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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 private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open (o Public Inspection

A	For	the 2014 calen	dar year, or tax year beginning $Jul 1$, 2014, and ending	Jun 3	30	,	2015	
В	Chec	k if applicable	C Name of organization CLUB FOR GROWTH	1) Employ	er identi	fication number	
		Address change	Doing business as		20-4	681	603	
		Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telepho	ne numb	er	
		Initial return	2001 L STREET, NW 600	l	(202	2) 95	55-5500	
	П	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	П	Amended return	WASHINGTON DC 20036		Gross re	ceipts 5	\$5,358,627	•
	П	Application pending) Is this a g				XNo
	_		DAVID MCINTOSH 2001 L ST. NW STE. 600 WASHINGTON DC 20036 HILD	Are all sul If 'No,' atta	bordinates i	ncluded?	Yes	No
ī	Ta	x-exempt status	501(c)(3) X 501(c) (4) (insert no) 4947(a)(1) or 527	ii No, att	acri a list (s	ee mstru	icuons)	
<u>;e</u> ∫	W	ebsite: ► WV	TW.CLUBFORGROWTH.ORG /) Group exe	emption nur	nber 🕨		
Κ̈κ	Fo	rm of organization	X Corporation Trust Association Other ► L Year of formation	2006	M s	ate of le	gal domicile DC	
a P	art I	Summa	v					
∍່ີ	1		be the organization's mission or most significant activities: CLUB_FOR_GR	I HTWO	IS A N.	ATIO	NWIDE NONP	ROFIT
≥ a		MEMBERSH	IP ORGANIZATION DEDICATED TO PROMOTING PUBLIC PO	LICIE	STHAT	PR	OMOTE ECON	IOMIC
APR		GROWTH P	RIMARILY THROUGH LEGISLATIVE INVOLVEMENT, ISSUE ADVO	CACY,	RESEA	RCH,	AND MAY EN	IGAGE
_		<u>IN ANY C</u>	THER LAWFUL PURPOSE.					
UCANAMATIC livities & Govern	2	Check this bo	- 1,					J
<u> </u>	3		ting members of the governing body (Part VI, line 1a)			3		8_
E 8	5		dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2014 (Part V, line 2a)			5		6
<u>ያ</u> ፷	6		of volunteers (estimate if necessary)			6		14
OCATAL	7		ed business revenue from Part VIII, column (C), line 12			7a		0.
			business taxable income from Form 990-T, line 34			7b		0.
	1				or Year		Current Ye	
)	8	Contributions	and grants (Part VIII, line 1h)	6,	777,1	61.	5,193,	627.
Revenue	9	Program serv	rice revenue (Part VIII, line 2g)					
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)					
Œ	11				270,0	00.	165,	000.
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,	047,1	61.	5,358,	627.
	13	Grants and s	milar amounts paid (Part IX, column (A), lines 1-3)				1,100,	000.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)					
, 0	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1,	772,8	53.	1,995,	107.
, je	16	a Professional	fundraising fees (Part IX, column (A), line 11e) _					
Expenses	-	b Total fundrais	sing expenses (Part IX, column (D), line 25) ► 881, 421.					*
ű	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2.	928,7	39.	4,040,	741.
,	18	Total expens	es Add lines 13-17 (must equal Part IX, column (A), line 25)		701,5		7,135,	
	19	Revenue less	expenses. Subtract line 18 from line 12		345,5		-1,777,	
8	Ŗ			Beginning			End of Ye	
Assets	20	Total assets	Part X, line 16)		339,2		2,562,	066.
₹.	21	Total liabilitie	s (Part X, line 26)	<u> </u>	<i>-</i>		- · · · · · · · · · · · · · · · · · · ·	
ž,	22	Net assets or	fund balances Subtract line 21 from line 20	4.	339,2	87.	2,562,	066.
B	art(I	Signatu	re Block		007,2	<u> </u>	2,002,	
Und	ler pen	alties of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best of	my knowled	ige and beli	ef, it is tr	ue, correct, and	
con	nplete	Declaration of prepa	er (other than officer) is based on all information of which preparer has any knowledge					
			Gail M. Me Little		<u>-/1 </u>	201	6	
Si	gn	Signati	are of officer	Date	•			
H	ere		DAUID MCIDTOSH PRESIDENT	T				
	_		print name and use			, ,		
		Print/Type	preparer's name Preparer's signature Date	C	heck 2	[] ff	PTIN	
Pa	aid	ROBER	T E. LANE 01/28/16	ნs	elf-employe	d	P01622353	
	ера		Lane & Company, CPAs					_
U	se O	nly Firm's addr	ess 1920 N Street NW, # 320	F	ım's EIN 🏲	52-	-1738520	
_			Washington DC 20036	Р	hone no	(202	2) 463-650	0
Ma	v the	IRS discuss th	s return with the preparer shown above? (see instructions)				. X Yes	No

Form 990 (2014)

TEEA0102 05/28/14

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Form 990 (2014) CLUB FOR GROWTH Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
t	Did the organization report an amount for investments — other secunties in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(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	11 c		х
(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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes, complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	n 990 (2014) CLUB FOR GROWTH	20-4681603	F	Page 4
Pa	Checklist of Required Schedules (continued)		1	
	·	_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on F column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III			х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' comp	on's current olete	х	
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100, the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	nd I		х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	,	
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to 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	ı	
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	efit 25a		Х
l	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a proof that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' of Schedule L, Part I	complete		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any cur former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons If Yes', complete Schedule L, Part II	s?		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substa contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family of any of these persons? If 'Yes,' complete Schedule L, Part III	member		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Par instructions for applicable filing thresholds, conditions, and exceptions)	rt IV		1
:	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
i	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	,	X
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	was an 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conscontributions? If 'Yes,' complete Schedule M	servation 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, P			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II			Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	s sections		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, o and Part V, line 1	or IV,	х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		+	X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a control entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	illed		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relation organization? If Yes, complete Schedule R, Part V, line 2	ted		
37		n and that is		x
38		1197	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	<u>.</u>	□
	\	res	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			T.
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 14	T A		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country	4		7
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	45		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7 Organizations that may receive deductible contributions under section 170(c).		12	4
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, ,		
Form 8282?	7 c		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	-		3 55
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:		7	3 - 4
a Initiation fees and capital contributions included on Part VIII, line 12		7	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			*
11 Section 501(c)(12) organizations. Enter:		Hou	
a Gross income from members or shareholders	ر احث ا	, S. C.	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	7.3	ye.	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			أكسا
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	****	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			10.7
c Enter the amount of reserves on hand	35	<i>(2)</i>	1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	P. Sec.	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
BAA TEEA0105 05/28/14	Form 9	990 (2	2014)

Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management	_		
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
		2.3		******
2		2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
r a	members of the governing body?	7 a		х
		 ``		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	,,		v
	stockholders, or persons other than the governing body?	7 b	*\$ *\$ * \$00	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8 ь	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			6.5
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	•
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	_	Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	3365	N.E.	. Nora
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2		123
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	72.2	0.	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		<u>ж.</u> Х
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avaılab	le	
19	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available.	le to		
20	the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
		02) 9	955-	5500

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

employees; and former such persons.										
Check this box if neither the organization nor any rela	ted organi	zatıo	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee.	
		 		(C)			_			
(A) Name and Title	(B) Average hours per	than	one	box, u an of ector/	unless fficer a truste	•	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1) FRAYDA LEVIN	1.00	l								
DIRECTOR	ļ	Х			_			0.	0.	0.
(2) HOWARD RICH	1.00	١.,		l						
DIRECTOR	ļ	Х				ļ		0.	0.	0.
(3) JERRY HAYDEN DIRECTOR	1.00	х						0.	0.	0.
(4) KEN_ BLACKWELL	1.00									
DIRECTOR		Х	L	ļ		ļ		0.	0.	0.
(5) JOHN CHILDS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JACKSON STEPHENS, JR. CHAIRMAN/VICE PRESIDENT	1.00	x		х				0.	0.	0.
(7) CHRIS CHOCOLA	40.00	\vdash								
PRESIDENT/DIRECTOR		X		Х				500,000.	0.	16,179.
(8) DAVID MCINTOSH	40.00									
PRESIDENT		X		Х				0.	0.	0.
(9) ADAM ROZANSKY	40.00									
CFO/TREASURER				Х				131,000.	0.	7,064.
(10) ANDY ROTH	40.00									
SECRETARY/VP OF GOVT. AFFAIRS				Х				143,540.	0.	444.
(11) CHUCK PIKE EXECUTIVE VICE PRESIDENT	40.00				Х			245,300.	0.	6,241.
(12) DOUGLAS MILLS	40.00									
VP OF DEVELOPMENT						Х		192,600.	0.	6,528.
(13) BARNEY KELLER COMMUNICATIONS DIRECTOR	40.00					х		120,280.	0.	6,528.
(14) KRISTIN COBB VP OF DEVELOPMENT	40.00					х		142,880.	0.	6,528.

Part VII Section A. Officers, Directors, Tru	1	Key	En			es, a	and	d Highest Con	pensated Em	ployees (continued)
(A) Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee) compen		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other				
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)								_		
(17)				-						-
(18)										
(19)										
(20)									## · · · · · · · · · · · · · · · · · ·	
(21)										
(22)									<u> </u>	
(23)								_		
(24)										
(25)									_	
1 b Sub-total							>	1,475,600.	0	49,512.
d Total (add lines 1b and 1c)							-	1,475,600.	0	49,512.
2 Total number of individuals (including but not limited from the organization ► 7	d to those	listed	abo	ve)	who	rece	ive		000 of reportable co	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater to such individual	han \$150,	000?	If 'Y	'es' o	com	other olete	coi Sch	mpensation from nedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of	ompensat	on fre	om a	any i	unre suc	lated h per	org	anization or individ	lual 	SE SE 200
Section B. Independent Contractors	·									
Complete this table for your five highest compensation from the organization. Report compe	ed indepe nsation fo	nden r the	t cor cale	ntrac nda	ctors r yea	that ar end	rece ding	eived more than \$1 with or within the	00,000 of organization's tax y	
(A) Name and business addre	ess							(B) Description o		(C) Compensation
RED SEA LLC 4550 MONTGOMERY AVE.				MD				CONSULTING AND		965,877.
STEPHEN CLOUSE AND ASSOC. 43538 GOLDEN MEADOW CIRCLE BASSWOOD RESEARCH 4550 MONTGOMERY AVE.				VA MD				MAIL/VIDEO POLLING/ANA		271,781. 396,425.
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	ose	liste	ed abo	ove) who received mo	re than	2
\$100,000 of compensation from the organization	3	TEEAO						_		Form 990 (2014)

Par	t VI	II Statement of Rev			. <u></u> =	•					·			
	***	* Check if Schedule O co	ontains a	respon	se or note to any lir		(A) revenue		(B) Related or exempt function revenue	r	Un bu	(C) related siness evenue	Rev excluded under	(D) venue d from tax sections 2-514
nts		Federated campaigns .		1 a		19	***	120	***	, W	F	£ .	,¥.	-964
Grai		Membership dues		1 b				ľ						
Ţş. ₹		Fundraising events		1 c		À		3		*	42	,		
ia g		Related organizations . Government grants (contributed)		1 a	<u> </u>	[`		-	,	.5.				
Sin		_				::		n/ar	~		>,'	·	240	4 EPZ
ž ž	f	All other contributions, gifts, gra similar amounts not included all	ants, and bove	1 f	5,193,627.	ľ	ž	""	î	ν,	• .	<u>.</u>		Synds, 3
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included		-1f \$	3,133,02		·	1	ę,«				6. šta.	e Cultura
<u>S</u> <u>E</u>	h	Total. Add lines 1a-1f		<u></u>		5,19	93,627.	1 1/2	4 5, 5	** :	. 4.4	***	***	\$-\$55 E
Program Service Revenue	2 a				Business Code				<u>``</u>				<u> </u>	
<u>vi</u> ce	C													
35	d					ļ	 	ļ					ļ	
ram	e	AU		+		ļ		+						
ğ	ָ ר	All other program service Total. Add lines 2a-2f .								P. S. S. S.	· · · · · · · · · · · · · · · · · · ·	o va	7 (a) (b)	
	3	Investment income (inclu-						89	<u> </u>	`'い楽'.				<u> </u>
	•	other similar amounts) .												
	4	Income from investment of												
	5	Royalties			· ·	, sindia.	nan	<u> </u>	. u 3 Lu	,	46		63	
	٤.	Gross rents	(ı) Re	eai	(II) Personal			1		· WV			1	
		Less: rental expenses				1	~ (.	, ás			دة		i.	1 * -
	ı	Rental income or (loss)				*	-x (\$6 4							
	d	Net rental income or (loss	s)								*		1	
	7 a	Gross amount from sales of assets other than inventory	(ı) Secu	nties	(ii) Other	77 A 74	1/4			ş-14.7				# \$; A
		Less cost or other basis and sales expenses					siĝ÷				***	· , - - - - -		
	l	Gain or (loss)			1		···········	<u> </u>				, 12		
	ì	Net gain or (loss)			<u>^</u>		181818A -	1 PA		1-618	397% \(\frac{1}{2}\).	ग्रंद रावस	1 3,000	7.57. 57% \$\$
粪	8 a	Gross income from funda (not including\$	aising eve	ents			1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- W	2	*	1 3	
Ver		of contributions reported	on line 1	;).		- 1 A		Á.	. There		14 i	i No valo	, where	
&		See Part IV, line 18			a					^ ************************************			1 24-7-3	
Other Revenue	b	Less: direct expenses .		٠. ١	b		×		*** ***	A P		<u> </u>	ļ į	
ಕ	c	Net income or (loss) from	fundrais	ing eve	nts			死 .	##	1	1 1		ļ	
	9 a	Gross income from gamil See Part IV, line 19	ng activiti	es. 	a .		* 25.49					ode Bess		
	l	Less direct expenses .			b[* 75° %	178	· *****	· ***				
		Net income or (loss) from					We.	1					ļ	
		Gross sales of inventory, and allowances			a	100				S. W. Sandard		kan diSi	l·樂·	Total .
	1	Less: cost of goods sold			b				<i>&:</i>		<u> </u>		 	
	⊢ိ	Net income or (loss) from Miscellaneous Revenu		invento	Business Code	<i>→</i>		*				<u> </u>	7	r r
	11 a	REIMBURSEMENTS FROM		ORGS		1	65 , 000.		165,0	00.			1 **-	0.
	b							<u> </u>						
	c													
	1 -	All other revenue		L					contraction and the contraction of the contraction	******	,		. 777	
	l	Total. Add lines 11a-11d					<u>65,000.</u>		<u> </u>	**	<u> </u>	· · · · · · · · · · · · · · · · · · ·	¥	- 77
	12	Total revenue. See instr	uctions .			1 5,3	58,627.	. 1	165,0	. UU	I	0.	1	0.

Partix Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,100,000.	1,100,000.	Š. Ł. M.	A. A.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22			146								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees	1,122,081.	589,671.	309,307.	223,103.							
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 salanes and wages	698,005.	366,813.	192,408.	138,784.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	76,177.	40,032.	20,999.	15,146.							
10	Payroll taxes	98,844.	51,944.	27,247.	19,653.							
11	Fees for services (non-employees)											
а	Management											
ŧ	Legal	62,222.	0.	62,222.	0.							
c	: Accounting	26,262.	0.	26,262.	0.							
c	Lobbying											
e	Professional fundraising services See Part IV, line 17			74 194								
f	Investment management fees											
Ū	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,136,362.	2,090,111.	0.	46,251.							
	Advertising and promotion											
13	Office expenses	101,188.	26,465.	64,710.	10,013.							
14	Information technology	100,944.	26,270.	74,674.	0.							
15	Royalties											
16	Occupancy	214,806.	112,884.	59,212.	42,710.							
17	Travel	52,995.	27,850.	14,608.	10,537.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19 20	Conferences, conventions, and meetings Interest	640,486.	640,486.	0.	0.							
21	Payments to affiliates				<u> </u>							
22	Depreciation, depletion, and amortization	11,039.	5,801.	3,043.	2,195.							
23	Insurance	13,925.	5,801.	13,925.	2,193. 0.							
	Other expenses. Itemize expenses not	13,923.	<u> </u>	13,923.	0.							
	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
a	RESEARCH AND POLLING	257,438.	234,268.	0.	23,170.							
t	PRINTING AND PUBLICATION	357,028.	54,842.	.0.	302,186.							
C	MEMBERSHIP APPEALS	45,910.	0.	0.	45,910.							
C	REGISTRATIONS	10,947.	0.	10,947.	0.							
	All other expenses	9,189.	4,663.	2,763.	1,763.							
25	Total functional expenses. Add lines 1 through 24e	7,135,848.	5,372,100.	882,327.	881,421.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)											
RAA		TEEA0110 05/		1	Form 990 (2014)							

Form 990 (2014) CLUB FOR GROWTH
Part & Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
•			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	4,310,618.	1	2,544,437.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	_	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		Ž.	4. 14.5 1
	_	L. L	· · · · · · · · · · · · · · · · · · ·	5	**************************************
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.8x30	6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹۱	9	Prepaid expenses and deferred charges	· ·	9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	3,373.	10 c	0.
	11	Investments – publicly traded securities	3,5,5,	11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	10,834.	14	3,167.
ı	15	Other assets See Part IV, line 11	14,462.	15	14,462.
ł	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,339,287.	16	2,562,066.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
}	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	-
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
[🛴		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	3,339,287.	27	2,300,791.
Bal	28	Temporarily restricted net assets	1,000,000.	28	<u> 261,275.</u>
힏	29	Permanently restricted net assets		29	7 70 - 70 - 70 - 70 - 70 - 70 - 70 - 70
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	4,339,287.	33	2,562,066.
	34	Total liabilities and net assets/fund balances	4,339,287.	34	2,562,066.
BA	Α		<u> </u>		Form 990 (2014)

		-468160	3	Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	· · ·	<u>. </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,3	58 <u>,</u> 6	27.	
2	Fotal expenses (must equal Part IX, column (A), line 25)	2	7,1	35,8	48.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,7	77,2	21.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,3	39,2	87.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2,5	62 , 0	<u>66.</u>	
Pa	REALIST Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 🖂	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			tyta.	2,123	
	If the assessment as should be suctioned af assessment from a second second (Other) and as		- [
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	****	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	•	453	201320	100.5	
	separate basis, consolidated basis, or both	а	12			
	Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			26.5	98.284	
	basis, consolidated basis, or both		- 7			
	Separate basis X Consolidated basis Both consolidated and separate basis			20 7 2		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain			4:		
2	in Schedule O a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single		23.6			
3	a As a result of a rederal award, was the organization required to undergo an audit of audits as set forth in the single Audit Act and OMB Circular A-133?	,	. 3a		Х	

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

BAA

SCHEDULE C (Form 990 or,990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

والطباط ما شورف مولفوروما

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) org	anizations. Complete Part III							
Name	of organization			Employer identific	ation number				
CLU	JB FOR GROWTH			20-468160	3				
Pa	ি Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.				
1	Provide a description of the or	ganization's direct and indirect political camp	aign activities in Part I	V.					
2	Political expenditures			▶ \$	481,776.				
3	Volunteer hours	<u></u> . <u></u>			0				
Pa	心[[B] Complete if the o	rganization is exempt under secti	on 501(c)(3).						
1	Enter the amount of any excis	e tax incurred by the organization under sect	on 4955	> \$					
2		e tax incurred by organization managers und							
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No				
4 :	a Was a correction made?				· · · Yes No				
	f 'Yes,' describe in Part IV								
Pa	Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)					
1		ended by the filing organization for section 52							
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt								
	' <u></u>								
3	line 17b		• • • • • • • • • • • • •	•	101///0:				
4	Did the filing organization file I	Form 1120-POL for this year?			Yes X No				
5	organization made payments. amount of political contribution	and employer identification number (EIN) of a For each organization listed, enter the amou is received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing of elivered to a separate i	organization's funds. Also political organization, suc	enter the				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

Schedule C (Form 990 or 990-EZ) 2014

PanturA Complete if section 501	the organization	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	election under
A Check ► If the filin	g organization belong	gs to an affiliated group (and	llist in Part IV each affili	ated group member's na	me,
· address,	EIN, expenses, and	share of excess lobbying ex	penditures).		
B Check ▶ ☐ If the filin	g organization check	ed box A and 'limited contro	l' provisions apply.		
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	c opinion (grass roots lobby	ing)		
b Total lobbying expenditu	res to influence a leg	slative body (direct lobbying	3)		
• • •	•	1b)			
e Total exempt purpose ex	penditures (add lines	and 1d)			
f Lobbying nontaxable am both columns	ount. Enter the amou	nt from the following table in	1 		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is:		100000
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess		1 : 2 - 20 - 6 -	
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess	-	1	
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
· ·	•	line 1f)			
		nter -0		-	
j If there is an amount oth	er than zero on eithe	r line 1h or line 1i, did the or	ganızatıon file Form 472	0 reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period L t made a section 501(h) el as below. See the instructi	ection do not have to		
	Lobk	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))	A. Ann. A				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (For	m 990 or 990-EZ) 2014

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description	<u></u>	• •		(0)	
	the lobbying activity.	Yes	No	Ап	nount	
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum.	飲冷				
	through the use of	,			1. "	
	a Volunteers?	ļ		1 3 3	i i i i i i i i i i i i i i i i i i i	7, 1 45, u
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>		dan i	لقنت	NA AT
	c Media advertisements?					
	d Mailings to members, legislators, or the public?					
	e Publications, or published or broadcast statements?					
	f Grants to other organizations for lobbying purposes?					
	g Direct contact with legislators, their staffs, government officials, or a legislative body?					
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	i Other activities?					
	j Total Add lines 1c through 1i					
2	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			4 1		iol (i
	b If 'Yes,' enter the amount of any tax incurred under section 4912	\$x4	**************************************			
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1 200	3.7	24
<u> </u>	complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or		T _W	
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2				<u> </u>	 ^	
3					+	X
-						X
	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	line 3, is	>U1(C) S	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			ı		
	a Current year		2 a	i		
	b Carryover from last year		2 b			
	c Total		2 c			
3	and the second of the second o		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	I		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	CLUB FOR GROWTH				20 4601602	
Da		or Advised Funds or Oth	or Similar Fund	le or Acc	120-4681603	
rai	t I Organizations Maintaining Dono Complete if the organization answ	ered 'Yes' to Form 990. P	er Similar Fund Part IV, line 6.	is Of ACC	counts.	
		(a) Donor advised		(b) F	unds and other acco	ounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·	.a.ras	(=):	and and other door	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's				TYes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or f	for any other purpose	conferring	i <u>—</u>	No
Päi	Conservation Easements. Complete if the organization answ	ered 'Yes' to Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., reci	• •	<u></u> -	historically	y important land area	
	Protection of natural habitat		Preservation of a	certified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	held a qualified conservation co	ontribution in the form	of a conse	ervation easement or	n the
	last day of the tax year.			Z24.1	Hald at the Feet of th	- Tow Your
	Total number of conservation easements			2 a	Held at the End of the	ne lax fear
	Total number of conservation easements			2 b		
	Number of conservation easements on a certifier			2 c		
		,	•	1		
,	I Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and r	ot on a historic	2 d		
3	Number of conservation easements modified, tratax year ▶	ansferred, released, extinguishe	d, or terminated by the	ne organiza	ation during the	•
4	Number of states where property subject to cons	servation easement is located >				
5	Does the organization have a written policy rega and enforcement of the conservation easements	•	•		1.4	∏No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing cons	ervation easements	during the y	year	
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conservat	tion easements dunn	g the year		
8	Does each conservation easement reported on I and section 170(h)(4)(B)(ii)?			'0(h)(4)(B)((i) · · · · · . Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements	ts conservation easements in its he organization's financial state	s revenue and expen ments that describes	se stateme the organi	ent, and balance shee zation's accounting f	et, and or
Pa	tili Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historical ered 'Yes' to Form 990, F	Treasures, or C Part IV, line 8.	Other Sir	milar Assets.	
1	a If the organization elected, as permitted under S art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its financia	eld for public exhibition, educati	ion, or research in fu	ement and therance o	balance sheet works of public service, prov	s of ride,
1	o If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items.	FAS 116 (ASC 958), to report in for public exhibition, education,	n its revenue stateme or research in furthe	ent and bala rance of pu	ance sheet works of a blic service, provide	art, the
	(i) Revenue included in Form 990, Part VIII, lin					
	(ii) Assets included in Form 990, Part X				▶\$	
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	6 (ASC 958) relating to these it	ems:		_	
	a Revenue included in Form 990, Part VIII, line 1 .					
	Assets included in Form 990, Part X				►\$	

Part Organizations Maintaining	Collections	of Art, Histo	<u>rical Treasures, o</u>	or Other Similar Ass	sets (co	<u>ontinu</u>	ed)
3 Using the organization's acquisition, accesseme (check all that apply):	ssion, and othe	r records, check a	any of the following that	are a significant use of it	s collecti	on	
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e U Other					
c Preservation for future generations							
4 Provide a description of the organization's Part XIII.	s collections and	d explain how the	y further the organizatio	n's exempt purpose in			
5 During the year, did the organization solid to be sold to raise funds rather than to be	maintained as j	part of the organi	zation's collection?		Yes]	No
Escrow and Custodial Arra line 9, or reported an amour	angements. It on Form 99	Complete if the 100 Part X, line	ne organization ans 21.	wered 'Yes' to Form	990, P	art IV	,
1 a Is the organization an agent, trustee, cus on Form 990, Part X?			contributions or other as	sets not included	Yes		No
b If 'Yes,' explain the arrangement in Part >	(III and complete	e the following tal	ble				
					Amount		.= .
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance				<u> 1f </u>			
2 a Did the organization include an amount of							No
b If 'Yes,' explain the arrangement in Part >	III Check here	if the explanation	has been provided in F	'art XIII		· · · L	┙
Part V Endowment Funds. Compl	oto if the ora	anization and	warad 'Vas' ta Earn	000 Part IV line 1	^		
	Current year	(b) Prior year	(c) Two years back	T .		our years	hack
1 a Beginning of year balance	Current year	(b) Prior year	(c) Two years back	k (u) Three years back	(e) F	our years	Dack
b Contributions							
·			-				
c Net investment earnings, gains, and losses							
d Grants or scholarships					_		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance		<u> </u>	<u> </u>		<u> </u>		
2 Provide the estimated percentage of the	=		, column (a)) held as				
a Board designated or quasi-endowment		⁹⁶					
b Permanent endowment	 ⁰ 0	0					
c Temporarily restricted endowment	havid asval 100	% %					
The percentages in lines 2a, 2b, and 2c s	inouia equal Tot	J%.					
3 a Are there endowment funds not in the po organization by:	ssession of the	organization that	are held and administer	red for the		Yes	No
(i) unrelated organizations			. 		. 3a(i)		
(ii) related organizations					. 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizat	ons listed as red	quired on Schedu	ıle R?		. 3b		
4 Describe in Part XIII the intended uses of		n's endowment fu	ınds.				
Part VI Land, Buildings, and Equi Complete if the organization	•	es' to Form 9	90, Part IV, line 11	a. See Form 990, Pa	art X, lir	ne 10.	
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1 a Land				14.1			
b Buildings							
c Leasehold improvements							
d Equipment			159,878.	159,878.			0.
e Other							
Total. Add lines 1a through 1e. (Column (d) me	ust equal Form 9	990, Part X, colur	nn (B), line 10c.)				0.
BAA				Sched	lule D (Fo	orm 990) 2014

Part XXX	Oth	er	Lia	biliti	es.

(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)	·		
(5)			
(6)			
(7)	1	214 Tel (1) 23 24 27 37	
(8)			
(9)		g	
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	•		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Part-XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	. 3
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	7 7
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	. 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Pnor year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	. 3
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 4 a	
b Other (Describe in Part XIII.)	
C Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5
Part XIII Supplemental Information.	

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

SCHEDULE 1 (Form 990)

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

2014

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

Openito)Publi Employer identification number

> CLUB FOR GROWTH Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

20-4681603

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GOVERNMENT_INTEGRITY_FUND - 6712_RIDEATH_RD GROVE CITY OH 43123	45-2042274	501 (c) 4	1,100,000.	0	n/a	n/a	GEN. SUPPORT
(3)						,	
[4]							
Ω							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government orgals listed in the line 1 to	s lister	d in the line 1 table			A A	0 1

Schedule I (Form 990) (2014)

TEEA3901 06/19/14

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

CLUB FOR GROWTH Schedule I (Form 990) (2014)

Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

ממון בס מקבונים וו מממווים וליים ווספמסים					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					,
2					
e					
4					
ro.					
9					
7					
Partily Supplemental Information Provide the information	de the information r	equired in Part I. lir	ne 2. Part III. columi	required in Part I. line 2. Part III. column (b), and any other additional information.	litional information.

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

Pt I Line 2

THE GRANT FUNDS ARE MONITORED THROUGH COMMUNICATION WITH THE GRANTEE AS TO HOW THE GRANT FUNDS ARE BEING EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT AGREEMENT.

BAA

SCHEDULE J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Attach to Form 990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

20-4681603 CLUB FOR GROWTH Part I **Questions Regarding Compensation** Yes No 1 a 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 . . . F : 100 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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: a Receive a severance payment or change-of-control payment? . . . 4 b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization? 5 b **b** Any related organization?..... If 'Yes' to line 5a or 5b, describe in Part III 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: a The organization? 6 b b Any related organization?.... If 'Yes' to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If 'Yes,' describe in Part III X 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 Regulations section 53.4958-4(a)(3)? 8 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Schedule J (Form 990) 2014

Perfe III

J (Form 990) 2014 CLUB FOR GROWTH

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		130			1000000	Alderstands (C)	101 Take 26	
!		(a) DIEGRUUMII UI	74-2 diu/ui 1044-ivii.5	compensation	and other	benefits	columns(B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(II) Bonus and incentive compensation	(III) Other reportable compensation	deferred			reported as deferred in prior Form 990
CHRIS CHOCOLA	(3)	275,000.	225,000.	0.	0.	16,179.	516,179.	
DENT/DIRECTOR	(ii)	1 	0 	0.	0.0	0		0.
	(i)	205,300.	40,000.	0	0	6,241.	251,541.	0
VICE PRESIDENT	(iii)	1	0 0	0.	0.	0		0.
	(i)	177,600.	15,000.	0	0	6,528.	199,128.	0
MENT	(ii)	 	0	0.	0.	0.		0.
	(1)				1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	
4	(ii)							
	Ξ	 			1 1 1	1 1 1 1 1 1 1	1	
5	⊞							
	Ξ	 	 		1 1 1	1 1 1 1 1 1	 	
9	⊞							
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7	₿							
	Ξ			 	 	 	 	
8	(1)							
	Ξ		 	 	 	 	 	
6	(ii)							
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	€							
12	(11)						1 1 1 1	= = = = = =
	(3)	 		 	 	 	 	
13	▣							
	€				1 1 1	1 1 1 1 1	1 1 1 1	1 1 1 1 1 1
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ВАА			TEEA4102 06/19/14				Schedule J	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2014

Copen to Public Collinspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number 20-4681603 CLUB FOR GROWTH THE CHIEF FINANCIAL OFFICER AND INDEPENDENT ACCOUNTANT PREPARE THE 990, WHICH IS THEN REVIEWED BY AT LEAST TWO KEY EMPLOYEES OR OFFICERS. Pt VI, Line 11b TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS EXEMPT PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS: a) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING. b) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER EXEMPT PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. Pt VI, Line 12c THE PRESIDENT'S SALARY IS DETERMINED BY THE BOARD, AS WELL AS STUDYING OTHER FORM 990'S AND PUBLIC DOCUMENTS. Pt VI, Line 15a EMPLOYEES' COMPENSATION IS DETERMINED BY STUDYING OTHER FORM 990'S AND PUBLIC DOCUMENTS, AS WELL AS INFORMATION FROM PROFESSIONAL ASSOCIATIONS, Pt VI, Line 15b THEN PRESENTED TO AND APPROVED BY THE BOARD. Pt VI, Line 19 AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

E

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Related Organizations and Unrelated Partnerships

Complete If the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 20-4681603

(f)
Direct controlling
entity Patible Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets **限机协数 Identification of Disregarded Entities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity CLUB FOR GROWTH 1

(g) Sec 512(b)(13) controlled entity? ĝ × × Yes CLUB FOR GROWTH CLUB FOR GROWTH (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) N/A N/A(d) Exempt Code section 527 (c)
Legal domicile (state
or foreign country) DC ЫС (b)
Primary activity POLITICAL POLITICAL ACTIVITY ACTIVITY (1) CLUB FOR GROWTH-PAC SEPERATE SEGREGATED FUND (a) Name, address, and EIN of related organization 12) CLUB_EOR_GROWIH_ACTION __ 2001_L_SIREFIL_NW_____ ___WASHINGTON, DC_20036_ 27-3167202 __2001_L_STREET_ NW. ଫ୍ର

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

TEEA5001 08/22/14

Schedule R (Form 990) 2014

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity			(f) Share of total income	(g) Share of end-of-year assets		(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	(k) Percentage ownership	ntage rship
		country)		512-514)	4)			ا څ	Yes No	1065)	Yes No		
(1)													
				· · · · · · · · · · · · · · · · · · ·									
			·					.=				_	
(2)													
								_					
(3)													
				_			_						
								-					
	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	izations re related		a Corporations treated a	ion or Tru s a corpo	ust Compleration or tru	te if the or st during t	ganization a	answere	as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, stions treated as a corporation or trust during the tax year.	m 990, Pa		
(a) Name, address, and EIN of related organization	f related organization		(b) Primary activity	(c) Legal domicile (state or foreign	8		(e) Type of entity (C corp, S corp,	(f) Share of total income		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	(13) entity?
				country)	entity		r trust)					Yes	2
	1 1 1 1										:		
		 											
(2)													
		- -											
													
(3)	1 1 1 1 1 1									-			
		-					-						
		-									_		
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Ransactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	sted in Parts II-IV?			·
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	×
b Gift, grant, or capital contribution to related organization(s)			1b	×
c Gift, grant, or capital contribution from related organization(s)			- 10	×
Loans or loan guarantees to or for related organization(s)			-1 -1	×
()			•	;
e Loans of loan guarantees by related organization(s)			a .	×
f Dividends from related organization(s)			.: 1f	×
g Sale of assets to related organization(s)			 1g	×
h Purchase of assets from related organization(s)			=	×
Exchange of assets with related organization(s)			=	×
related organıza			=	×
			V	<u> </u>
k Lease of facilities, equipment, or other assets from related organization(s)			4	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			E	×
n Sharing of facilities, equipment, maılıng lısts, or other assets with related organization(s)			1n	×
o Sharing of paid employees with related organization(s)			10	X
p Reimbursement paid to related organization(s) for expenses			:	×
q Reimbursement paid by related organization(s) for expenses			19	×
r Other transfer of cash or property to related organization(s)			=	×
s Other transfer of cash or property from related organization(s)			1.	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ed relationships and tra	nsaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved) stermining svolved
(1) CLUB FOR GROWTH-PAC	C	42,000.	CASH PAID	Q:
(2) CLUB FOR GROWTH ACTION	ä	120,000.	CASH PAID	Q.
(3)				
(4)				
(5)				
(9)				
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Partiving Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	h) ropor- rate ations'	Code V-UBI amount in box 2 20 of Schedule K-1 Form (1065)			(k) Percentage ownership
			section 512-514)	Yes No			Yes No		Yes	No	
(1)											
	_							· · · · · ·			
<u>(2)</u>											
(3)											
										•	
<u>(4)</u>											
									_		
(5)											
(7)											
(8)											
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Supplemental Information

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