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a	52,	105.			
b	Prior year adjustments	2b	<u>-</u>		1		
c	Other losses	2c			1		
d	Other (Describe in Part XIV.)	2d	137,	618.	,		
e	Add lines 2a through 2d				2e	189	,723.
3	Subtract line 2e from line 1				3	1,001	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1		
	Other (Describe in Part XIV.)	4b			1		
	Add lines 4a and 4b				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	1,001	
_	rt XIV Supplemental Information			_			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1a	and 4. Part IV	. lines 1	lb and	2b. Part V. line	4: Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						.,
	RT V, LINE 4: THE INTENDED USE OF THE ORGAN						
RA	ISE FUNDS FOR EDUCATION, RESEARCH PROGRAMS	, SCH	OLARSHI	PS,	AND		
IN	rernships.						
_							
- DA	RT X: THERE ARE NO TAX POSITIONS HELD BY T	HE FOI	ייי אַרועוו	ייי וא	- - - - -		
FA	A. THERE ARE NO TAK POSITIONS HELD ST I	1111 110	CHDAIIC	74 11	TUT		<u> </u>
AR	E CONSIDERED TO BE UNCERTAIN.						
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:						

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 THE CLUB FOUNDATION	52-1642692 Page 5
Schedule D (Form 990) 2009 THE CLUB FOUNDATION Part XIV Supplemental Information (continued)	
SPECIAL EVENTS: 137618.	
SPECIAL EVENTS: 13/010.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS: 137618.	
DI DOLLING BY MIND. 13/010.	
	
	
	- ·
	

Schedule F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

THE	CLUB FOUNDA	ATION			52-164269	2
Par	t I General Info	rmation on A	ctivities Out	side the United States. Comp	lete if the organization answered "	Yes"
	to Form 990, Pa	rt IV, line 14b.				
		-		ds to substantiate the amount of the g		
	grantees' eligibility for t	he grants or assi	stance, and the	selection criteria used to award the gr	ants or assistance?	Yes No
2	For grantmakers. Des	cribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Sta	ntes
3	Activities per Region (l	Jse Schedule F-1	(Form 990) if ad	ditional space is needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees or	(by type) (i.e , fundraising,	is a program service,	expenditures
		in the region	agents in region	program services, grants to recipients located in the region)	describe specific type of service(s) in region	for region
			- Togion	Toolpierito located in the regiony		
NORT	H AMERICA	_ 0	0	GRANTS	GRANTS AND ASSISTANCE	30,000.
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52-1642692

THE CLUB FOUNDATION

Schedule F (Form 990) 2009 THE CLUB FOUNDATION

Schedule F (Form 990) 2009

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THE CLUB FOUNDATI recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

(i) Method of valuation (book, FMV, appraisal. other)					0	Schedule F (Form 990) 2009
(h) Description of non-cash assistance						Schedul
(g) Amount of non-cash assistance	0.				empt by	
(f) Manner of cash disbursement	снеск				recognized as tax-ex	
(e) Amount of cash grant	30,000,CHECK				foreign country,	
(d) Purpose of grant	INDUSTRY GRANT				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
onal space is needed (c) Region	NORTH AMERICA				is listed above that are if has provided a section	r entities
Use Schedule F-1 (Form 990) if additional space is needed (b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse	other organizations o
Use Schedule F-1 1 (a) Name of organization						3 Enter total number of other organizations or entitles

52-1642692

THE CLUB FOUNDATION

Schedule F (Form 990) 2009 THE CLUB FOUNDATION 52–1642692

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	ance (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Schedu	Schedule F (Form 990) 2009

Supplemental Information

Part IV

Complete this part to provide the information required in Part I, line 2, and any additional information SCHEDULE F, PART I, LINE 2: THE ORGANIZATION HAS ANYONE INTERESTED IN APPLYING FOR A GRANT 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 SENDS A GRANTEE FORM TO THE RECIPIENT SIMULTANEOUSLY WITH THE FUNDS. THIS FORM IS TO BE SUBMITTED TO THE FOUNDATION BY THE RECIPIENT STATING THAT THE FUNDS WERE USED FOR THE PURPOSE(S) STATED ON THE GRANT REQUEST. IF THE PURPOSE OF THE GRANT HAS CHANGED AT ALL, THIS WOULD BE INDICATED ON THE GRANTEE FORM. IF A GRANT HAS CHANGED, THE FOUNDATION HAS PROCEDURES IN PLACE TO ADJUST WITH THESE CONDITIONS; 1) IF GRANT IS WITHIN A SPECIFIED AMOUNT THE CLUB FOUNDATION BOARD OF GOVERNORS HAS AUTHORIZED SENIOR MANAGEMENT TO REALLOCATE THESE FUNDS AND COMMUNICATE THIS BACK TO THE BOARD AT ITS NEXT MEETING 2) IF THE GRANT EXCEEDS THIS PREDETERMINED LIMIT IT WILL BE TAKEN BACK TO THE BOARD FOR CONSIDERATION.

SCHEDULE G (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

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

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

on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events CULINARY (add col. (a) through 5 AUCTIONS EVENT col. (c)) (event type) (total number) (event type) Revenue 169,827 55,050. 61,725 286,602. 1 Gross receipts 98,346. 14,362. 61,725 174,433. 2 Less. Charitable contributions 71,481 40,688 112,169. 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 42,962 136,037. 54,620. 233,619. Other direct expenses 233,619. 10 Direct expense summary Add lines 4 through 9 in column (d) <121,450 11 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Orect Expenses 3 Noncash prizes Rent/facility costs 5 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. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: Does the organization operate gaming activities with nonmembers? 11 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	Τ
Indicate the percentage of gaming activity operated in.			T
The organization's facility	%	i	I
An outside facility	%	1	
Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶	_		
Address >	_		
a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
of gaming revenue retained by the third party > \$		i	
c If "Yes," enter name and address of the third party		İ	
		1	١
Name			
Address ►	_		
Gaming manager information			
Name	_		
Gaming manager compensation > \$			
Description of services provided	_		
	_		
Director/officer Employee Independent contractor	1		
Director/officer Employee Independent contractor Mandatory distributions			

SCHEDULE (Form 990)

OMB No 1545-0047

ջ □ **Employer identification number** 52-1642692 GOLF Open to Public Inspection IDUCATION DEVELOPMENT (h) Purpose of grant INDUSTRY GRANT AND or assistance X Yes CHARITABLE GIFTS recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed INDUSTRY GRANT INDUSTRY GRANT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 0/20 PROGRAM ROGRAMS 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ٥. 0 。 ٥. Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. 868. (d) Amount of 15,005, 12,500, 196,000, 78,000. cash grant 55, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(6) 501(C)(3) CLUB FOUNDATION 59-2998925 59-0994338 53-0235732 59-2174510 General Information on Grants and Assistance 27-1041761 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization THE ENVIRONMENTAL INSTITUTE FOR GOLF - P.O. BOX 419004 - KANSAS 11101 W. 20TH AVE., SUITE 300 CLUB MANAGERS ASSOCIATION OF THE AMERICA - 1733 KING STREET or government COCONUT CREEK, FL 33073 ST AUGUSTINE, FL 32095 FOOD FOR THE POOR, INC. WORLD GOLF FOUNDATION ONE WORLD GOLF PLACE ALEXANDRIA, VA 22314 BROOMFIELD, VA 80021 Name of the organization Department of the Treasury 6401 LYONS ROAD MO 64121 FOUR CLUB, LLC Internal Revenue Service Part Part ! CITY,

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 THE CLUB FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

52-1642692

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Part IV | Supplemental Information

FUNDS. THIS FORM IS TO BE SUBMITTED TO THE FOUNDATION BY THE RECIPIENT

STATING THAT THE FUNDS WERE USED FOR THE PURPOSE(S) STATED ON THE GRANT

REQUEST. IF THE PURPOSE OF THE GRANT HAS CHANGED AT ALL, THIS WOULD BE

INDICATED ON THE GRANTEE FORM. IF A GRANT HAS CHANGED, THE FOUNDATION HAS

PROCEDURES IN PLACE TO ADJUST WITH THESE CONDITIONS; 1) IF GRANT IS WITHIN

A SPECIFIED AMOUNT THE CLUB FOUNDATION BOARD OF GOVERNORS HAS AUTHORIZED

SENIOR MANAGEMENT TO REALLOCATE THESE FUNDS AND COMMUNICATE THIS BACK TO

THE BOARD AT ITS NEXT MEETING 2) IF THE GRANT EXCEEDS THIS PREDETERMINED

LIMIT IT WILL BE TAKEN BACK TO THE BOARD FOR CONSIDERATION.

SCHEDULE I, PAGE 1, GRANTS	TO CLUB	MANAGERS	ASSOCIATION	OF	AMERICA:
STUDENT CHAPTER PCS	2,500		···		
CONFERENCE EDUCATION	20,000				
CONFERENCE WINE WORKSHOP	8,000				
BMI IV	13,000				
BMI INTERNATIONAL	10,000				
BMI WINE & FOOD EXPERIENCE	7,500				
BMI PROGRAM DEVELOPMENT	25,000				
BMI SURVEY ADMINISTRATION	10,000				
MASTER CLUB MANAGEMENT	10,000				
LLC EDUCATION	30,000				
CLUBNET MEMBER SUBSCRIPTION	50,000				
CLUB GOVERNANCE	4,000				
COALITION DATABASE PROJECT	6,000				
-		_		,	
TOTAL	196,000				

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CLUB FOUNDATION

Employer identification number

52-1642692

Pa	ort 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 in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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 (e.g., 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 officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply			1
	X Compensation committee			ŀ
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
		•		l
4	During the year, did any person listed in 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		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
þ	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

Schedule J (Form 990) 2009 THE CLUB FOUNDATION 52-1642692

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

THE CLUB FOUNDATION

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	Q)	(E)	(F)
				-	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	15	O	C	0	0	0	0	0
JAMES SINGERLING	€ €	452,	79,138.		17,150.	66′	562,636.	0
	≘	169,29	1,150.		12,107.	13,997.	196,551.	0
WALTER E. GREGG, IV	⊞	0	0	0	0	0	0	0
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	(ii)							
							Schedul	Schedule J (Form 990) 2009

PART II:
JAMES SINGERLING IS THE CEO OF THE CLUB MANAGERS ASSOCIATION OF AMERICA, A
RELATED ORGANIZATION. HE DONATES HIS TIME TO THE FOUNDATION IN ORDER TO
SERVE AS PRESIDENT AND RECEIVES ALL COMPENSATION FROM THE RELATED
ORGANIZATION.

Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

2009
Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization THE CLUB FOUNDATION

Employer identification number 52-1642692

Par	t I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if applicable	Number of contributions	Revenues report Form 990, Part VI		Method of de reven		ing	
		арріїоцьіо	00/11/15/15/15	101111000,1 411 11	.,o 19				
1	Art - Works of art								
2	Art · Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -	ļ							
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other					_			
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (AUCTION ITEMS)	Х	43	96,	001.	FAIR MARKET	' VA	LUE	
26	Other ()								
27	Other ()								
28	Other (L							
29	Number of Forms 8283 received by the organ				li				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gment	29				
								Yes	No
30a	During the year, did the organization receive b	-					ŀ		
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exer	npt purposes for	1		l
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standa	ard contrib	utions?	31		X
32a	Does the organization hire or use third parties	or related or	rganızatıons to sol	licit, process, or se	ll noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	ty for which columi	n (a) is che	cked,			
	describe in Part II						<u> </u>	L	<u> </u>
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	, see the Instruc	tions for Form 990) .	Schedule I	M (For	n 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE CLUB FOUNDATION

Employer identification number 52-1642692

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 11: THE FORM 990 IS REVIEWED BY THE CFO
AND COO BEFORE IT IS PASSED ON TO THE PRESIDENT AND TREASURER. THE FINAL
REPORT IS PRESENTED TO THE FINANCIAL BOARD.

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

BOARDS 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.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE CLUB FOUNDATION

Employer identification number 52-1642692

ASSOCIATION OF AMERICA 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
MAY 2010.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,AR,CA,CT,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK
OR, PA, RI, SC, TN, UT, WA, WV, WI, MO, VA
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 THROUGH THE
ORGANIZATION'S WEBSITE.
FORM 990, PART V, LINE 1A: THE CLUB FOUNDATION DOES NOT HAVE ANY
EMPLOYEES. THE CLUB MANAGERS ASSOCIATION OF AMERICA PROVIDES THE
FOUNDATION WITH USE OF ITS PAID EMPLOYEES FOR FOUNDATION OPERATIONS.

Department of the Treasury Internal Revenue Service

Name of the organization SCHEDULE R (Form 990)

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

THE CLUB FOUNDATION

Employer identification number 52-1642692

(a)	(q)	(c)	(Q)	(e)	(t)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part II organization of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization an	swered "Yes" to Form 990, Par	rt IV, line 34 because	s it had one or more r	elated tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CLUB MANAGERS ASSOCIATION OF AMERICA - 53-0235732, 1733 KING STREET, ALEXANDRIA, VA 22314	INDUSTRY ASSOCIATION	DISTRICT OF COLUMBIA	201(C)(6)	2	N/A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions for Form 990				Schedule R (Form 990) 2009

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52-1642692

Schedule R (Form 990) 2009 THE CLUB FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Ontion- Battons 2 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Bl General or managing box managing partner? Jule Partner? 065) Yes No
1733 CMAA, LLC - 26-1661215 1733 KING STREET ALEXANDRIA, VA 22314	PROPERTY RENTAL	VA	CLUB MANAGERS ASSOCIATION OF AMERICA	EXCLUDED		<36,631.>	828,687.		X N/A	×
							<u>.</u>			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as a Corr	poration or < year)	Trust (Complete if the	he organizatic	on answered "Ye	s" to Form 990	, Part IV, line 34	pecause	it had one or m	ore related
(a) Name, address, and EIN of related organization	<u>Z</u> c	g.	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	(f) Itity Share of total Sorp, Income	f total me	(g) Share of end-of-year assets	(h) Percentage ownership
									:	
		<u> </u>								
932162 07-21-10]"	Schedule R (Form 990) 2009	m 990) 200

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	S No
		4	×
a neceipt of (f) interest (ii) announces (iii) royatites of (iv) fent nom a controlled entry b. Gift grant or capital contribution to other organization(s)		1 q	╁╴
		10	×
		1d X	Н
e Loans or loan guarantees by other organization(s)		16	×
f Sale of assets to other organization(s)		=	×
g Purchase of assets from other organization(s)		19	×
		ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
i Lease of facilities. equipment, or other assets from other organization(s)		=	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		# X	
n Sharing of paid employees		드	
o Bambursament haid to other organization for exhanses		9	
		4	×
q Other transfer of cash or property to other organization(s)		₽ +	××
	action thresholds		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	, Ned
(1) CLUB MANAGERS ASSOCIATION OF AMERICA	В	196,	,000,
(2) CLUB MANAGERS ASSOCIATION OF AMERICA	0	186,	289.
(3)		i	
(4)			
(9)			

Schedule R (Form 990) 2009

(**6**) 932163 02-04-10 52-1642692

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Schedule R (Form 990) 2009 THE CLUB FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 cartain investment natherships

iliat was not a related organization. Get illustractions regarding excessor of contain invocation participation	(9)	(6)	(9)	(e)	9	(b)	3	
) ;		3			
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	S	Uispropor- tionate		General or managing	al or Jing
OI WHILLY			organizations?	year assets	Vac No	of Schedule K-1 (Form 1065)	Vec	کے اور
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