Form **990**

Return of Organization Exempt From Income Tax

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

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

Open to Rublic

Open to Rublic

Inspection

OM8 No 1545-0047 2016

| Internal Rev | venue Service | ► Informa | tion about Form 990 and its ins | | | | | | inspection . | 2 10 |
|--|---|---|--|--|------------------|----------------|---------------------------------|---|------------------|------|
| A Fort | he 2016 calend | dar year, or tax year be | eginning Jul 1 | , 2016, a | and ending | Jun | | | 2017 | |
| B Check | if applicable | C Name of organization | LUB FOR GROWTH | | | | | | cation number | |
| | address change | Doing business as | | | | | | 46816 | | |
| | lame change | Number and street (or P O | box if mail is not delivered to street | address) | Room/su | nte | E Telepho | ne numbe | r | |
| | nitial return | 2001 L STREET, | NW | | 600 | | (20: | 2) 95 | 5-5500 | |
| ⊢ F | inal return/terminated | | nce, country, and ZIP or foreign post | al code | | | | | | |
| | mended return | WASHINGTON | | DC | 20036 | | G Gross r | eceipts \$ | 8,418,561 | |
| H | Application pending | F Name and address of princ | cipal officer | | | H(a) Is this a | group return | | | X |
| L | ., , , | DAVID MCINTOSH 2001 | L ST. NW STE. 600 WASHI | NGTON DC | 2,0,0,36 | H(b) Are all s | subordinates attach a list (| included? | Yes | |
| I Tay | c-exempt status | 501(c)(3) X 501(c) | | 4947(a)(1) or | 527 | If No, a | attach a list (| see instruc | ctions) | |
| | | W.CLUBFORGROWT | | | 141 | H(c) Group e | exemption nu | mber ► | | |
| | m of organization | X Corporation Trust | Association Other | I Ve | ear of formation | | <u></u> | | al domicile DC | |
| | Summar | | Association | 1 12 13 | | . 2000 | 5 (44.4 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | |
| <u> </u> | | | sion or most significant activ | vities CII | IR FOR (| | TS A N | ΙΔΤΙΩΝ | WIDE NONP | ROI |
| Activities & Governance | MEMBERSH GROWTH PR | IP ORGANIZATIO | N DEDICATED TO PE LEGISLATIVE INVOI | ROMOTING P | UBLIC | POLICI | ES THA | AT PRO | OMOTE ECO | NO |
| Je . | Chack this ba | THEK LAWEOL POI | ition discontinued its operati | one or disposed | of more th | an 25% o | fits net a | | | |
| S 2 S 3 | | | rerning body (Part VI, line 1a | | | | | 3 | | |
| ∞5 4 | | | ers of the governing body (P | | | | | 4 | 1 | |
| S S | | | ın calendar year 2016 (Part | | | | | 5 | , | |
| <u>≅</u> 6 | | | ıf necessary) | | | | | 6 | | |
| ૄ 7a | Total unrelate | d business revenue from | n Part VIII, column (C), line | 12 | | | | 7a | | |
| l b | Net unrelated | business taxable incom- | e from Form 990-T; line 34 | | | | | 7b | | |
| | | | | | | P | rior Year | | Current Ye | ar |
| a 8 | Contributions | and grants (Part VIII, line | e 1h) | | | 8 | ,192,4 | 107. | 8,188, | 56 |
| Revenue 0 10 | Program servi | ce revenue (Part VIII, Iir | ne 2g) | | | | | | | |
| 8 10 | | | (A), lines 3, 4, and 7d) . | | | | | | | |
| <u>د</u> 11 | | | lines 5, 6d, 8c, 9c, 10c, and | | | | 326,5 | | 230, | |
| 12 | | | 11 (must equal Part VIII, colo | | | 8 | ,518,9 | 14. | 8,418, | |
| 13 | | . , | t IX, column (A), lines 1-3) | | | | | | 500, | 00 |
| 14 | • | · · | IX, column (A), line 4) | | | | | | | |
| _ທ ່ 15 | Salaries, othe | r compensation, employ | ee benefits (Part-IX-column | (A), lines 5-10) | | 2 | ,321,9 | 69. | 2,723, | 8 1 |
| စ္ကို 16 a | Professional f | undraising fees (Part IX, | column (A)-line 11e) | | | | | | | |
| Expenses | Total fundrais | ing expenses (Part IX, c | olumn (D), line 25) | 一 の 1,807 | 7,183. | 245 | - - - | (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4-14-14 | |
| ე <mark>Ճ</mark> ₁₇ ີ | | | lines 11a 11d, 11124e)17 | | ,,105. | 6 | ,555,3 | 15.7 | 6,554, | Q (|
| 18 | Total evnense | se Add lines 13-17 (mus | t equal Part IX, column (A), | 100 l | | | ,877,3 | | 9,778, | |
| 19 | Pavanua lass | evnences Subtract line | 18 from line 12 1.17 | | | | -358,4 | | -1,360, | |
| • 1 | Trevenue less | expenses oubtract line | To notifying 12 sales 1511 | <u> </u> | | | - | | End of Ye | |
| te se | Total accets (| Part X, line 16) | | | | | ng of Currei , 203, 6 | | 1,432, | |
| Assets of Tales of Ta | • | (Part X, line 26) | . | | | | ,205,0 | ,,,,, - | 588, | |
| 눌립 | | , | line 21 from line 20 | | | | 202 (| | | |
| 호리 22 | | | ine 21 from line 20 | · · · · · · · · · · · · · · · · · · · | | | ,203,6 | 58. | 843, | 4 : |
| Part | | | | | | | dadaa di | -1-4 | | |
| complete (| aities of perjury. I dec Declaration of prep <u>ar</u> | iare that I have examined this re er (other than officer) is based o | etum, including accompanying sched on all information of which preparer h | uies and statements, as any knowledge | and to the bes | s or my know | vieage and be | eller it is tri | ue, correct, and | |
| | \ () | 12 M N | Ca de la | | | 1 | 12/12 | 120 | 17 | |
| Sign | Signatú | re of officer | - 0000 | | | Da | ite / - | 1 | | |
| Here | Type or | Print name and title | Mclurosh | PRESID | ENT | | | | | |
| | Print/Type p | reparer's name | Preparer's signature | 1 | Date | | Check | X of F | TIN | _ |
| Paid | ROBERT | E. LANE | 1 Color E | . — | 12/11/ | 17 | self-employ | ed E | 201622353 | |
| Prepai | | | pany, CPAs | | | | | | <u> </u> | |
| Use O | | | ylvanıa Avenue N | W, Suite 4 | 125 | | Firm's EIN | 52 - | 1738520 | |
| | , b addre | Washington | | DC 20006 | • | | Phone no | (202 | | 0 |
| May the | IRS discuss the | | er shown above? (see instru | | | | | , 202 | X Yes | Ťī |
| iviay (ne | コスシ いちしはおち げけ | a return with the biebale | יי פווסאנו מסטאבי (פבב ווופנוע | UNU113/ · · · | | | | | 1431 100 | - 1 |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/16/16

Form 990 (2016)

CDBTJPO

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

Page 4

| | | | Yes | No |
|------|---|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20ь | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J | 23 | Х | |
| 24 : | a 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 |
| 1 | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | |
| | 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 | | |
| (| d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| ı | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I | 25b | | 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 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| ; | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| ı | b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| • | 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 | | Х |
| 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? 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 | | Х |
| 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 | X | |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ı | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | Х |
| 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 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | - |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|-----|--|-------------|----------|--------------|
| 1 | a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | Charles Co. | Jeg | 500 |
| | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 | | 表出 |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |
| 2 | a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State- | | 2 | |
| | ments, filed for the calendar year ending with or within the year covered by this return 2a 22 | 22. | X | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | | 30.20 |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 25 n - 1 | X |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | _^ |
| | b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | _ |
| 4 | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | Х |
| | b If 'Yes,' enter the name of the foreign country | | 1 | 2.4 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | loĝo | | 24.6 |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | Х | |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | Х | |
| 7 | | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | 2.5.2 | |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | 5).44 | | yerose |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| | h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | · | |
| 8 | Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | 7 h | 34-14T | Logi Con |
| | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 15432 | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | 24,32°, |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | 100 m |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | a Gross income from members or shareholders | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | 能引 |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | <u>Cir</u> i |
| | Note. See the instructions for additional information the organization must report on Schedule O | 2 | - | 0.46.7 |
| | | | | |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | 10 K |
| | c Enter the amount of reserves on hand | | 12.2 | 1944 |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | Х |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | | |
| 3A. | A TEEA0105 11/16/16 | Form | 990 (| 2016 |

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20-4681603 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.......... Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 Х Did the organization have members or stockholders?... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . 7 a Χ . . . b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b CO. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?. 8 a Х b Each committee with authority to act on behalf of the governing body? 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?............. 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13......... 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 h Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х X 13 Did the organization have a written document retention and destruction policy? Χ 14 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? 15a **b** Other officers or key employees of the organization. . . X 15 b 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 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

| Check this box if neither the organization nor any rela | ited organi | zatio | n co | | | ted a | ny (| current officer, dire | ctor, or trustee | |
|---|---|---|------------------|-------------------------|--------------------------------------|---------------------------------|----------|--|---|--|
| (A) Name and Title | (B) Average hours per | thar | one both | box i an o ector/ | ot che unless fficer truste | | n | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| , | week (list any hours for related organiza- tions below dotted line) | or director | eojsna leuograpa | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) FRAYDA LEVIN | 1.00 | | | | | | | | | - |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (2) HOWARD RICH | 1.00 | | | | | | | | | |
| DIRECTOR | 0.50 | Χ | | | | L | | 0. | 0. | 0. |
| (3) JERRY HAYDEN | 1.00 | | | | | | | | | |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| _(4)_KEN_BLACKWELL | 1.00 | | | | | | | | | |
| DIRECTOR | 0.50 | | | | L | | | 0. | 0. | 0. |
| (5) TERRY CONSIDINE | 1.00 | | | | | | | | | |
| DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (6) JACKSON STEPHENS, JR. | 1.00 | | | | | | | · | | |
| CHAIRMAN/VICE PRESIDENT | 0.50 | | | X | | | | 0. | 0. | 0. |
| _(7)_CHRIS_CHOCOLA | 40.00 | 1 | | | | | | | | |
| DIRECTOR | 2.00 | _ | | | | <u> </u> | | 0. | 0. | 0. |
| (8) DAVID MCINTOSH | 40.00 | | | | | | | | | |
| PRESIDENT | 2.00 | | | Х | | | | 620,000. | 0. | 28,005. |
| (9) ADAM ROZANSKY | 40.00 | | | | | | | j | | |
| CFO/TREASURER | 2.00 | , | | Х | | <u> </u> | | 165,000. | 0. | 10,640. |
| (10) ANDY ROTH | 40.00 | | | | | | | ; | | |
| SECRETARY/VP OF GOVT. AFFAIRS | 2.00 | _ | | X | | L | <u> </u> | 175,000. | 0. | 495. |
| (11) CHUCK PIKE | 40.00 | | | | ١ | | | | | |
| EXECUTIVE VICE PRESIDENT | 2.00 | + | Щ | | Х | ļ | | 270,000. | 0. | 6,454. |
| (12) TARA MINGLEDORFF | 40.00 | | | | | \ ,, | | | | |
| FINANCE DIRECTOR AND ADVISOR | 2.00 | + | | - | ļ | X | - | 178,500. | 0. | 0. |
| (13) DOUGLAS SACHTLEBEN | 40.00 | | | | | \ , | | | | |
| COMMUNICATIONS DIRECTOR | 2.00 | 7 | | <u> </u> | | X | | 130,000. | 0. | 38,072. |
| (14) STACY FRENCH | 40.00 | | | | | ,, | | | | |
| DIGITAL DIRECTOR | 2.00 | <u> </u> | | <u> </u> | <u> </u> | X | | 105,000. | 0. | 5,173. |
| BAA | TEFAO | 107 | 11/16 | /16 | | | | | | Form 990 (201) |

| Part VII Section A. Officers, Directors, Tru | | Key | Em | | | es, a | anc | Highest Com | pensated Er | nployees (| continued) |
|--|---------------------|-----------------------------------|----------------------|---------------------------------|----------|------------------------------|-------------|-------------------------------------|---|---------------------|---------------|
| | (B) | | | (0 | • | | | | | | |
| (A) | Average | | | Position check more than one | | | | (D) | (E) | (F | ·) |
| Name and title | hours per | | | nd a d | directo | is both or/trusti | ee) | Reportable compensation from | Reportable compensation from | Estima amount o | |
| | week (list any | 9 3 | ij | Q | چ | 을 프 | न | the organization (W-2/1099-MISC) | related organization (W-2/1099-MISC) | s compens | sation |
| | hours for | individual or director | i i | Officer | er er | ples | [₹ | , | , | organiza and rel | ation |
| | related organiza | SC P | iona | _ | nplo | t cor | ~ | | | organiza | |
| | - tions below | individual trustee or director | nstitutional trustee | | yee | nper | | | | | |
| | dotted line) | 66 | stcc | | | Highest compensated employee | | | | | |
| | ł | 1 | | ŀ | | 8 | | | | 1 | |
| (15) | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | |
| (16) | l | | | | | | | | | ľ | |
| | | <u> </u> | | | | | | | | | |
| (17) | l | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | |
| (18) |] | | | | | | | | | | |
| | | | | | _ | | L | | | | |
| (19) | ↓ | 1 | ' | 1 | ĺ | [| | | | 1 | |
| | | ļ | | | <u> </u> | | <u></u> | | | | |
| (20) | ļ _ _ | | | | | | | | | | |
| | | | | | <u> </u> | | <u> </u> | | | | |
| (21) | ↓ _ _ | } | | | | , | ļ | | | | |
| | ļ | <u> </u> | <u> </u> | ļ | | | | | | | |
| (22) | | | | | | | | | | | |
| | | <u> </u> | | ļ | <u> </u> | | | | | | |
| (23) | ↓ | 1 | | | | | | | | | |
| | <u> </u> | ↓ | | <u> </u> | <u> </u> | | | | | | |
| (24) | | | | | | | | | | | |
| (05) | | | | | ┡ | | | | | | - |
| (25) | - | | | | | | | | | | |
| 1 b Sub-total | | <u> </u> | | | | l | > | 1 642 500 | | | |
| c Total from continuation sheets to Part VII, Secti | on A | • | • | | • • | • • | ~ | 1,643,500. | · · · · · · · · · · · · · · · · · · · | 0. 88 | 8,839. |
| d Total (add lines 1b and 1c) | | | | | | | • | 1,643,500. | | 0. 88 | 8,839. |
| 2 Total number of individuals (including but not limite | | | | | | | - IVA | | | | |
| from the organization > 7 | a to those | "SICC | , ab | 040, | ***** | 71000 | | a more man \$100, | ooo or reportable | compensation | , |
| | | | | | | | | | | | es No |
| 3 Did the organization list any former officer, director | or tructo | o ko | | رمامر | ,00 | or bis | shor | st componented on | nlovoo | 167.5 | and the Ch |
| on line 1a? If 'Yes,' complete Schedule J for such ii | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the sum of re | nortable c | omno | nea | tion | and | otho | | mneneation from | | 25.2 | 20 4340 |
| the organization and related organizations greater t | than \$150, | 0003 | If 'Y | 'es, ' | con | nplete | So | chedule J for | | 482 | 10.70 |
| such individual | | | • | | • | | | | | | X |
| 5 Did any person listed on line 1a receive or accrue of | | | | | | | | | | | |
| for services rendered to the organization? If 'Yes,' or Section B. Independent Contractors | complete S | Sched | lule | J foi | r suc | h per | rsor | <u> </u> | <u> </u> | 5 | X |
| 1 Complete this table for your five highest compensa | ted indene | nder | it co | ntra | ctors | that | rec | eived more than \$ | 100 000 of | | |
| compensation from the organization Report compe | | | | | | | | | | x year | |
| (A) | | | | | | | | (B) | | (C) | |
| Name and business addr | ess ———— | | | | _ | | | Description of | f services | Compensa | ation |
| RED SEA LLC 4550 MONTGOMERY AVE. | BETHES | DA | | MΓ |) _2 | 2081 | 14 | CONSULTING AND | PRODUCTION | 3,410 | 681. |
| JAMESTOWN ASSOCIATES 5 MAPLETON RD, STE 300 | PRINCE | TON | i | Νc | J (| 0854 | 40 | TV ADVERTISING | & PRODUCTION | 508 | 3,082. |
| BASSWOOD RESEARCH 4550 MONTGOMERY AVE. | BETHES | DA | | MΕ |) 2 | 2081 | 14 | POLLING/ANA | ALYSIS | | ,832. |
| BASK DIGITAL MEDIA 15260 VENTURA BLVD, STE 1240 | SHERMA | N O | AKS | CP | | | | DIGITAL ADVERTISIN | | | 2,250. |
| | ARLING | | | VP | | | | FUNDRAISING | | 120 | 0,000. |
| Total number of independent contractors (including | 2 | nited | to ti | hose | e liste | ed ab | ove | e) who received mo | re than | | |
| \$100,000 of compensation from the organization | <u>► 6</u> | | | | | | | · | | | |
| BAA | | TEEA | 0108 | 11/1 | 6/16 | | | | | Form 99 | 0 (2016) |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (B) (D) Total revenue Related or Revenue Unrelated excluded from tax exempt business function revenue under sections revenue 512-514 1 a Federated campaigns Contributions, Giffs, Grants b Membership dues 1 b 1 c c Fundraising events.... d Related organizations 1 d Sımılar e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above. . . and Other 1 f 8.188.561 g Noncash contributions included in lines 1a-1f S h Total. Add lines 1a-1f . . . Program Service Revenue Business Code f All other program service revenue . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds . . . Royalties. 5 (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) . . d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) . d Net gain or (loss)...... 8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c) See Part IV, line 18. b Less direct expenses 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** 11a REIMBURSEMENTS FROM RELATED ORGS 1900099 230,000 230,000 d All other revenue . . . e Total. Add lines 11a-11d 230,000 Total revenue. See instructions 8,418,561 230,000

Part IX Statement of Functional Expenses

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

| 000 | Check if Schedule O contains a response or note to any line in this Part IX. | | | | | | | | | | |
|-----|--|--------------------|--|-------------------------------------|--------------------------------|--|--|--|--|--|--|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 500,000. | 500,000. | | | | | | | | |
| 2 | Grants and other assistance to domestic individuals 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, trustees, and key employees | 1,237,057. | 635,628. | 327,611. | 273,818. | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | | | | | | | |
| 7 | Other salaries and wages. | 1,184,093. | 601,777. | 310,163. | 272,153. | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,104,033. | 001,777. | 310,103. | 2/2/133. | | | | | | |
| 9 | Other employee benefits | 151,263. | 77,722. | 40,059. | 33,482. | | | | | | |
| 10 | Payroll taxes | 151,403. | 77,794. | 40,096. | 33,513. | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | | |
| á | Management | | | | | | | | | | |
| ŀ | Legal | 110,902. | 0. | 110,902. | 0. | | | | | | |
| | Accounting | | 0. | 29,257. | 0. | | | | | | |
| | Lobbying | 23/231. | | 25,257. | <u> </u> | | | | | | |
| • | Professional fundraising services See Part IV, line 17 | | | e company and a second | | | | | | | |
| | Investment management fees | | 3 VC 7 - 1 NOV HANNESSE J TA VC NOVARA V V J 1 . | | | | | | | | |
| | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion | 3,602,701. | 3,137,364. | 46,485. | 418,852. | | | | | | |
| 13 | Office expenses | 137,993. | 16 567 | 112 040 | 0 [77 | | | | | | |
| 14 | Information technology | 291, 341. | 16,567. | 112,849. | 8,577. | | | | | | |
| 15 | Royalties | 291,341. | 45,418. | 223,922. | 22,001. | | | | | | |
| 16 | Occupancy | 254,923. | 119,276. | 72 000 | | | | | | | |
| 17 | Travel | 164,287. | 94,027. | 73,890. | 61,757. | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 104,207. | 94,027. | 38,272. | 31,988. | | | | | | |
| 19 | Conferences, conventions, and meetings | 576,537. | 575,120. | 1,417. | 0. | | | | | | |
| 20 | Interest | | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 25,894. | 12,116. | 7,505. | 6,273. | | | | | | |
| 23 | Insurance | 19,064. | 0. | 19,064. | 0. | | | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | | | | | | | |
| á | RESEARCH AND POLLING | 620,976. | 620,976. | 0. | 0. | | | | | | |
| | PRINTING AND PUBLICATION | 28,295. | 28,295 | 0. | 0. | | | | | | |
| | MEMBERSHIP APPEALS | 640,550. | 0. | 3,319. | 637.231. | | | | | | |
| | REGISTRATIONS | 11,523. | 0. | 11,523. | 0. | | | | | | |
| | All other expenses | 40,666. | 14,558. | 18,570. | 7,538. | | | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 9,778,725. | 6,556,638. | 1,414,904. | 1,807,183. | | | | | | |
| 26 | the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |
| DAA | | | | | Form 000 (2016) | | | | | | |

| | | Check if Schedule O contains a response or note to any line in this Part X | · · · · · · · · · · · · · · · · · · · | | <u></u> |
|------------------|----|---|---|------|--|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | 2,186,511. | 1 | 940,846. |
| ł | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 1,518. | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| 2 | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | |
| | b | Less accumulated depreciation | 0. | 10 c | 416,401. |
| | 11 | Investments – publicly traded securities | | 11 | |
| | 12 | Investments – other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 1,167. | 14 | |
| | 15 | Other assets See Part IV, line 11 | 14,462. | 15 | 74,878. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,203,658. | 16 | 1,432,125. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ë. | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | -75-17-09-02/2004-1-mankershall-Spring-7-o-sterne | 21 | r oman accessors and accessors and access an |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | 1 |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | 588,631. |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 588,631. |
| Ses | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| ă | 27 | Unrestricted net assets | 2,203,658. | 27 | 843,494. |
| Bal | 28 | Temporarily restricted net assets | | 28 | |
| 힏 | 29 | Permanently restricted net assets | | 29 | |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| 3 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net Assets | 33 | Total net assets or fund balances | 2,203,658. | 33 | 843,494. |
| | 34 | Total liabilities and net assets/fund balances | 2,203,658. | 34_ | 1,432,125. |
| RΔ | ^ | | | | Form 990 (2016) |

| Pai | Reconciliation of Net Assets | | | | _ |
|-----|---|-----------|----------------|--------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | <u>. L</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,4 | 18,5 | 61. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,7 | 78,7 | 25. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,3 | 60,1 | 64. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,20 | 03,6 | 58. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | ·. <u> </u> | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8, | 43,4 | 94 |
| Pai | rt*XII Financial Statements and Reporting | <u></u> | | 10,4 | <u> </u> |
| × | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u>·</u> | • • • • | | ᆜ |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | _ [3] | Yes | No |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | Andrew Control | . 1 | |
| 2 8 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | Χ |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | ladin (| 1,41 | M. TURN |
| t | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate | | 7/37: | .30 | 235 |
| | basis, consolidated basis, or both | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| C | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | | Χ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | \$ 20 Mg |
| 3 a | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | | X |
| t | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au | dıt | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u></u> . | . Зь | | |
| BAA | | | Form | 990 (2 | 2016) |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

| • 5 | Section 501(c)(4), (5), or (6) orga | anizations Complete Part III | | | |
|-----|---|---|--|--|--|
| | of organization | | | Employer identifica | ation number |
| CLU | JB FOR GROWTH | | | 20-468160 | |
| Par | til-A Complete if the or | rganization is exempt under section | on 501(c) or is a : | section 527 organia | zation. |
| | (see instructions for definition | ganization's direct and indirect political camp of 'political campaign activities') | | | |
| | | enditures (see instructions) | | | |
| | | impaign activities (see instructions) | | | 0 |
| Par | til-Bi Complete if the or | rganization is exempt under section | on 501(c)(3). | | |
| 1 | | e tax incurred by the organization under sect | | | |
| 2 | | e tax incurred by organization managers und | | | |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form 4720 for this | year? | | Yes No |
| 4 a | | | | | |
| t | If 'Yes,' describe in Part IV | | | | |
| Pai | t I-C Complete if the or | rganization is exempt under section | on 501(c) , excep | t section 501(c)(3). | |
| 1 | Enter the amount directly expe | ended by the filing organization for section 52 | 7 exempt function act | vities ▶ \$ | 1,657,688. |
| 2 | Enter the amount of the filing of | organization's funds contributed to other orga | inizations for section 5 | 27 exempt | 0. |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here and on F | Form 1120-POL | · | |
| 4 | | Form 1120-POL for this year? | | | |
| 5 | organization made payments amount of political contribution | nd employer identification number (EIN) of a For each organization listed, enter the amound received that were promptly and directly diaction committee (PAC). If additional space is | nt paid from the filing of elivered to a separate | organization's funds. Also political organization, suc | enter the |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2016

| Part II-A Complete if section 501 | the organization (h)). | n is exempt under se | ection 501(c)(3) and | filed Form 5768 (e | election under |
|---|-------------------------|---|--------------------------------|----------------------------------|-----------------------------|
| A Check ► if the filir | ng organization belon | gs to an affiliated group (ar | nd list in Part IV each affili | ated group member's na | me, |
| address, | , EIN, expenses, and | share of excess lobbying e | expenditures) | | |
| B Check ► I if the filir | ng organization check | ed box A and 'limited conti | rol' provisions apply | | |
| (The term | Limits on Lobbyi | ng Expenditures ns amounts paid or incu | rred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu | ires to influence publi | opinion (grass roots lobb | ying) | | |
| b Total lobbying expenditu | | | | | |
| c Total lobbying expenditu | - | • | | | |
| d Other exempt purpose e | xpenditures | · · · · · · · · · · · · · · · · · · · | | | |
| e Total exempt purpose ex | xpenditures (add lines | 1c and 1d) | | | |
| f Lobbying nontaxable am | | nt from the following table | | | |
| If the amount on line 1e, col | lumn (a) or (b) is | The lobbying nontaxable | e amount is | | ¥. |
| Not over \$500,000 | | 20% of the amount on line 1e | | | |
| Over \$500,000 but not over \$ | 1,000,000 | \$100,000 plus 15% of the exces | ss over \$500,000 | | |
| Over \$1,000,000 but not over | \$1,500,000 | \$175,000 plus 10% of the exces | ss over \$1,000,000 | | |
| Over \$1,500,000 but not over | \$17,000,000 | \$225,000 plus 5% of the excess | s over \$1,500,000 | | |
| Over \$17,000,000 | | | and the second | | |
| g Grassroots nontaxable a | amount (enter 25% of | line 1f) | | | |
| h Subtract line 1g from line | e 1a If zero or less, e | nter-0 | | | <u></u> |
| i Subtract line 1f from line | to If zero or less, er | ter -0 | | | |
| j If there is an amount oth section 4911 tax for this | | line 1h or line 1i, did the d | organization file Form 472 | 0 reporting | Yes No |
| (Som | | -Year Averaging Period made a section 501(h) e | | omplete all of the five | |
| | columns be | ow. See the separate ins | structions for lines 2a th | rough 2f.) | |
| | Lobb | ying Expenditures Durin | g 4-Year Averaging Peri | od | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2 a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line | | | | | ti. |
| 2a, column (e)) | | | | | |
| 0 1 - 7-11 | | | | | |
| 2a, column (e)) c Total lobbying | | | | | |
| c Total lobbying expenditures d Grassroots nontaxable | | | | | |
| 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line | | | | | m 990 or 990-EZ) 2016 |

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

| | (election under section 501(n)). | (a | a) | | (b) | |
|---------------|--|-----------|----------|-------------|-------|----|
| | each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity | Yes | No | | ount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| | Volunteers? | | | | 101 | |
| t | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | 55 | |
| | : Media advertisements? | | | | | |
| (| Mailings to members, legislators, or the public? | | | | | |
| • | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| ç | Direct contact with legislators, their staffs, government officials, or a legislative body?. | | | | | |
| ł | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| ı | Other activities? | | | | | |
| 1 | Total Add lines 1c through 11 | £ | | | | |
| 2 8 | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| | olf 'Yes,' enter the amount of any tax incurred under section 4912 | | R. E | | | |
| | : If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | 8" · · · | | | | |
| | I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | 12.00 | + () | |
| 1 | section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? | | | | Yes | No |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y | | | | | X |
| | Complete if the organization is exempt under section 501(c)(4), section 501 | | | | 01(c) | |
| | (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.' | Part | ill-A, | line 3, is | · (0) | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| | Current year | | 2 a | | | |
| (| Carryover from last year | | 2 b | | | |
| | : Total | | 2 c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | 4 | | | |
| | Taxable amount of lobbying and political expenditures (see instructions) | <u>.</u> | 5 | | | |
| | ∰Supplemental Information | | | | | |
| Prov 2 (se | ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), lie instructions), and Part II-B, line 1. Also, complete this part for any additional information | Part II-/ | A, lines | s 1 and | | |
| D+ | I-A ILDA 1 POLITICAL EXPENDITURES INCLUDED EXPRESS ADVOCACY F | T.FCT | TONE | TERING | | |

Pt I-A Line 1 POLITICAL EXPENDITURES INCLUDED EXPRESS ADVOCACY, ELECTIONEERING COMMUNICATIONS, AND A FIELD REPRESENTATIVE PROGRAM.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

CLUB FOR GROWTH 20-4681603 Partis Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . Aggregate value of contributions to (during year) . . Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements . 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partille Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

| Part III Organizations Maintaining Colle | ections of Art, Histo | orical Treasures, or | Other Similar Asso | ets (cor | ntınue | <u>∍d)</u> |
|---|---|----------------------------------|------------------------------|-------------------|----------|-----------------|
| 3 Using the organization's acquisition, accession, items (check all that apply) | and other records, check | any of the following that | are a significant use of its | collection | n | |
| a Public exhibition | d Loan | or exchange programs | | | | |
| b Scholarly research | e Other | | | | | |
| c Preservation for future generations | | | | | | |
| Provide a description of the organization's collect Part XIII | | | | | | |
| 5 During the year, did the organization solicit or re to be sold to raise funds rather than to be mainta | amed as part of the organ | nization's collection? | | Yes | | No |
| Escrow and Custodial Arranger line 9, or reported an amount on F | nents. Complete if the form 990, Part X, line | he organization ansi e 21 | wered Yes on Form | 990, Pa | art IV | |
| • | | | ets not included | Yes | | No |
| b If 'Yes,' explain the arrangement in Part XIII and | complete the following to | able | | | | |
| | | | | Amount | | |
| c Beginning balance | | | 1 c | | | |
| d Additions during the year | | | . 1d | | | |
| • , | • | | 1 e | | | |
| f Ending balance. | | | . [1f] | l v | 1 | Tala |
| 2 a Did the organization include an amount on Form b If 'Yes,' explain the arrangement in Part XIII Ch | | | | Yes | <u>E</u> | No |
| Part V. Endowment Funds. Complete if | the organization ans | wered 'Yes' on Forn | n 990, Part IV, line 1 | 0 | | |
| (a) Current | | | | 1 | r years | back |
| 1 a Beginning of year balance | | | | | | |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated percentage of the current | year end balance (line 1 | g, column (a)) held as | | | | |
| a Board designated or quasi-endowment | 8 | | | | | |
| b Permanent endowment ► | \$ | | | | | |
| c Temporarily restricted endowment | | | | | | |
| The percentages on lines 2a, 2b, and 2c should | equal 100% | | | | | |
| 3 a Are there endowment funds not in the possession organization by | on of the organization tha | t are held and administer | red for the | | res | No |
| (i) unrelated organizations | | | | 3a(i) | | |
| (ii) related organizations | | | | 3a(ıi) | | |
| b If 'Yes' on line 3a(ii), are the related organization | ns listed as required on S | chedule R? | | 3b | | |
| 4 Describe in Part XIII the intended uses of the or | ganization's endowment | funds | | | | |
| Part VIII Land, Buildings, and Equipment Complete if the organization answ | | 990, Part IV, line 11 | a See Form 990, Pa | art X, lın | e 10 | |
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Bo | ok va | lue |
| 1 a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | 426,451. | 23,505. | | 402, | 946. |
| d Equipment | | 174,554. | 161,099. | | 13, | 455. |
| e Other | · | ! | | | | |
| Total. Add lines 1a through 1e (Column (d) must equ | ial Form 990, Part X, colu | ımn (B), line 10c) | | ule D (For | | 401. 0) 2016 |

| Part VII | Vas' on Form 000 | Part IV June 11h See Form 900 | Part Y June 12 |
|--|---|--|--|
| Complete if the organization answered ' | (b) Book value | (c) Method of valuation Cost or end-or | |
| (a) Description of security or category (including name of security) | (D) Book value | (c) Method of Valuation Cost of end-c | or-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | - | | |
| | | | |
| (A) (B) | | | |
| (C) | - | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| <u>(I)</u> | | Source and a second sec | 200. w. 75 5 3 20 5 3 5 60 5 . D. 1 |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶ | | 学得到 | |
| Part: VIII Investments – Program Related. Complete if the organization answered | Yes' on Form 990 | Part IV line 11c See Form 990 I | Part X line 13 |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end- | |
| (1) | , , | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) • | <u> </u> | | A CARMENTS MINES |
| Part IX: Other Assets. | 1 | De descriptions in the second below the second of the seco | - Prince Proposition (**) ** Committee |
| Complete if the organization answered ' | | Part IV, line 11d See Form 990, | |
| (1) SECURITY DEPOSIT | escription | · · · · · · · · · · · · · · · · · · · | (b) Book value |
| (2) | | | 74,878. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> (8) | | | |
| (9) | | | |
| (10) | | - 1 | |
| Total. (Column (b) must equal Form 990, Part X, column (B) | line 15) | | 74,878. |
| Part X Other Liabilities. | • | | |
| Complete if the organization answered 'Yes' on F | | | |
| (a) Description of liability (1) Federal income taxes | (b) Book value | | |
| (2) DEFERRED LEASE INCENTIVE | 588,6 | 31 | |
| (3) | 300,0 | | |
| (4) | | | |
| (5) | | | 13.14 |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (10) | | | |
| (11) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 25). | ▶ 588,6 | 31. | |
| 2. Liability for uncertain tax positions In Part XIII, provide the text of the foo | tnote to the organization's fir | nancial statements that reports the organization's lia | bility for uncertain |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote | has been provided in Part X | M | X |

| Partex Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | eturn. |
|---|-------------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 201 |
| a Net unrealized gains (losses) on investments | |
| b Donated services and use of facilities | |
| c Recoveries of prior year grants | |
| d Other (Describe in Part XIII) | |
| e Add lines 2a through 2d | 2 e |
| 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 4 a | |
| b Other (Describe in Part XIII) | |
| c Add lines 4a and 4b | 4 c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return. |
| 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 | \$22 |
| a Donated services and use of facilities | |
| b Prior year adjustments | |
| c Other losses | |
| d Other (Describe in Part XIII) | |
| e Add lines 2a through 2d | 2 e |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b Other (Describe in Part XIII) | |
| C Add lines 4a and 4b | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 |
| Part XIII Supplemental Information. | |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition | nal information |
| and 4, rate X, line 2, rate XI, lines 2d and 40, and rate XII, lines 2d and 40 XISO complete this part to provide any addition | iai inioimation |
| | |
| MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS | DETERMINED THAT |
| THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REC | QUIRE RECOGNITION |
| Pt X, Line 2 IN THE FINANCIAL STATEMENTS. | |
| | |
| | |
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BAA

Schedule D (Form 990) 2016

SCHEDULE I (Form 990)

FOR GROWTH

CLUB

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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| = | ► Attach to Form 990. |
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| OMB No 1545-0047 | 2016 |
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Open to Publications

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

Employer identification number 20-4681603

GEN. SUPPORT ° | (h) Purpose of grant or assistance . . X Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on (g) Description of noncash assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed N/A (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? N/A (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 500,000 (c) IRC section (if applicable) Partil General Information on Grants and Assistance 45-4810946 (p) EIN 1 (a) Name and address of organization or government 228_S_WASHINGTON_ST_ ALEXANDRIA VA 22314 (1) NATIONAL HORIZON 1 1 1 1 l I l 1111 ı 1 ı 1 ı ١ 1 1 l

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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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TEEA3901 11/03/16

Schedule I (Form 990) (2016)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| | | | | | |
| 2 | | | | | |
| n | | | | | |
| 4 | | | | | |
| v. | | | | | |
| တ | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I. line 2. Part III. column (b), and any other additional information | de the information | required in Part I. In | ne 2. Part III. column | (b) and any other add | Itional information |

Part IV Supplemental Information

Pt I Line

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

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

| CLUE | 3 FOR GROWTH | | | [2 | 0-4681603 | | | |
|---------|---|--------------------|--|---|---------------|-----|---------------|--------|
| Part | | | | | | | | |
| F 31.54 | | _ | | | | | Yes | No |
| 1 a (| Check the appropriate box(es) if the organization provided an VII, Section A, line 1a Complete Part III to provide any releva | ny of the | e following to or for rmation regarding | r a person listed on Fo these items | orm 990, Part | | 11 M 310 M | |
| | First-class or charter travel | | Housing allowand | ce or residence for pe | rsonal use | | | |
| | Travel for companions | | Payments for bus | siness use of persona | l residence | | 91.5 | |
| | Tax indemnification and gross-up payments | Ī | Health or social of | club dues or initiation (| ees | | | |
| | Discretionary spending account | | Personal services | s (such as, maid, chai | uffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described a | on follo above? | w a written policy i 'If 'No,' complete F | regarding payment or Part III to explain . | | 1 b | | 311.12 |
| 2 | Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director, i | ng or al | lowing expenses in | ncurred by all directors | 5 , | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization u CEO/Executive Director Check all that apply Do not check a establish compensation of the CEO/Executive Director, but e | used to | establish the comples for methods use | pensation of the organ | nization's | | | |
| | Compensation committee | | Written employm | ent contract | | | | |
| | Independent compensation consultant | | Compensation su | urvey or study | | | | |
| | X Form 990 of other organizations | Σ | Approval by the t | poard or compensatio | n committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, organization or a related organization | Sectio | n A, line 1a, with re | espect to the filing | | | | |
| | Receive a severance payment or change-of-control payment | | | | | 4 a | | Χ |
| | Participate in, or receive payment from, a supplemental nonq | | | | | | | Х |
| | Participate in, or receive payment from, an equity-based com | | | | | 4 c | | Χ |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the a | pplicat | ole amounts for eac | ch item in Part III | | | | |
| - | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizat | tions r | nust complete line | es 5-9. | | 1 | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, o contingent on the revenues of | did the | organization pay o | or accrue any compen | sation | | | |
| a ˈ | The organization? | | | | | 5 a | | Х |
| b. | Any related organization? | | | | | 5 b | | Х |
| | If 'Yes' on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, o | did tha | organization now | or accrue any compon | cation | | | |
| | contingent on the net earnings of | | | | sation | | | |
| | The organization? | | | | | 6 a | \vdash | X |
| | If 'Yes' on line 6a or 6b, describe in Part III | | | | | | Taya: | X |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, | did the | organization provi | de any nonfixed | | | | |
| | payments not described on lines 5 and 62 If 'Yes,' describe in | | | | | 7 | | X |
| | Were any amounts reported on Form 990, Part VII, paid or a to the initial contract exception described in Regulations sect If 'Yes,' describe in Part III | ion 53 | 4958-4(a)(3)? | | | 8 | | Х |
| | If 'Yes' on line 8, did the organization also follow the rebuttab section 53 4958-6(c)? | ole pres | | e described in Regula | ions | 9 | | |

20-4681603

Schedule J (Form 990) 2016

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

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

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

| | | (B) Breakdown o | (B) Breakdown of W-2 and/or 1099-MISC compensation | compensation | | · | | |
|---------------------------------|------|---|--|---|---|---|-----------------------------------|---|
| (A) Name and Title | | (I) Base compensation | (II) Bonus & Incentive compensation | (III) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) lotal of columns(B)(I)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| DAVID MCINTOSH | Ξ | 375,000. | 245,000. | 0 | 0 | 28_005_ | 648,005. | .I. OI II II II II |
| 1 PRESIDENT | Œ | 0. | | 0 | 0 | \sim | - 1 | 0 |
| ADAM ROZANSKY | Ξ | <u>135, 000.</u> | 7.000,0E | -0 | <u>-</u> 0 | 10,640. | -175,640. | .I. II. II. |
| 2 CFO/TREASURER | (ii) | | | | 0. | 0. | 0 | 0. |
| | ε | 175,000. | 0 | -0 | -0 | | 175,495. | |
| 3 SECRETARY/VP OF GOVT. AFFAIRS | (ii) | 0. | 0 | | 0 | | | 0 |
| | (3) | 220,000. | 20,000 | 0 | | 6.454. | 276,454. | |
| 4 EXECUTIVE VICE PRESIDENT | (ii) | 0. | | 0 | 0 | 0 | 0. | 0 |
| | (i) | 117,500. | 7.0007 <u>1</u> 91 | -0 | -0- | 10 0 1 | 178,500. | - - - - - - - |
| 5 FINANCE DIRECTOR AND ADVISOR | (ii) | | | 0. | | 0 | | 0. |
| DOUGLAS SACHTLEBEN | (i) | 110,000. | 70,000 | 0 | 0 | 38,072 | -168,072 | 0 1 |
| 7) | € | | O | 0. | 0. | 0 | | 0 |
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| ВАА | | | TEEA4102 08/19/16 | ω | | | Schedule | Schedule J (Form 990) 2016 |

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Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE O (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.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public

**Inspection

Name of the organization CLUB FOR GROWTH Employer identification number

20-4681603

Pt VI, Line 11b

THE CHIEF FINANCIAL OFFICER AND INDEPENDENT ACCOUNTANT PREPARE THE 990, WHICH IS THEN REVIEWED BY AT LEAST TWO KEY EMPLOYEES OR OFFICERS.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS EXEMPT PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX EXEMPT STATUS, PERIODIC REVIEWS ARE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS: a) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING. b) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER EXEMPT PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT

Pt VI, Line 12c

TRANSACTION.

Pt VI, Line 15a

THE PRESIDENT'S SALARY IS DETERMINED BY THE BOARD, AS WELL AS STUDYING OTHER FORM 990'S AND PUBLIC DOCUMENTS.

EMPLOYEES' COMPENSATION IS DETERMINED BY STUDYING OTHER FORM 990'S AND PUBLIC DOCUMENTS, AS WELL AS INFORMATION FROM PROFESSIONAL ASSOCIATIONS. THEN PRESENTED TO AND APPROVED BY THE BOARD.

Pt VI, Line 15b

Pt VI, Line 19

AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

CLUB FOR GROWTH

Related Organizations and Unrelated Partnerships

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

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

Reful Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number

20-4681603

(f) Direct controlling

entity

Identification of Related Tax-Exempt Organizations. Complete If the organization answered 'Yes' on Form 990, Part IV, line 34 because it had (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) (a) Name, address, and EIN (if applicable) of disregarded entity Part II (E) **⊗**¦

<u>ල</u>¦

(g) Sec 512(b)(13) controlled entity? Yes CLUB FOR GROWTH CLUB FOR GROWTH CLUB FOR GROWTH (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) N/A N/A N/A(d) Exempt Code section 527 527 527 (c)
Legal domicile (state or foreign country) 2 2 2 one or more related tax-exempt organizations during the tax year (b)
Primary activity _ POLITICAL POLITICAL POLITICAL ACTIVITY ACTIVITY ACTIVITY (1) CLUB FOR GROWTH-PAC SEPERATE SEGREGATED FUND 1 1 1 1 1 1 1 1 1 (a) Name, address, and EIN of related organization 1 1 1 _ 2001_ L_STREET _ NW ___ _ WASHINGTON, DC_20036_ 20-8404170 WASHINGTON, DC 20036 (3) CEG ACTION OHIO _ 2001_L STREET, NW 32-053277

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Schedule R (Form 990) 2016

20-4681603

Schedule R (Form 990) 2016 CLUB FOR GROWTH

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| axable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 | |
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| (a) Name, address, and EIN of Prelated organization | (b) mary activity | (c) Legal domicile (state or | (d) Direct controlling entity | (e) Predominant income (related, unrelated, under sections | come Shar In Itax | Share of total income | (g) Share of end-of-year assets | (h) Disproportionate tonate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form | (J) General or managing partner? | (k) Percentage ownership | nlage . rship |
|---|--|------------------------------|---------------------------------|---|------------------------------|---------------------------------|--|--|--|--|---|---|------------------|
| | | country) | | 512-514) | | | | Yes | No No | 065) | Yes | o _N | |
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| Partive Identification of | Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization in a 34 because it had one or more related organizations treated as a corporation or trust during the tax year | izations e related | Taxable as organizati | s a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, ons treated as a corporation or trust during the tax year | n or Trust a corporation | Complete if | f the organiz furing the tax | ation answ cyear | /ered 'Yes | on Forr | n 990, Pa | Part IV, | |
| (a) Name, address, and EIN of related organization | of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling | Type of entity (C corp, S corp, | | (f) Share of total income | (g) Share of end-of- year assets | | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? |)(13) entity? |
| | | | | country) | ennik | סו נוח | lst) | | | | | Yes | ٥ ۷ |
| (1) | | - | | | | | | | | | | | |
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| ВАА | | | | TEEA5002 | 5002 09/09/16 | | | | | Sc | Schedule R (Form 990) 2016 | ocm 990) | 2016 |
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Page 3

| | | | | J- | - |
|--|----------------------------------|---------------------------------------|---|----------------------|-----------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Yes | ş |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed | s listed in Parts II-IV? | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | 1a | | \times |
| b Gift, grant, or capital contribution to related organization(s) | | | - 1 p | | × |
| | | | 10 | | $ \times$ |
| d Loans or loan quarantees to or for related organization(s) | | | 19 | | × |
| o Locate or locate and accordance by related accordance for the control of the co | | | 4 | + | ; > |
| | | · · · · · · · · · · · · · · · | | *** | < 🗒 |
| f Dividends from related organization(s) | | | 1 | | |
| Sale of accepts to related organization(s) | | | | + | : > |
| | | | 20 - | | < |
| h Purchase of assets from related organization(s) | | | | | \times |
| i Exchange of assets with related organization(s) | | | 1 i | | × |
| Julia Lease of facilities, equipment, or other assets to related organization(s) | | | 1. | | × |
| | | | | 10 m | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | 1k | | × |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | | = | | \times |
| | | | | | $ \times$ |
| | | | 1 n | × | i. |
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| | | · · · · · · · · · · · · · · · · · · · |) | | 1000 |
| | | | T T | | : |
| p reimbursement paid to related organization(s) for expenses | | | <u>a</u> | | \times |
| q. Reimbursement paid by related organization(s) for expenses | | | 19 | × | |
| | | | | | |
| r Other transfer of cash or property to related organization(s) | | | 1r | İ | × |
| s Other transfer of cash or property from related organization(s) | | | 18 | | × |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | ered relationships and tri | ansaction thresholds | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | eterminii nvolved | Ē |
| | ; | | | | |
| (1) CLUB FOR GROWTH-PAC | α | 20,000. | CASH PAID | | |
| (2) CLUB FOR GROWTH ACTION | 0 | 190,000. | CASH PAID | Q | |
| (3) CFG ACTION OHIO | | 20,000. | CASH PAID | Q | |
| (4) | | | | | |
| (5) | | | | | |
| (9) | | | | | |
| BAA TEEA5003 09/09/16 | | Sched | Schedule R (Form 990) 2016 | 990) 20 | 916 |

CLUB FOR GROWTH Schedule R (Form 990) 2016 Part Viয় Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37

| Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | each entity taxed as ization. See instruc | a partnership throug lons regarding exclu | gh which the orgal Ision for certain in | nization conduc ivestment partn | ted more than five erships | percent of its acti | vities (measur | ed by total assets | or gross | • |
|--|---|--|---|---|---------------------------------|---------------------------------|-----------------------------------|--|---|--------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax index | Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
| | | | sections 512-514) | Yes No | | | Yes No | | Yes No | |
| (1) | | | | | | | | | | |
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Part VIII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions