SCANNED DEC 0 9 2016

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)

<u> 15</u>

▶ 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.lrs.gov/form990.

Open to Public Inspection

	Of title 2	20 15 calendar year, or tax year beginning	<u>unu</u>	ending	 				
В	Check if applicable	C Name of organization			D Employer	identificatio	on number		
	Address change	THE GRIDIRON CLUB AND	FOUNDATION						
	Name change	Doing business as] :	36-464	3320		
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone	number	•		
	Final return/	529 14TH ST NW-NATL PR	-	976		202-78	3-4050		
	termin- ated	City or town, state or province, country, and			G Gross receipts		428,45	4.	
	Amende return		.		H(a) Is this a	group return	<u> </u>		
Ē	Applica-		L P. LEUBSDORF	SR.	7	rdinates?	Yes X	No	
	pending	529 14TH ST, NW, 976 NA			H(b) Are all subd	rdinates include	od? Yes	No	
T :	Tax-exer						(see instructions)	,	
J Website: ► GRIDIRON.CLUB@GMAIL.COM H(c) Group exemption number ►									
		organization: Corporation Trust X As		L Year			te of legal domicile:	DC	
Part I Summary									
		riefly describe the organization's mission or most	significant activities: CONT	RIBUT	ING TO T	HE BET	TERMENT		
Governance	` c	F THE JOURNALISTIC COMMU							
na L	2 0	check this box 🕨 🔲 if the organization discor							
ĕ	3 N	lumber of voting members of the governing body			· *r=	3		9	
Ğ	4 N	lumber of independent voting members of the go	verning body (Part VI, line 1b)	いっしにり	1	4		9	
တ္		otal number of individuals employed in calendar y	· · · · · · · · · · · · · · · · · · ·			5	·	0	
iŧie		otal number of volunteers (estimate if necessary)	· ·	10V 2 I	2016 (5.)	6		16	
Activities &	l.	otal unrelated business revenue from Part VIII, co	1451		191	7a		0.	
⋖	1	let unrelated business taxable income from Form	· · · · · · · · · · · · · · · · · · ·		·	7b		0.	
				-1 ,	Prior Year		Current Year		
a)	8 0	Contributions and grants (Part VIII, line 1h)		961.	70,75	8.			
Ž	9 F	Program service revenue (Part VIII, line 2g)		085.	7,70				
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4		178.	56,58				
æ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		229.>	<10,91				
		otal revenue - add lines 8 through 11 (must equal	158,		124,13				
		Grants and similar amounts paid (Part IX, column (68,	72,00				
	1	Benefits paid to or for members (Part IX, column (A					0.		
ç	l	Salaries, other compensation, employee benefits (🗆		0.		0.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A),				0.		0.	
ē	ьт	otal fundraising expenses (Part IX, column (D), lin		0.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d			85,573. 81,241				
	1	otal expenses. Add lines 13-17 (must equal Part I			153,	573.	153,24	11.	
	19 F	Revenue less expenses. Subtract line 18 from line		🗀 🧲	5,	422.	<29,10	9.>	
Net Assets or	3			В	eginning of Curre	nt Year	End of Year		
Sets	20 ⊺	otal assets (Part X, line 16)			610,		581,15	54.	
ASS	21 7	Total liabilities (Part X, line 26)				0.		0.	
를	22 1	Net assets or fund balances. Subtract line 21 from	line 20		610,	263.	581,15	54.	
	art II	Signature Block							
Une	der penal	ties of perjury, I declare that I have examined this return,	including accompanying schedul	es and stater	nents, and to the	best of my kno	owledge and belief,	ıt ıs	
tru	e, correct	, and complete. Declaration of preparer (other than office	er) is based on all information of v	vhich prepare	er has any knowle	dg/e. /			
		Signature of officer			Date/	(13/16			
Sig		•	ETARY		54.9	/			
-не	re	Type or punt name and title	ETARI						
	ļ	Print/Type preparer's name	Preparer's signature		Date	Check I	PTIN		
Paid self-employed									
	·	Firm's name			Firm's	EIN 🛌			
Us	e Only	Firm's address			İ				
_					Phon	e no.			
Ma	ay the IR	S discuss this return with the preparer shown abo	ove? (see instructions)		<u></u>		Yes	No	
		8-15 I HA For Panerwork Reduction Act Notice	no soo the congrate instruct	iono			Form 990 (2	2015)	

	1990 (2015) THE GRIDIRON CLUB AND FOUNDATION 36-4643320 Page 2 rt III Statement of Program Service Accomplishments
rai	
1	Check if Schedule O contains a response or note to any line in this Part III
'	ESTABLISHMENT OF A FORUM FOR WASHINGTON JOURNALISTS TO PROMOTE
	FRIENDLY RELATIONS AND THE EXCHANGE OF IDEAS AMONG ITS MEMBERS AND TO
	EDUCATE THE PUBLIC ABOUT THE FIELD OF WASHINGTON JOURNALISM IN
	GENERAL.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code) (Expenses \$
70	AWARDING OF EDUCATIONAL SCHOLARSHIPS AND ASSISTING ORGANIZATIONS THAT
	HELP AND PROTECT JOURNALISTS AND THEIR ACTIVITIES.
	11 100
4b	(Code) (Expenses \$11,489. including grants of \$) (Revenue \$7,704.)
	HOSTING OF A NUMBER OF MEMBERSHIP EVENTS DURING THE YEAR TO PROMOTE
	JOURNALISTIC EXCHANGES, EDUCATION AND RECOGNITION.
4c	(Code) (Expenses \$
	MEMBERSHIP PIN RECOGNITION PROGRAM
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 5,960 · including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 90,189. Form 990 (2015)
	Form 990 (2015)

	` 		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		<u>X</u>
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		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>x</u>
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			ĺ
	as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		x
	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	11c		
d		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		 -
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
b	The state of the s			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The state of the s	14a		X
b				
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			4,5
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	┼^	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III		990	(2015)

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

	·		Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 <u>b</u>		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
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 defease			
·	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
~04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			_ <u></u> _
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
~-	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
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) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32]	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	1	X
35a		35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	[
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		_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	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	(2015)

	990 (2015) THE GRIDIRON CLUB AND FOUNDATION 36-4643	320	<u> P</u>	age §
Par				
	Check if Schedule O contains a response or note to any line in this Part V		.	<u>Ш</u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
-	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			İ
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	İ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	{	x
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	[X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		ł
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i	i	1
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	[
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ļ	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	[1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	İ	
	Note, See the instructions for additional information the organization must report on Schedule O.		<u> </u>	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			=-
_	organization is loomed to usus qualified health plans	l	[

14a

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	spon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			T.
C4	Check if Schedule O contains a response or note to any line in this Part VI			X
Seci	tion A. Governing Body and Management		V	N-
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a	Effect the flambor of resid griding goody at the order that tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
_	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	I _	v	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.	
а	The governing body?	8a	<u>X</u>	77
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a		11a		X
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ا ا		3,7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	.		
	ın Schedule O how this was done	12c		177
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.		- v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40.		.
	taxable entity during the year?	16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b_		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availab	Ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.		-	
	SUSAN L HAHN - 202-783-4050			
	976 NATIONAL PRESS BUILDING, WASHINGTON, DC 20045			

Form 990 (2015)	THE	GRIDIRON	CLUB	AND	FOUNDATION	36-4643320	Page
Part VII Compensation	of Of	ficers, Directo	rs, Trus	stees,	Key Employees, I	lighest Compensated	

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A)	(B)	organization compensat (C)						(D)	(E)	(F)
Name and Title	Average	Positi			sition			Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an				is boti	h an	compensation	compensation	amount of
	week	-	cer an	d a d	director/trustee)		tee)	from	from related	other
	(list any	ector				1 1 1		the	organizations	compensation
	hours for	5	, s		Ì	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		25	bens		(W-2/1099-MISC)		organization
	organizations below	la tr	le le		ploy	t con			,	and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) CARL P. LEUBSDORF	12.00							_		_
SECRETARY		X	_	X	L_			0.	0.	0.
(2) DOYLE MCMANUS	2.00				ļ		ļ			
VICE PRESIDENT		X		X		<u> </u>		0.	0.	0.
(3) CLARENCE PAGE	2.00					1				
PRESIDENT		X		X			<u></u>	0.	0.	0.
(4) GERALD SEIB	3.00									
TREASURER	<u> </u>	X		X				0.	0.	0.
(5) GEORGE E. CONDON JR.	0.50									
HISTORIAN	<u> </u>	X		X			L_	0.	0.	0.
(6) BRET BAIER	2.00				[ĺ			
EXECUTIVE COMMITTEE MEMBER	ļ	X					L.	0.	0.	0.
(7) CHRISTOPHER ROWLAND	2.00									_
EXECUTIVE COMMITTEE MEMBER		X			_		<u>L</u>	0.	0.	0.
(8) CLARK HOYT	2.00						ł		_	_
IMMEDIATE PAST PRESIDENT	 	X		_	_		<u> </u>	0.	0,	0.
(9) LYNN SWEET	2.00			ļ			ļ		_	_
EXECUTIVE COMMITTEE MEMBER		ļ		ļ		<u> </u>	Ļ	0.	0.	0.
	ļ	l								
	 	-			-	├	<u> </u>	 		
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Form 990 (2015) THE GRID	IRON CL	JB_	Αì	1D	F	<u> TUC</u>	1D2	ATION	36-464	<u> 1332</u>	0	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	, and	<u>d Hi</u>	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	ŀ	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) c	from organia and re	zation
										-		
		 		-	_	<u> </u>						<u> </u>
		-	 							+		
		<u> </u>					_					
		+										
1b Sub-total	VII, Section A				•••		>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2 Total number of individuals (including but compensation from the organization	not limited to t	nose	IIST	ea a	vod	e) w	no r	eceived more than \$100	o,000 of reportable			0
											Ye	s No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, k			oyee			employee on	3	,	x
4 For any individual listed on line 1a, is the	sum of reportat	ole c	omp	ens	atio	n an	d ot	her compensation from	the organization			
and related organizations greater than \$1Did any person listed on line 1a receive o									dual for services	-	-	X
rendered to the organization? If "Yes," co											5	Х
Section B. Independent Contractors		•						41 A	. \$100,000 of some		fra	
Complete this table for your five highest of the organization. Report compensation for										ensauc	וטוו ווע	TI
(A) Name and busines								(B) Description of	services	Com	(C) pensa	ation
RENAISSANCE WASHINGTON 1 999 NINTH ST NW, WASHING		2	00	01				FOOD & BEVER SERVICE	RAGE	1	L75	,922.
						_				<u></u>		
2 Total number of independent contractors	(including but	not !	ımı+	od +	n the	nee I	iete.	d above) who received	more than			
2 Total number of independent contractors \$100,000 of compensation from the organization.		1100		<i>5</i> 4 11	<i>-</i>	1	1310	a above, who received				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) (B) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 43,125. 1b **b** Membership dues 27,533. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 100. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 70,758 h Total. Add lines 1a-1f **Business Code** 3,514. 3,514. 900004 2 a MONTHLY LUNCHES & EXEC Program Service 2,155. 2,155. ь ORGANIZATION DINNER 900004 2,035. 900004 2,035. c PRODUCER DINNER f All other program service revenue 7,704. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 24,208. 24,208. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities_ 75,494. assets other than inventory b Less' cost or other basis 43,113 and sales expenses 32,381. c Gain or (loss) 32,381. 32,381. ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 27,533. of contributions reported on line 1c). See a 248,490 Part IV, line 18 ь 261,209. **b** Less: direct expenses <12,719.> <12,719.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory-Miscellaneous Revenue Business Code 1,800. 1,800. 11 a SALE OF RECOGNITION PI 900099 d All other revenue 1,800. e Total. Add lines 11a-11d 124,132 43,870 9,504. Total revenue. See instructions.

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

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mplete column (A).	
Do r	not include amounts reported on lines 6b.	(A)	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	72,000.	72,000.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
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,			1	
	trustees, and key employees ,				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			i	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):	28,600.		28,600.	
_	Management	20,000.		20,000.	
b	Legal				
ن	Accounting				
ď	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,551.		8,551.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0,551.		0,331.	
9	column (A) amount, list line 11g expenses on Sch O.)	Ì		Ì	
12	Advertising and promotion				
13	Office expenses	5,033.		5,033.	
14	Information technology	474.		474.	
15	Royalties				
16	Occupancy	13,230.		13,230.	
17	Travel [
18	Payments of travel or entertainment expenses			[
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,489.	11,489.		
20	Interest				
21	Payments to affiliates		<u>. </u>		
22	Depreciation, depletion, and amortization				
23	Insurance	2,289.		2,289.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)			ļ	
	amount, list line 24e expenses on Schedule O.)	0 441		0.401	
а	PRINTING	8,441.	5,960.	2,481.	
b	PRESENTATION ITEMS	2,127.	740.	1,387.	
. С	POSTAGE	<u> 783.</u>		783. 35.	
d	FOREIGN TAXES	35. 189.		189.	
	All other expenses	153,241.	90,189.	63,052.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	100,441.	30,103.	03,032.	<u> </u>
20	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation.		ļ		
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

	990 (2015) THE GRIDIRON CLUB AND FOUNDATION	<u> 36-464</u>	<u>3320</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	- i- -	· <u>·</u>	
4	Tetal revenue (must equal Part VIII) column (A) line 10)		12/	1 122
1 2	Total evenue (must equal Part VIII, column (A), line 12)	2		$\frac{1}{3}, \frac{132}{241}$.
3	Total expenses (must equal Part IX, column (A), line 25)	3		$\frac{3,241}{2,109}$
_		4		0,103.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		010	1,203.
5 6	Net unrealized gains (losses) on investments	5		
-		6		
7	Investment expenses	7		
8	Prior period adjustments	8		0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		E 0 1	1 154
Da	column (B)) rt XII Financial Statements and Reporting	10	201	<u>L,154.</u>
Га				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	``	Yes No
_	Accounts with disself and the first cook. V Cook. Account. Cooker			Tes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1	
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			7.0
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	}
	separate basis, consolidated basis, or both:			j
	Separate basis Consolidated basis Soth consolidated and separate basis		1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1	-
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form '	990 (2015)

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.

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

2015

Open to Public Inspection

Employer identification number Name of the organization THE GRIDIRON CLUB AND FOUNDATION 36-4643320 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (iii) Type of organization listed in your (described on lines 1-9 support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 THE GRIDIRON CLUB AND FOUNDATION 36-4643320 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 or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total (a) 2011 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . 14 15 15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015 THE GRIDIRON CLUB AND FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	81,091.	85,250.	94,695.	66,961.	70,758.	398,755.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	250 021	251 122	240 260	251,202.	249 400	1251016.
_	organization's tax-exempt purpose	259,831.	251,133.	240,360.	251,202.	248,490.	1231010.
3	Gross receipts from activities that						11
	are not an unrelated trade or bus-	7 526	600	675.	1 100	1 000	11,711.
_	iness under section 513	7,536.	600.	6/5.	1,100.	1,800.	<u> </u>
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	348,458.	336,983.	335,730.	319,263.	321,048.	1661482.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<u> </u>			0.
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						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						1661482.
	ction B. Total Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	348,458.		335,730.		321,048.	1661482.
102	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,362.	23,009.	24,030.	25,323.	24,208.	114,932.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b	18,362.	23,009.	24,030.	25,323.	24,208.	114,932.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	55,738.	95,865.	51,81 <u>9</u> .	72,855.	32,381.	308,658.
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	422,558.	455,857.	411,579.	417,441.	377,637.	2085072.
	First five years. If the Form 990 is for						
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support Pe	rcentage			·	
15				column (f))		15	79.68 %
16		•	•			16	79.91 %
_	ction D. Computation of Inve						
17						17	5.51 %
18	Investment income percentage from					18	5.04 %
	a 33 1/3% support tests - 2015. If the			on line 14, and lin	e 15 is more than		
. •	more than 33 1/3%, check this box						. ▶ X
1	5 33 1/3% support tests - 2014. If the						•
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organizate						

Schedule A (Form 990 or 990-EZ) 2015 THE GRIDIRON CLUB AND FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	II Supportin	g Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_	Vaa	Na
	Yes	No
1 1		
	-	
2		
3a		ļ
3b		
_3c		
4a		
1	'	
_4b	L	
]	}	
4c_		
}	1	ł
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	ŀ	
5a	<u> </u>	
	İ	
5b		
_5c	<u> </u>	 -
1		
6	 	
7	1	1
'	 	
8	1	1
		
9a		1
	1	
9b		1
1	1	
9c		
1		
10a_	1]
10b	1	

		64332	U Pa	<u>age 5</u>
rai	t IV Supporting Organizations (continued)		1	T
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	ł	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		1
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	Ь	L
30 0	tion b. Type i Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NO
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	1
	controlled the organization's activities. If the organization had more than one supported organization,		ł	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		ľ
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		├──	
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
		2		
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		<u> </u>	ــــــــــــــــــــــــــــــــــــــ
<u>Sec</u>	tion of Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
	the supported organization(s).	1	l	ĺ
Sec	tion D. All Type III Supporting Organizations		Ь	٠
	tion D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ĺ	ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ł	ļ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	l
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	 	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	 - -		
•	significant voice in the organization's investment policies and in directing the use of the organization's			}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions			
a	The organization satisfied the Activities Test Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction:	s).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	But the self-self-self-self-self-self-self-self-			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		}
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ľ		
	how the organization was responsive to those supported organizations, and how the organization determined	Ì	ĺ	ĺ
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	D. 10.	}	1	1
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		1
b			1	T
-		3b	-	L
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		_

	dule A (Form 990 or 990-EZ) 2015 THE GRIDIRON CLUB AND F			36-4643320 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1 1	 	
_2	Recoveries of prior-year distributions	2	 	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		1
	collection of gross income or for management, conservation, or			ļ
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		_
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d_		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .005	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly-integrat	ed Type III supporting	organization (see
	instructions).			

			6-4643320 Page 7
ion D - Distributions			Current Year
	empt purposes		
organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , , ,		
Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the	he organization is responsive)	
(provide details in Part VI). See instructions.			
Distributable amount for 2015 from Section C, line 6			
Line 8 amount divided by Line 9 amount		- 	
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
Underdistributions, if any, for years prior to 2015			
(reasonable cause required-see instructions)			
Excess distributions carryover, if any, to 2015:			
From 2013			
From 2014			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2015 distributable amount			
Carryover from 2010 not applied (see instructions)			
Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2015 from Section D,			
line 7· \$			
Applied to underdistributions of prior years			
Applied to 2015 distributable amount			
Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2015, if			
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).			
Remaining underdistributions for 2015. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions).			
Excess distributions carryover to 2016. Add lines 3j			
and 4c			
Breakdown of line 7.			ļ
			ļ <u> </u>
			ļ
			ļ
Excess from 2014			
	ion D - Distributions Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemy organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which to (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount tion E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: From 2013 From 2014 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2015 distributable amount Remainder. Subtract lines 3g and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c	ion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) Excess Distributions Distributions amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: From 2013 From 2013 From 2014 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, line 7: \$ Applied to underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7.	ion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exemption activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exemptions assets Qualified set asside amounts (pror IRS approval required) Other distributions (describe in Part VI), See instructions. Total annual distributions, Add lines 1 through 6. Distribution to a distribution properted organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) Excess Distribution Distribution Allocations (see instructions) Excess distributions, if any, for years prior to 2015 (reasonable cause required see instructions) Excess distributions carryover, if any, to 2015: From 2013 From 2014 From 2015 From 2016 From 2016 ounderdistributions of prior years Applied to underdistributions for years prior to 2015, if any, subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4a from line 2 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4a Freakdown of line 7.

Scriedule A	(Form 990 of 990-EZ) 2015 THE GRIDIRON CLOB AND FOUNDATION 30-4043320 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
·	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	
	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GRIDIRON CLUB AND FOUNDATION

Employer identification number 36-4643320

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		·			
		(a) Donor advised funds	(b) Fun	ds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds				
	are the organization's property, subject to the organization's	_		Yes No			
6	Did the organization inform all grantees, donors, and donor a		used only				
	for charitable purposes and not for the benefit of the donor of		•				
	impermissible private benefit?		J	Yes No			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or e		torically impor	tant land area			
	Protection of natural habitat	Preservation of a cer	• •				
	Preservation of open space						
2	Complete lines 2a th:ough 2d if the organization held a qualif	fied conservation contribution in the form	of a conserva	ation easement on the last			
	day of the tax year.		1——	Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b			2b				
c	Number of conservation easements on a certified historic str		2c				
	Number of conservation easements included in (c) acquired						
_	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th		during the tax			
	year >	ge.on.ou, or tommatou by the		adming the leave			
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per	-					
_	violations, and enforcement of the conservation easements in	• , , ,		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation eas	· ··			
	>	,					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easemen	its during the year			
	▶ \$	gg					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?	,	(// // //	Yes No			
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, a	ind balance sheet, and			
	include, if applicable, the text of the footnote to the organization	•					
	conservation easements.		J	J			
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Simila	ar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and bala	ance sheet works of art,			
	historical treasures, or other similar assets held for public ext						
	the text of the footnote to its financial statements that descri		•	, , , , , , , , , , , , , , , , , , , ,			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance	sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	•					
	relating to these items:		'-				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	5			
	## A						
2	If the organization received or held works of art, historical tre		al gain, provide	9			
-	the following amounts required to be reported under SFAS 1		5 ,,				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	\$			
	Assets included in Form 990, Part X		. •	\$			

		DIRON CLUE								Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, or	Other	Simil	<u>ar Asse</u>	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	are a sigr	uficant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	(:	Loan or exc	hange progran	าร				
b	Scholarly research	•	• 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	hey further t	he organization	n's exemp	t purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of					sımilar a	ssets		_	
	to be sold to raise funds rather than to be ma							<u>L</u>	Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered "Y	es" on F	orm 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other asse	ets not in	cluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII					• •				
		•	•						Amount	
c	Beginning balance						1c			
d	A alalika was ali isina a kha a isa a is						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lìne	21, for	escrow or c	ustodial accou	nt liability	?		Yes	□ No
b_	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete r	f the organization ai	nswered	"Yes" on Fo	orm 990, Part I	V, line 10.				
		(a) Current year	(b) F	rior year	(c) Two years	back (d	Three	ears back	(e) Four	years back
1a	Beginning of year balance			·						
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and losses		<u> </u>		<u> </u>					
d	Grants or scholarships									
е	Other expenditures for facilities				}	ì			Í	
	and programs				<u></u>					
f	Administrative expenses				<u></u>					
g	End of year balance		<u> </u>		<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administere	ed for the	organız	ation	_	
	by.									Yes No
	(i) unrelated organizations							•	3a(i)	
	(ii) related organizations		•						3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				·		•		3b	
Bo:	Describe in Part XIII the intended uses of the	organization's ende	owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o		, , ,	t or other	(c) Acci			(d) Book	value
	P = = d	basis (investi	ment)	Dasis	(other)	depre	ciation			
	Land			 			 			
	Buildings	•								
	Leasehold improvements	•								
	Equipment									
	Other	- 000 C	V	(D) "	10-1			_ +-		
rotal	, Add lines 1a through 1e. (Column (d) must e	iqual romi 990, Pari	A, COIUI	nn (B), line	(UC.)					0.

(5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (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 tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial Statemen		36-4643320 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	its with nevenue per r	watern.
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •	1
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	4
c	Description of prior year growth	2c	1
d	Other (Describe in Part XIII.)	2d	1
e		20	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	
b	Other (Describe in Part XIII.)	4b	†
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
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	
	Complete if the organization answered "Yes" on 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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1
c	Other losses	2c	1
d	Other (Describe in Part XIII.)	_2d	i
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
		1 1	
_	Investment expenses not included on Form 990. Part VIII, line 7b	4a	
a b		4a 4b	-
а	Other (Describe in Part XIII.)	4a 4b	46
a b	Other (Describe in Part XIII.) Add lines 4a and 4b		4c
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV.	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add Innes 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional equal to the second	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add Innes 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional equal to the second	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add Innes 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional equal to the second	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add Innes 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional equal to the second	4b	5
a b c 5 Pa	Other (Describe in Part XIII.) Add Innes 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional equal to the second	4b	5

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Internal Révenue Service

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

Open to Public Inspection

Name of the organization						Employer ide	ntification number
THE GRIDIRON CLUB AND FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line							320
Part I Fundraising Activities required to complete this part	Complete if the organization answett.	red "Y	es" or	Form 990, Part IV,	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) pursi	ion of ion of fundra (includ	non-ge govern using e ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Actıvıty	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				1			
						·	
						<u>-</u>	
						···	
Total	on is registered or licensed to solicit (contrib	utions	or has been notified	d it is	exempt from re	egistration
or licensing.							
	······································			- 			

Sch Pa	edu I rt I	le G (Form 990 or 990-EZ) 2015 THE GRI	DIRON CLUB A	ND FOUNDATIO	N 36- t IV. line 18, or reported	-4643320 Page 2
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	`		ANNUAL CLUB	WINTER	NONE	(add col. (a) through
			DINNER	DINNER	_	col (c))
9			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	255,283.	20,740.		276,023.
	2	Less: Contributions	27,533.			27,533.
	3	Gross income (line 1 minus line 2)	227,750.	20,740.		248,490.
	4	Cash prizes				1
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	13,974.	175.		14,149.
Orrect E	7	Food and beverages	127,664.	18,229.		145,893.
_	8	Entertainment	80,963.	3,430.		84,393.
	9	Other direct expenses	15,078.			16,774.
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)		•	261,209.
	11			 		<12,719.
Pa	ιπ		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(h) Pull tabe/instant	- -	(a) Total coming (add
Пe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%		Yes%	
	0	voidificer labor	No No	No No	. No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary Subtract line 7	from line 1, column (d)	* ***	•	
	_					
9		ter the state(s) in which the organization cond				<u> </u>
		the organization licensed to conduct gaming a No," explain.				Yes No
U	,	No, explain.				
	_	-				
		ere any of the organization's gaming licenses r	•	· · · · · · · · · · · · · · · · · · ·	year?	Yes No
b	lf "	Yes," explain:				- · · ·
	_					
	_		<u> </u>			
5320	82 0	9-14-15			Schedule G (Fo	rm 990 or 990-EZ) 2015

Sch	ledule G (Form 990 or 990-EZ) 2015 THE GRIDIRON CLUB AND FOUNDATION 3	6 - 4	643320	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	••		
	to administer charitable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:			
		!	13a	%
		}	13b	
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records	L	130_	
1-7	title the hame and address of the person who prepares the organization's garning/special events books and records	٠.		
	Name >			
	Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		☐ Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt		
	of gaming revenue retained by the third party > \$			
•	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions.			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lır	nes 9, 9b, 1	l0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
			· 	

Schedule G	i (Form 990 or 990-EZ)	THE GRIDIRON	CLUB AND	FOUNDATION .	36-4643320	Page 4
Part IV	Supplemental Info	THE GRIDIRON (continued)			* * * * * * * * * * * * * * * * * * * *	
						
		-				
			- 			
						
						
						
						
_		•				
						
						_
			<u> </u>			
				- 		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2

36-4643320

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

Employer identification number THE GRIDIRON CLUB AND FOUNDATION Part I General Information on Grants and Assistance

X Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance?

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

recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part 11 car		rf additional space is needed.	ed.			
1 (a) Name and address of organization or government	(p) EIN		(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
							SCHOLARSHIPS FOR ASPIRING
NORWICH UNIVERSITY							JOURNALISTS AND/OR
158 HARMON DRIVE							POLITICAL SCIENCE
NORTHFIELD, VT 05663	03-0179424	501(C)(3)	5,000.	0			STUDENTS
UNIVERSITY OF MARYLAND PHILIP							
MERRIL COLLEGE OF JOURNALISM -							
1100 KNIGHT HALL, UNIV OF MARYLAND							SCHOLARSHIPS FOR ASPIRING
- COLLEGE PARK, MD 20742		501(C)(3)	10,000.	0			JOURNALISTS
							SCHOLARSHIPS FOR ASPIRING
GEORGE WASHINGTON UNIVERSITY							JOURNALISTS
2121 I STREET				_			SCHOLARSHIPS FOR ASPIRING
NW WASHINGTON, DC 20052	53-0196584	501(C)(3)	5,000.	0			JOURNALISTS
				-			SCHOLARSHIPS FOR
AMERICAN UNIVERSITY SCHOOL OF							INTERACTIVE
COMMUNICATION - 4400 MASSACHUSETTS							(MULTI-MEDIA)EDUCATIONAL
AVE - NW WASHINGTON, DC 20052	53-0196549	501(C)(3)	10,000.	0.			STUDIES TO ASSIST
-				•			ASSIST EFFORTS TO IMPROVE
REPORTERS COMMITTEE FOR FREEDOM OF							PRESS ACCESS TO
THE PRESS - 1101 WILSON BLVD, STE							INFORMATION & RESIST
1100 - ARLINGTON, VA 22209-2211	52-0972043	501(C)(3)	17,000.	0			SURVEILLANCE AND SUBPOENA
AMERICAN SOCIETY OF NEWS EDITORS							SUPPORT FOR LEGAL EFFORTS
FOUNDATION - 209 REYNOLDS		_					TO DEFEND CASES OF
JOURNALISM INST - COLUMBIA, MO							FEDERAL INTRUSION INTO
65211	23-9935413	501(C)(3)	15,000,	0			INVESTIGATIVE REPORTING
2 Enter total number of section 501(c)(3) and government organizations list	nd government or	ganizations listed in th	ed in the line 1 table		· ·		A
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
١							

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

532101 10-28-15

Schedule I (Form 990) STUDENT SCHOLARSHIPS FOR AWARDING OF SCHOLARSHIP UNDS FOR 2 JOURNALISM BROADCAST NEWS MAJORS (h) Purpose of grant or assistance RINT/ONLINE AND STUDENTS (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, (e) Amount of non-cash assistance (d) Amount of cash grant 5,000. 5,000, (c) IRC section if applicable 501(C)(3) 501(C)(3) (p) EIN WASHINGTON, DC - P.O. BOX 19555 -BRYANT STREET NW - WASHINGTON, DC HOWARD UNIVERSITY JOAN H JOHNSON SCHOOL OF COMMUNICATION - 525 SIGMA DELTA CHI FOUNDATION OF (a) Name and address of organization or government WASHINGTON, DC 20036 20059

Page 1

36-4643320

THE GRIDIRON CLUB AND FOUNDATION

Schedule I (Form 990)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (book, FMV, appraisal, other) BASED ON SELECTION CRITERIA USED BY THE CLUB AND FOUNDATION'S PHILANTHROPIC THE AWARDS ARE DETERMINED, DISTRIBUTED, RECORDED AND ACCOUNTED Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR INTERACTIVE (d) Amount of non-cash assistance (c) Amount of cash grant THE GRIDIRON CLUB AND FOUNDATION AMERICAN UNIVERSITY SCHOOL OF COMMUNICATION (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT: COLUMN (H): FOR IN THE FINANCIAL SYSTEM. (a) Type of grant or assistance LINE 1 2 Schedule I (Form 990) (2015) LINE COMMITTEE, PART II 532102 10-28-15 PART I,

Part IV

Page 2

36-4643320

Schedule I (Form 990) THE GRIDIRON CLUB AND FOUNDATION Part IV Supplemental Information	36-4643320 Page 2
(MULTI-MEDIA) EDUCATIONAL STUDIES TO ASSIST MID-CAREER JO	URNALISTS
SCHOLARSHIPS TO ASSIST MID-CAREER EDUCATION OF JOURNALIS	TS
NAME OF ORGANIZATION OR GOVERNMENT:	
REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS	
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST EFFORTS TO IM	PROVE PRESS
ACCESS TO INFORMATION & RESIST SURVEILLANCE AND SUBPOENA	TARGETING
NAME OF ORGANIZATION OR GOVERNMENT:	
AMERICAN SOCIETY OF NEWS EDITORS FOUNDATION	
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LEGAL EF	FORTS TO DEFEND
CASES OF FEDERAL INTRUSION INTO INVESTIGATIVE REPORTING	
FOCUS ON FREEDOM OF INFORMATION ISSUES	
NAME OF ORGANIZATION OR GOVERNMENT:	
HOWARD UNIVERSITY JOAN H JOHNSON SCHOOL OF COMMUNICATION	
(H) PURPOSE OF GRANT OR ASSISTANCE: STUDENT SCHOLARSHIPS	FOR
PRINT/ONLINE AND BROADCAST NEWS MAJORS	10K
CHOLARSHIP FUND	
0.10 = 1.01.10	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE O

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532211 09-02-15

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE GRIDIRON CLUB AND FOUNDATION

Employer identification number 36-4643320

Schedule O (Form 990 or 990-EZ) (2015)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAKING CHARITABLE CONTRIBUTIONS TO QUALIFIED JOURNALISM-RELATED
ENTERPRISES AND PROMOTING FRIENDLY RELATIONS AND THE EXCHANGE OF IDEAS
AMONG ITS MEMBERS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MEMBERSHIP EVENT COMMUNICATIONS
EXPENSES \$ 5,960. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS VARIOUS MEMBERSHIP LEVELS INCLUDING ACTIVE, ASSOCIATED
AND LIMITED. ACTIVE MEMBERS ARE LIMITED TO 65 IN NUMBER. LIMITED MEMBERS
DO NOT HAVE TO BE INVOLVED IN THE NEWS JOURNALISM FIELD BUT THEY MUST BE
ELECTED BY A VOTE OF THE ACTIVE MEMBERS AND CANNOT EXCEED A TOTAL OF 15 IN
NUMBER AT ANY TIME. LIMITED MEMBERS ARE ALSO NON-VOTING MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
OFFICERS AND THE EXECUTIVE COMMITTEE ARE VOTED TO A ONE-YEAR TERM EACH YEAR
BY ACTIVE MEMBERS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING_BODY.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS PROVIDED IN ELECTRONIC FORMAT TO SELECTED THE SECRETARY &

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

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization THE GRIDIRON CLUB AND FOUNDATION	Employer identification number 36-4643320
TREASURER TO REVIEW BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
APPLICABLE INFORMATION CAN BE OBTAINED BY REQUESTING FROM	THE ORGANIZATION.
	

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)