··· 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2949304600304

2018

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	For the 2	2018 cale	ndar year, or tax year beginning		, 2018	, and end	ing			, 20		
В	Check if a	pplicable.	C Name of organization THE GRIDI	RON CLUB AND	FOUNDATION				D Employe	r Identification n	ımber	
	Address c	hange	Doing business as		·					36-4643320		
	Name cha	nge	Number and street (or P.O. box if m	all is not delivered to	street address)	Room/s	ulte		E Telephon	e number		
	Initial retur	sturn 529 14TH ST NW 976 202-										
	Final return/	m/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amended	ed return WASHINGTON, DC 20045 G Gross receipts \$ 64										
	Application	n pending	F Name and address of principal office	er			7 H(a) k	s this a gr	oup return for s	ubordinates? Ves	☑ No	
		_	CHRISTOPHER ROWLAND, 130	1 K ST NEW, WA	ASHINGTON, DC	20071	(H/b)			included? Tes		
	Tax-exem	pt status:	☑ 501(c)(3) ☐ 501(c) () ◀ (insert;n	o.) 4947(a)(1) of	527	\supset	ff "No	o." attach a	list. (see instructio	ns)	
J	Website:	► GRI	DIRON.CLUB@GMAIL.COM			7	H(c)	Group	exemption r	number >		
K	Form of org	genizetion:	Corporation Trust Associa	ition Other	_ LŸ	ear of form	ation:	2008	M State	of legal domicile:	DC	
'nP.	art I	Summ	ary									
	1 E	Briefly de	escribe the organization's miss	ion or most sign	ificant activities	s: CON	TRIBUTII	NG TO	THE BET	TERMENT OF	THE	
8			LISTIC COMMUNITY BY ASSIST									
a]	JOURNA	LISM-RELATED ENTERPRISES	PROMOTING F	RIENDLY RELA	TIONS & 1	THE EXH	ANGE	OF IDEA	S AMONG MEN	BERS.	
19/	2 0	Check th	is box ▶ ☐ if the organization	discontinued its	operations or	disposed	of more	than	25% of i	ts net assets.		
Activities & Governance	3 1	Number`d	of voting members of the gove	ming body (Par	t VI, line 1a).				3		9	
ø	4 1	Number o	of independent voting member	s of the govern	ing body (Part \	/I. line 1b	(4		9	
ies	5 T	Total nun	nber of individuals employed in	n calendar year	2018 (Part V, lir	11			5		0	
Ž	6 T	otal nun	nber of volunteers (estimate if	necessary) .					6		45	
Å	7a T	otal unre	elated business revenue from	Part VIII, column	n (C), line 12	•			7a		0	
	b N	let unrel	ated business taxable income	from Form 990-	-T, line 38 .	•			7b		0	
				RECEIV	ED IN CORF	- 5				Current Ye	ar	
•	8 C	Contribut	tions and grants (Part VIII, line	1h) IBS	6 - 080 : 00				186,490		121,736	
Š	9 P	Program service revenue (Part VIII, line 2g)									6,990	
Revenue	10 Ir	nvestme	nt income (Part VIII, column (A), lines 3, 4, aφ <u>β</u>	Na)3 1 5050				44,820		166,702	
Œ	11 C	Other rev	renue (Part VIII, column (A), line	s 5, 6d, 8c, 9c,	10c, and 11e)				-23,580		5,077	
			enue-add lines 8 through 11 (n			line 12)			213,195		300,505	
	13 G	Grants ar	nd similar amounts paid (Part I	X, column (A),G	HATUE, MESSA				65,000		60,000	
			paid to or for members (Part IX						0		0	
S	15 S	Salaries, d	other compensation, employee t	penefits (Part IX,	column (A), line:	s 5–10)			0		0	
Expenses	16a P	Professio	nal fundraising fees (Part IX, c	olumn (A), line	11e)				0		0	
8	ьт	otal fund	draising expenses (Part IX, col	umn (D), line 25	>							
ū	17 C	Other exp	penses (Part IX, column (A), line	es 11a-11d, 111	–24e)				77,753		79,612	
	18 T	otal exp	enses. Add lines 13-17 (must	equal Part IX, co	olumn (A), line 2	25) .			142,753		139,612	
	19 R	Revenue	less expenses. Subtract line 1	8 from line 12	<u></u>	<u>.</u>			70,442		160,893	
5 8					<u> </u>		Beginning	of Cur	rent Year	End of Yes	ır	
Assets or d Balances	20 T	otal ass	ets (Part X, line 16)						634,206		795,099	
\$ B	21 T	otal liab	ilities (Part X, line 26)						0		0	
至	22 N	let asset	ts or fund balances. Subtract li	ne 21 from line	20				634,206		795,099	
Pa	त्सा। <u> </u>	Signat	ure Block									
Uni	dor ponaltic	s of penu	ry, I declare that I have examined this r	eturn, including acc	ompanying schedul	es and state	ements, ar	nd to th	e best of m	y knowledge and	belief, it is	
<u>D</u>	e, correct, a	and comple	ete, Declaration of preparer (other than	officer) is based on	all information of wi	hich prepare	er has any	knowle	dge.			
			Jac / lember	, Ireisul	NE"				1-23-2	2		
\$jg	n	Signa	sture of officer					Dat	6			
He	re 📙											
=		Туре	or print name and title									
Pai	id	Print/Typ	pe preparer's name	Preparer's signature	9		ate		Check	7 If PTIN		
	eparer	L							self-empl			
	e Only	Firm's na	ame_ ►					Firm	's EIN ▶			
			ddress ▶					Phor	ie no.			
May	the IRS	discuss	this return with the preparer s	hown above? (see instructions)				, Yes	☐ No	
For	Paperwo	rk Reduc	ction Act Notice, see the separa	te instructions.	<u> </u>	Cat.	No. 11282	Υ		Form 9	90 (2018)	
	-		•		(\mathcal{A}_{α})						11	

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ESTABLISHMENT OF A FORUM FOR WASHINGTON JOURNALISTS TO PROMOTE FRIENDLY RELATIONS AND THE EXCHANGE OF IDEAS AMONG ITS MEMBERS AND TO EDUCATE THE PUBLIC ABOUT THE FIELD OF WASHINGTON JOURNALISM IN GENERAL.
	IDEAS ANONG ITS MEMBERS AND TO EDUCATE THE PUBLIC ABOUT THE FIELD OF WASHINGTON JOURNALISM IN GENERAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 60,000 including grants of \$ 60,000) (Revenue \$)
-	AWARDING OF EDUCATIONAL SCHOLARSHIPS AND ASSISTING ORGANIZATIONS THAT HELP AND PROTECT JOURNALISTS AND
	THEIR ACTIVITIES.
4b	(Code:) (Expenses \$ 11,365 including grants of \$) (Revenue \$ 6,990)
	HOSTING OF A NUMBER OF MEMBERSHIP EVENTS DURING THE YEAR TO PROMOTE JOURNALISTIC EXCHANGES, EDUCATION
	AND RECOGNITION.

	•
4c	(Code:) (Expenses \$ 6,872 including grants of \$) (Revenue \$ 1,350)
	MEMBERSHIP PIN RECOGNITION PROGRAM

A -0	Other program assistant (December in Schodula C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 78,237

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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	ļ	•
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		,
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
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		~
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	>	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
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	11d		v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_
ь	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	İ	,
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		v
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		1
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		~
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	,	
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		•
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
	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	,	

Part	Checklist of Required Schedules (continued)		·	,
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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_		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
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	ļ	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		,
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		,
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		v
С	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		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		v
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		~
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_		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		V
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		V
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	,	
Part				
	Officer if confequie o contains a response of note to any line in this Fart v	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		' ,	
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
•	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			,
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country:	1	1	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u> </u>
5a	Was the organization a party to a prohibited tax chelter transaction at any time during the tax year?	5a 5b		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			!
	and services provided to the payor?	7a	•	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 1		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ا ـــا
	sponsoring organization have excess business holdings at any time during the year?	8	,	~
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:	- 1		Ť
а	Initiation fees and capital contributions included on Part VIII, line 12	;]		[]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		. 1	, 1
11	Section 501(c)(12) organizations. Enter:	•	1	· 1
а	Gross income from members or shareholders			}
	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	i i
40-	against amounts due or received from them.)	40-		4
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	─┤	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		,	. }
		13a	\dashv	
	Note. See the instructions for additional information the organization must report on Schedule O.		-	- 1
	Enter the amount of reserves the organization is required to maintain by the states in which	, 1	1	. [
	the organization is licensed to issue qualified health plans		· <u>j</u>	.]
	Enter the amount of reserves on hand		<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45	}	,
	excess parachute payment(s) during the year?	15		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018)

Form 9	0 (2018)			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See in	struct	ions.
0	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	<u>. v</u>
Sect	on A. Governing Body and Management		T w	1
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	ا ا	Yes	No
10	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar	ŗ	*	
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 9	, [,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	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		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	~
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a_	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	ļ: ;	ľ
_	the year by the following:	سا		<u> </u>
a b	The governing body?	8a 8b	~	~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	05	 	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		~
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Pa	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		i
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	o de rig	4	1 4
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	,	- *	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u></u>	<u>'</u>
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	, ,		
0	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE	- /6	A:	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	(Sec	tion 5	U1(C)
40	_ ··········· _ ······· _ ············	1	-a!:	لدسم
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior interior in the statements available to the public during the tax year.	•		, and
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction. By 20045 (202) 783 4050	oras:		

E.~~~	000	1201A)	

Dana	•

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

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

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

☑ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, i	ot ch unles	Pos neck as pe d a d	c) stion more rson irect	e than e is both or/trusi	one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOMAS BURR	12.00			ł		}		į.		
SECRETARY		~		~		}		0	o	0
(2) CHRISTOPHER ROWLAND	3.00									
TREASURER	†	1		1	1		ŀ) o	o	0
(3) GEORGE E. CONDON JR.	0.50									
HISTORIAN	†	'		~	l			0	o	0
(4) DAVID LIGHTMAN	2.00									
PRESIDENT	1	•	1	~		ł		1 0	o	0
(5) BRET BAIER	2.00									
EXECUTIVE COMMITTEE MEMBER		~					ł	. 0	0	0
(6) JERRY F. SEIB	2.00									
VICE PRESIDENT	†	~	\	~			1	0	o	o
(7) STEVE HOLLAND	2.00									
EXECUTIVE COMMITTEE MEMBER		V		Ì			ļ	0	0	0
(8) SUSAN MILLIGAN	2.00									
EXECUTIVE COMMITTEE MEMBER	İ	~						[o	o	0
(9) LYNN SWEET	2.00									
IMMEDIATE PAST PRESIDENT		•		•			i	0	o	o
(10)										
(11)										
(12)										
(13)										
(14)										

Earl	VIII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or direct	ot ch unles	Pos neck ss pe	c) ition mon rson irect	than bottle Highest compensa	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	e from	Est ame comp fro orga and	(F) imated ount of other oensetio m the nization related nizations	on n
(15)					-		8.	_		<u> </u>				
(16)					-	-		-				··		
(17)						_		_	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_	 		
								-						
								_						
											\perp			
(20)														
(21)						i								
(22)														
(23)										-				
(24)											\dashv	· · · · ·		
(25)											-			
1b	Sub-total			\sqcup	'	Ш 		_	0		0			0
C	Total from continuation sheets to Part	VII, Sectio	n A				•	A	0		0			0
d	Total (add lines 1b and 1c)							e) w		ore than \$10	0.00	0 of		0
	reportable compensation from the organi							_	0	· · · · · · · · · · · · · · · · · · ·				
3	Did the organization list any former of	ficer. dırec	tor. o	r tri	uste	e.	kev e	emp	olovee, or high	est comper	sate	d .	Yes	No
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	indi	vidu	ıal					3		V
4	For any individual listed on line 1a, is the organization and related organizations													
	ındıvidual	·										4		~
5	Did any person listed on line 1a receive of for services rendered to the organization?											1 1 5		~
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ex
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
RENA	ISSANCE WASHINGTON DC, 999 NINTH ST N	IW, WASHIN	IGTO	V, DO	C 20	001		FO	OD & BEVERAC	SE SVCS			16!	5,556
								_						
2	Total number of independent contracto received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	t VIII,							
		Check if Schedule O cont	ains a res	ponse or note to				· · · ·
				1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-614
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	. 1a					
Srai Our	b	Membership dues	. 1b	47,971	,	i		
Am K	C	Fundraising events		17,615		i i		t
	d	Related organizations	. 1d			1		}
ž į	е	Government grants (contribution						
er S	f	All other contributions, gifts, gra	1	İ	ľ	Ï	i	1
들		and similar amounts not included al		56,150	ļ.			•
절	9	Noncash contributions included in lin	•			<u> </u> -	t	
	<u>h</u>	Total. Add lines 1a-1f			121,736		 	· · ·
E E		14017V. 14101C EVE	_	Business Code	2.450	2.450		
leve	2a	MONTHLY LUNCHES & EXEC		900004	3,450 1,430	3,450 1,430		
9	b	ORGANIZATION DINNER PRODUCER DINNER		900004	2,110	2,110		
Ĭ.	C	PRODUCER DINNER		90004	2,110	2,110		
S =	u				··+			
Program Service Revenue	4	All other program service re	VARUA					
ğ	g	Total. Add lines 2a-2f		—	6,990			
	3	Investment income (include				· - · - · - · - · - · - · · ·		- • • •
		and other similar amounts)		•	16,340		}	16,340
	4	Income from investment of tax	exempt b	ond proceeds ▶				
	5	Royalties				-		
) Real	(ii) Personal		- 1	1	——————————————————————————————————————
	6a	Gross rents			·	1		
	ь	Less: rental expenses			1	1		
	C	Rental income or (loss)				. 4		
	d	Net rental income or (loss)		▶				
	7a	Gross amount from sales of (i) S	ecunties	(ii) Other				,,
	1	assets other than inventory	231,934		i i	1)	, Y
	ь	Less: cost or other basis		}	1.	1		ł
	}	and sales expenses .	81,572		<u>[</u> ,		İ	•
	C	Gain or (loss)	150,362					· · · · · · · · · · · · · · · · · · ·
	ď	Net gain or (loss)		· · · · >	150,362			150,362
•					ŀ		1	
enue	8a	Gross income from fundrais	•]]			
			17,615					
Other Re		of contributions reported on li See Part IV, line 18		040407	ļ	1	ļ	
Ę.			_		Ì		Í	
ō		Less: direct expenses			3,727			2 777
	C	Net income or (loss) from fu Gross income from gaming a		events .	3,727			3,727
	Ja	See Part IV, line 19		ļ.			•	
	١ ,	Less: direct expenses			4			•
		Net income or (loss) from ga			·			· · · · · · · · · · · · · · · · · · ·
		Gross sales of inventor		VICIOS P				
	1.04	returns and allowances .		1	i	1		•
	ь	Less: cost of goods sold .	_		[,	1		
		Net income or (loss) from sa		L			33	· · · · · · · · · · · · · · · · · · ·
		Miscellaneous Revenue		Business Code			-	· · · · · · · · · · · · · · · · · · ·
	11a	SALE OF RECOGNITION PINS		900099	1,350	1,350		
	Ь				.,255	-,,555		
	c	***************************************						
	d	All other revenue						
	9	Total. Add lines 11a-11d .			1,350	15		Ì
	12	Total revenue. See instruct			300,505	8,340	0	170,429

Part IX	Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		<i>.</i>
	ot include amounts reported on lines 6b, 7b, o, 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	60,000	60,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22			- A	,
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			1	,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	28,600		28,600	
b	Legal	<u> </u>		·	
C	Accounting				
d e	Lobbying				
f	Investment management fees	9.065		9,065	····
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,000		7,000	
12	Advertising and promotion				
13	Office expenses	4,952		4,952	
14	Information technology				
15	Royalties				
16	Occupancy	14,332		14,332	
17	Travel				······································
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	9,016	9,016		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1,651		1,651	
23	Insurance	1,001		1,001	
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.)		1	_	
а	PRESENTATION ITEMS	6,872	6,872		
b	PRINTING	4,265	2,349	1,916	
C	COMPUTER SOFTWARE UPDATES	769		769	
d	MISCELLANEOUS	90		90	
e	All ather evaces				
25_	Total functional expenses. Add lines 1 through 24e	139,612	78,237	61,375	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				

	art X				
		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	40,618	1	41,818
	2	Savings and temporary cash investments	217,530	2	279,352
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	······································
	5	Loans and other receivables from current and former officers, directors	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,
	-	trustees, key employees, and highest compensated employees		1. 4	
		Complete Part II of Schedule L		5	And the constituent of the State of the Stat
	6	Loans and other receivables from other disqualified persons (as defined under section	n	या न्यू	7 7 7
	١	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		, _	انقيم بالتراث
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar			
ίδ		organizations (see instructions). Complete Part II of Schedule L	′	6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	*****	9	
	10a	Land, buildings, and equipment: cost or	. स. के. इतर में, दे क्रांस्टर	22 -	
		other basis. Complete Part VI of Schedule D		1	
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	_	11	
	12	Investments—other securities. See Part IV, line 11	376,058		473,929
	13	Investments—program-related. See Part IV, line 11	0.0,000	13	4,0,727
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	634,206		795,099
	17	Accounts payable and accrued expenses	034,200	17	173,077
	18	Grants payable		18	<u></u>
	19	Deferred revenue	<u> </u>	19	
	20	Tax-exempt bond liabilities	·	20	
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
G	l	Loans and other payables to current and former officers, directors	100 440 F A A A A A	7	<u> </u>
Ę.	22	trustees, key employees, highest compensated employees, and			į
蓋		disqualified persons. Complete Part II of Schedule L	·	22	لـــ ـــــــــــــــــــــــــــــــــ
Liabilities	02	·		23	
_	23 24	Secured mortgages and notes payable to unrelated third parties		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 >		Ì	
		of Schedule D	`	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ ar			
es		complete lines 27 through 29, and lines 33 and 34.	,)	
2	27	Unrestricted net assets	······································	27	
ala	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ an	d	45	
Ē		complete lines 30 through 34.	"		
Ö	20	•		30	
še	30	Capital stock or trust principal, or current funds	0	31	0
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	634,206		
et	32 33	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances	634,206		795,099 795,099
z	33 34		634,206		795,099
	34	Total liabilities and net assets/fund balances	034,200	٠,	775,077

Form 9	90 (2018)			P	age 12
"Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36	00,505
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	39,612
3	Revenue less expenses. Subtract line 2 from line 1	3		14	60,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		63	34,206
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		79	95,099
Part	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		<u>. O</u>
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other		~ `] -	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1	,	} 1
	Schedule O.			ال . ا	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	٦ ٦]]
	reviewed on a separate basis, consolidated basis, or both:			if i	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a)		
	separate basis, consolidated basis, or both:		F :	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	نسب	ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight	Ï		İ
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		L
	If the organization changed either its oversight process or selection process during the tax year, e	oplain in		{	
	Schedule O.				[]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			For	m 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ.

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

2018

OMB No. 1545-0047

Openito Public Inspection

Name of the organization Employer Identification number THE GRIDIRON CLUB AND FOUNDATION 36-4643320 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/a% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) đ that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization AD FIN (lii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 sted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Νn (A) (B) (C) (D)

(E) Total

!Part₁	Support Schedule for Organiza	ations Desci	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi) /
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		,				
	far year (or fiscal year beginning in)	(a) 2014	(b) 201 <u>5</u>	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		ł				
	membership fees received. (Do not include any "unusual grants")		ļ		1	/ /	
•	include any "unusual grants.")			<u> </u>	 		
2	Tax revenues levied for the organization's benefit and either paid		[l /		
	to or expended on its behalf						
3	The value of services or facilities					f	
	furnished by a governmental unit to the		}			}	
	organization without charge			/	ľ		
	Total. Add lines 1 through 3	<u> </u>					
	The portion of total contributions by		- 			'	
J	each person (other than a	a		/ :		}	
	governmental unit or publicly	,	-		:	ĺ.	
	supported organization) included on	ļ	1	').]	
	line 1 that exceeds 2% of the amount	;;	/	ı	ŀ.		
	shown on line 11, column (f)		-	·			
	Public support. Subtract line 5 from line 4	,			<u> </u>	<u> </u>	
	on B. Total Support	(a) 0014	14 001 E	(a) 2016	/d\ 2017	(-) 2018	(A:Tatal
	far year (or fiscal year beginning in) ► Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
			/				
	Gross income from interest, dividends, payments received on securities loans,	/					
	rents, royalties, and income from		!			1	
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on					l	
	Other income. Do not include gain or						
	loss from the sale of capital assets		1			}	
	(Explain in Part VI.)		<u> </u>	-			
	Total support. Add lines 7 through 10	/ii-		al de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	<u> </u>	1 2 2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	501(a)(3)
	organization, check this box and stop he						
Section	on C. Computation of Public Suppor	t Percentag	e				<u> </u>
	Public support percentage for 2018 (line 6			1, column (fi)		14	%
	Public support percentage from 2017 Sch					15	%
	331/3% support test-2018. If the organi			on line 13, ar	nd line 14 is 30	31/3% or more,	
	box and stop here. The organization qua	•	•				▶ 🗆
	331/3% support test—2017. If the organi					is 331/3% or mo	ore, check
	this box and stop here. The organization	•		-			▶ 🗆
	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	tacts-and-circ	umstances" te	st. The organi	zation qualities	s as a publicly	supported
	organization						•• ► ⊔
	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization in Part VI how the organization in						
//	supported organization	neers the ISC	is-anu-circuiti	stantes test.	ine organizati	on qualifies as	a publicly
- //	Private foundation. If the organization di	d not check a	box on line 13	16a 16b 17a	or 17b chec	k this box and	see
//	Instructions					·····	▶ □
/		· · · · ·			Sch	edule A (Form 990	or 990-EZ) 2018

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

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

Secti	ion A. Public Support	G.1.001 1.10 10.	3.0	, p			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	, , , , , , , , , , , , , , , , , , , ,	. , ,		, ,	1.7	
	received. (Do not include any "unusual grants.")	66,961	70,758	91,185	186,490	121,736	537,130
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			}			
	organization's tax-exempt purpose	251,202	248,490	251,555	269,813	263,637	1,284,697
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1,100	1,800	800	1,125	1,350	6,175
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	i				1	
	furnished by a governmental unit to the					1	
	organization without charge						
6	Total. Add lines 1 through 5	319,263	321,048	343,540	457,428	386,723	1,828,002
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3			i			
	received from other than disqualified persons that exceed the greater of \$5,000				ļ		
	or 1% of the amount on line 13 for the year				1	ļ	0
_	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from		,	 	£ 4		
•	line 6.)	ţ j	, <u> </u>		·	,	1,828,002
Secti	on B. Total Support	E 2500 - 4 1 1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	319,263	321,048	343,540	457,428	336,723	1,828 002
10a	Gross income from interest, dividends,				1	1	
	payments received on securities loans, rents,		1	1		1	
	royalties, and income from similar sources.	25,323	24,208	21,471	17,564	16,340	104,906
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975	25.000	24 222	04 574	47.574	44.040	404.004
_	Add lines 10a and 10b	25,323	24,208	21,471	17,564	16,340	104,906
11	Net income from unrelated business				ļ		
	activities not included in line 10b, whether or not the business is regularly carried on	72,855	32,381	29,288	27,256	150,362	312,142
12	Other income. Do not include gain or	12,655	32,361	27,200	27,230	130,302	312,142
12	loss from the sale of capital assets	i		i	1	1	
	(Explain in Part VI.)			Ì	ì	ì	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	417,441	377,637	394,299	502,248	553,425	2,245,050
14	First five years. If the Form 990 is for th						
	organization, check this box and stop he	re			<u></u> .		▶ □
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2018 (line 8					15	81.42 %
16	Public support percentage from 2017 Sch			<u> </u>	<u></u>	16	84.49 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (17	4.67 %
18	Investment income percentage from 2017					18	5 35 %
19a	331/3% support tests—2018. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this to						
20	Private foundation. If the organization di	•	=	· ·		-	
4 U	THE OLD INCIDENTALION IN THE OLD GRANTER (IO) I CH	u not check a t	70 A U <u>II III 10 14,</u>	isa, or iso, or	TOOK IIIIS DOX 6	THE SEC HISHUC	

Part IV Supporting Organizations

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

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	- 1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		- :
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	48		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	.	_
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or		,	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9a

9b

9c

10a

10b

Part	Supporting Organizations (continued)			
		,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а			<u> </u> -	
_	below, the governing body of a supported organization?	11a		├
	A family member of a person described in (a) above?	11b	L	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
		ليبي	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		. :	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1 4	1.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		4	[]
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 3	a	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
	organizations and what conditions of restrictions, it any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	l 1		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- 2	- 5	~ 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ. ļ	, .	
	or management of the supporting organization was vested in the same persons that controlled or managed	li .		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	" "		i
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1)	- 1
_	significant voice in the organization's investment policies and in directing the use of the organization's	ľ I	. İ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	F 1	Ì	,
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	tion	<u></u>
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			- 7·
ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truct	(annı
2	Activities Test. Answer (a) and (b) below.		Yes	
		- 1		,
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			. +
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	,	'
	how the organization was responsive to those supported organizations, and how the organization determined			, '
	that these activities constituted substantially all of its activities.	2a		
.	-	20		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		}	. {
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			, 1
				<u> </u>
_	activities but for the organization's involvement.	2b		·
3	Parent of Supported Organizations. Answer (a) and (b) below.	, -\		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لـــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		<u>. j</u>
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	- 1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-	225	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying		··	Jain in Part \//\ Coe
instructions. All other Type III non-functionally integrated supporting organ			
	1124	1	(B) Current Year
Section A—Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	l		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	12.15		1
instructions for short tax year or assets held for part of year):	J.,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	П	The second second	
factors (explain in detail in Part VI):	L	^	.]
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	}	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net Income for prior year (from Section A, line 8, Column A)	1	The second secon	_ 1
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	mana amana and and and and and and and and and	
4 Enter greater of line 2 or line 3.	4	2	1
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		ja provincija improvinciji i I	1
emergency temporary reduction (see instructions).	6	1 	4
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III support	ing organization (see
instructions).		•	•

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		·	
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions.	· · · · · · · · · · · · · · · · · · ·		
	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013		<u> </u>	
b	From 2014			
<u>c</u>	From 2015	774 - 2 44 TEST		
<u>d</u>	From 2016	Company or service of		<u> </u>
<u>e</u> _	From 2017			
<u>f</u>	Total of lines 3a through e		·	h
	Applied to underdistributions of prior years			
<u> </u>	Applied to 2018 distributable amount	14 v 22 v 24 v 24 v 24 v 24 v 24 v 24 v	,	<u> </u>
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years Applied to 2018 distributable amount			<u> </u>
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.		<u></u>	
<u>_c</u>			<u> </u>	
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		_	}
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	T THE STATE OF THE		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		;	
8	Breakdown of line 7:			2
a	Excess from 2014	<u> </u>		,
b	Excess from 2015	manda a seconda a seconda a seconda a seconda a seconda a seconda a seconda a seconda a seconda a seconda a se		777 n
С	Excess from 2016			
d	Excess from 2017			-
е	Excess from 2018			

•				
Schedule	A (Form	990 or 9	90-F71	201R

Pag	A	٤

Part,VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

*	
	······································
••••••	
•••••	

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE G	RIDIRON CLUB AND FOUNDATION		36-4643320
Par			
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	<u></u>	<u> </u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene conferring impermissible private benefit?		
D		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · Yes · No
Par	Conservation Easements.	"Vee" on Form 990 Part IV line 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		f a historically important land area
	☐ Preservation of land for public use (e.g., recrea ☐ Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	Fleseivation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.	ola a qualifica dollari tation dollari dallari	Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easement	ts	
c	Number of conservation easements on a certified I		
ď	Number of conservation easements included in		
			1 I
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		ancial statements that describes the
Daw	· · · · · · · · · · · · · · · · · ·		Other Circilar Accets
Part	Organizations Maintaining Collection Complete if the organization answered		Other Similar Assets.
10	If the organization elected, as permitted under SF		rovenue statement and balance about
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
ь	If the organization elected, as permitted under S		
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	· · · · · · · · · · · · · · · · · · ·	,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
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 S		
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		

Page	2
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Par	t III Organizations Maintaining	Collections of	Art, His	torical	reasures,	, or Ot	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a	significant u	ise of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research								
C	☐ Preservation for future generations								
4	Provide a description of the organizati XIII.	ion's collections a	and expl	ain how t	hey further	the org	janization's exe	mpt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donation ined as	ns of art, part of the	historical tr e organizati	easure on's co	s, or other simi ollection?		☐ No
Pari	Complete if the organization 990, Part X, line 21.		" on For	m 990, l	Part IV, line	9, or	reported an a	mount on F	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing to	able:				
							<u> </u>	Amount	
C	Beginning balance					1c	 		
d	Additions during the year					1d			
0	Distributions during the year					1e			
f	Ending balance					1f		v2 □ V oo	
	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.	IT AIII. CHECK HER	5 II (IIO C.	Apranatio	ii iias been	Provide	d on all All .		
	Complete if the organization	answered "Yes'	on For	m 990. F	Part IV. line	10.			
		(a) Current year		or year	(c) Two year		(d) Three years bad	k (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses				<u> </u>				·
g	End of year balance								
2	Provide the estimated percentage of the	ne current voor en	d balanc	o (line 10	. column (a)) held :	98:		
а	Board designated or quasi-endowmen	•	%	· (3	(4)	,,			
b	Permanent endowment ▶	%	·- · ·						
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.						
3a	Are there endowment funds not in the	possession of th	e organi	zation the	at are held a	and ad	ministered for t	he	
	organization by:								es No
	(i) unrelated organizations						· · · · · ·	3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related org							3b	
4 Post	Describe in Part XIII the intended uses		n's endo	wment 1	unos.				
Part	Land, Buildings, and Equipa Complete if the organization		' on For	m 000 E	Part IV line	110	See Form 990	Dart Y lin	o 10
	Description of property	(a) Cost or oti			r other basis		Accumulated	(d) Book v	
	Description of property	(investme			ther)		preciation	(U) DOOK V	alue
	Land								
b	Buildings				<u>-</u> -'				
C	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) me	ust equal Form 99	0, Part	(, column	(B), line 10	c.)	•		

(a) Description of security or entergory (go (b) Book value	Part VII	Complete if the organization		n Form 9	90. Part IV. lin	e 11b.	See Forn	n 990. Part X. line 12.
Financial derivatives		(a) Description of security or ca	itegory				(c) Me	thod of valuation
20 Closely-held equity interests			y) 			L	Cost or end	J-ot-year market value
				• •		 _		
(9) INVESTMENTS IN MUTUAL FUNDS (1) INVESTMENTS IN PURCHYS TRADED STOCKS (2) INVESTMENTS IN PURCHYS TRADED STOCKS (3) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	• •	ield equity interests		· ·		 		····
(B) INVESTMENTS IN PUBLICALY TRADED STOCKS 19,339 COST		TAPPATO IN AUSTUAL FUNDO			45 151	COST		
Column C								
Discreption Discreption of investment Discreption								
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	************	I MENTS IN FIXED INCOME SECON	11169		117,337	0031		
(G) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	~							
(G) (H) Obst. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ 473,929						 		·
Obst. Column (b) must equal Form 990, Part X, col. (B) line 12. Part X Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		***************************************						
District District							 -	
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IX, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Good or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Good or end-of-year market value (e) Good or end-of-year market value (e) Good or end-of-year market value (f) Good or end-of-year market value (g) Good or end-of-year market value		n) must equal Form 990, Part X, col. (B) line 12) b		473.929			
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(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						·		
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) must equal Form 990, Part X, col. (B) line 25	.) ▶		1!	_		
				footnote to	the organization	's financ	ial stateme	ents that reports the

Šchedu	ule D (Form 990) 2018		Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i	
а	Net unrealized gains (losses) on investments	J	
ь	Donated services and use of facilities	1	
С	Recoveries of prior year grants] {	
d	Other (Describe in Part XIII.)][
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b	Other (Describe in Part XIII.)	أحبسا	
_c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Fart	Reconcillation of Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Propriet P	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	11	
1 2	Total expenses and losses per audited financial statements	 	
a	Donated services and use of facilities		
b	Prior year adjustments	╣	
C	Other losses	↑ , ,	
d	Other (Describe in Part XIII.)	†; {	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ir	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)]]	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	Supplemental Information.	6.100	
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2t t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir	o; Part V, line 4; Part) Mormation	, line
۷, ۲۹	t Ai, lines 2d and 4b, and Part Air, lines 2d and 4b. Also complete this part to provide any additional in	nonnauon.	
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Schedule D (Fon	m 990) 2018	Page 5
PartiXIII	Supplemental Information (continued)	

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#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

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

> Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2018

	ernal Revenue Service							
	Name of the organization  Employer Identification number							
	THE GRIDIRON CLUB AND FOUNDATION 36-4643320  Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.							
, Par	Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
1		_	n raised funds tl					
a	a ☐ Mail solicitations e ☐ Solicitation of non-government grants b ☐ Internet and email solicitations f ☐ Solicitation of government grants							
	c Phone solicitations g Special fundraising events							
d		solicitations		3 -	3 - P 1-11	<b>-</b>		
2a	•		ten or oral agree	ment with	any individ	dual (including offic	cers, directors, trus	tees,
	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?							
b	b If "Yes," list the 10 highest paid individuals or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization.							
	(i) Name and address or entity (fun	ss of Individual draiser)	(II) Activity	custody o	draiser have r control of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (f)	(vi) Amount paid to (or retained by) organization
				Yes	No		<del></del>	<del> </del>
1								
2								
3							· · · · · · · · · · · · · · · · · · ·	
4								
5							<del></del>	
6							····································	
7	<del></del>						<del></del>	
8			· · · · · · · · · · · · · · · · · · ·					
9			<del></del>					
10			<del></del>				<del></del>	
Total	<del></del>			<u> </u>	•		<del></del>	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
	•						***************************************	

	ort II;	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1 ANNUAL DINNER (event type)	(b) Event #2 WINTER DINNER (event type)	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	261,448	19,804		281,252
ш.	2	Less: Contributions	17,615			17,615
	3	Gross income (line 1 minus line 2)	243,833	19,804		263,637
	4	Cash prizes				
į	5	Noncash prizes				
Sesu	6	Rent/facility costs	32,255			32,255
Direct Expenses	7	Food and beverages	142,734			142,734
Direc	8	Entertainment	62,508	3,838		66,346
	9	Other direct expenses .	15,493	3,082		18,575
	10 11	Direct expense summary. Ad Net income summary. Subtra				259,910 3,727
Pa	rtill	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe			
Revenue		\$10,500 OH OH OO	(a) Bingo	(b) Pull tabe/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)	<u> ▶  </u>	
	a Ist	iter the state(s) in which the org the organization licensed to co "No," explain:	onduct gaming activities	ning activities:	? ,	
10						

b If "Yes," explain:

schedu	ile G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	□Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	_	_
a	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	- <del></del>	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	ii) and ( al inforn	v); and nation.
		*	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection Employer Identification number

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

**%**□ ✓ Yes 36-4643320 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 cnteria used to award the grants or assistance? Part I General Information on Grants and Assistance THE GRIDIRON CLUB AND FOUNDATION

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

	Today in the		2000,000	י כמון סכ מסטורם	The entropy component of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	dace is needed.	
1 (a) Name and address of organization of government	(g)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORWICH UNIVERSITY							
158 HARMON DR, NORTHFIELD, VT	03-0179424	501(C)(3)	2,000				STUDENT SCHOLARSHIPS
(2) UNIV OF MARYLAND PHILIP							
MERRIL COLLEGE OF JOURNALISM		501(C)(3)	10,000				STUDENT SCHOLARSHIPS
(3) GEORGE WASHINGTON UNIV							
2121 I ST, WASHINGTON, DC 20052	53-0196584	501(C)(3)	2,000	-			STUDENT SCHOLARSHIPS
(4) AMERICAN UNIVERSITY COMM							
4400 MASSACHUSETTS AVE NW	53-0196549	501(C)(3)	2,000				STUDENT SCHOLARSHIPS
(5) THE NEWS LITERACY PROJEC							
5335 WISCONSIN AVE NW, WASHING	27-4011343	501(C)(3)	7,000				NEWS LITERACY EDUCATION
(6) AMERICAN SOCIETY OF NEWS							
<b>EDITORS FND, 209 REYNOLDS, COLI</b>	23-9935413	501(C)(3)	14,000				LEGAL DEFENSE INVESTIG
(7) HOWARD UNIV JOHN H JOHNS							
525 BRYANT ST NW WASHINGTON D		501(C)(3)	2,000				STUDENT SCHOLARSHIPS
(8) SIGMA DELTA CHI FND OF WAS							
PO BOX 19555 WASHINGTON DC	52-6055635	501(C)(3)	2,000				STUDENT SCHOLARSHIPS
(9) STUDENT PRESS LAW CENTER							
1608 RHODE ISLAND AVE NW WASH	52-1184647	501(C)(3)	2,000				1ST AMENDMENT ADVOCA
(10) COMMUNITY FND OF ANNE							
ARUNDEL COUNTY 914 BAY RIDGE	52-2098698	501(C)(3)	2,000	-			CAPITAL GAZETTE FAMILII
(11)							
				-			
(12)							
- [							
	501(c)(3) and gov	emment organiza	organizations listed in the line 1 table	ne 1 table			10
3 Enter total number of other organizations listed in the line 1 table	ganizations listed	in the line 1 table					0

Schedule I (Form 990) (2018)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 890.

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) PART I, LINE 2: BASED ON SELECTION CRITERIA USED BY THE CLUB AND FOUNDATION'S PHILANTHROPIC COMMITTEE, THE AWARDS ARE DETERMINED, DISTRIBUTED, RECORDED (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant AND ACCOUNTED FOR IN THE FINANCIAL SYSTEM. (b) Number of recipients (a) Type of grant or assistance Part IV Partilli S 9 2 ð

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

20**18** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

THE GRIDIRON CLUB AND FOUNDATION	36-4643320
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MEMBERSHIP EVENT COMMUNICATIONS	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS VARIOUS MEMBERSHIP LEVELS INCLUDING ACTIVE, ASSOCIATED AND L	IMITED. ACTIVE MEMBERS ARE
LIMITED TO 65 IN NUMBER. LIMITED MEMBERS DO NOT HAVE TO BE INVOLVED IN THE NEWS JOU	RNALISM FIELD BUT THEY MUST
BE ELECTED BY A VOTE OF THE ACTIVE MEMBERS AND CANNOT EXCEED A TOTAL OF 15 IN NUMBERS	BER AT ANY TIME. LIMITED
MEMBERS ARE ALSO NON-VOTING MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
OFFICERS AND THE EXECUTIVE COMMITTEE ARE VOTED TO A ONE-YEAR TERM EACH YEAR BY A	CTIVE MEMBERS OF THE
ORGANIZATION.	•••••••••••••••••••••••••••••••••••••••
	••••••••••••
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOD	Y
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PROVIDED IN ELECTRONIC FORMAT TO SELECTED EXECUTIVE COMMITTEE OFFI	CERS (SECRETARY & TREASURER)
TO REVIEW BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
APPLICABLE INFORMATION CAN BE OBTAINED BY REQUESTING FROM THE ORGANIZATION.	
	•••••••••••••••••••••••••

Schedule () (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE GRIDIRON CLUB AND FOUNDATION	Employer Identification number 36-4643320
THE GRIDING'S CLOB AND FOUNDATION	30-104322
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