	2	9493	U	4	41	2	4	U4	•
--	---	------	---	---	----	---	---	----	---

Form **990**

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

20**19**

 \blacktriangleright 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

Ā	For the	2019 calen	dar year, or tax year begi	nning		, 2019, and	ending	J		, 20	
В	Check if	applicable.	C Name of organization THI	E GRIDIRON CLU	IB AN	D FOUNDATION	-		D Emp	loyer identification n	umber
П	Address		Doing business as						36-4643320		
\exists	Name ch	-	Number and street (or P.O	box if mail is not d	elivere	d to street address)	Bo	om/suite	E Telephone number		
H	Initial reti	•	529 14TH ST NW	. Dox ii maii io not a	3117010	a to 5.1.55t add/555)	"	976	202-783-4050		
		m/terminated	City or town, state or prov	ince country and 7	D or fo	reign postal code			_	202 100 1000	
H			WASHINGTON, DC 2004		ir 01 10	oreign postal code			G Gross	s receipts \$	521295
	Amended							M(a) la this a an		for subordinates? Yes	
Ш	Applicati	on pending	F Name and address of prince CRAIG R GILBERT, 529	-	CUIA	ICTON DC 2004E		ſ			_
-	Tow over						3507	- 7+1 ''		tes included? [Yes	, LI NO
<u>'</u> -		npt status.	501(c)(3) 501(c) () ◀ (inser	no.)	4947(a)(1) Of	527	/ 		ist (see instructions)	
<u></u>			ON CLUB@GMAIL COM		, ()	1. ٧		H(c) Group e	_		
K			Corporation Trust	Association Oth	er 🕨 🖠	L Year o	Hormat	ion: 2008	M State	of legal domicile	DC
ř	art	Summa	<u> </u>			\ <u></u>		01171110 70 71		TERLIE OF THE	
_		-	cribe the organization's		_						
2			STIC COMMUNITY BY AS								
Activities & Governance			SM-RELATED ENTITIES								₹S.
Š	F		box 🟲 🗌 if the organiz				osed	of more than a	1 .	f its net assets.	
(8			voting members of the						3		9
) oğ			independent voting me						4	ļ <u>.</u>	9
į į	5	Total numb	per of individuals emplo	yed in calendar	year	2019 (Part V, line 2a	a) .		5		0
ξ	6	Total numb	per of volunteers (estimate	ate if necessary					6		47
¥	7a	Total unrel	ated business revenue	from Part VIII, c	olumi	n (C), line 12			7a		0
	b	Net unrelat	ted business taxable inc	come from Form	990	-T, line 39		·	7b		0
	İ						L	Prior Year	r	Current Year	r
٥	8 Contributions and grants (Part VIII, line 1h)								21,736	1	104,580
Revenue	9	Program s	ervice revenue (Part VIII	, line 2g)		6,990		6,445			
Š	10	Investment	t income (Part VIII, colui	mn (A), lines 3, 4	1	66,702		45,586			
Œ	11	Other reve	nue (Part VIII, column (A	N), lines 5, 6d, 8d	c, 9c,	10c, and 11e)	. [5,077		(7,106)
	12	Total reven	ue-add lines 8 through	11 (must equal	Part '	VIII, column (A), line	12)	3	00,505	1	149,505
	13	Grants and	similar amounts paid (Part IX, column	(A), lı	nes 1-3)			60,000		55,000
	14	Benefits pa	aid to or for members (F		0		0				
Ś	15	Salaries, ot	her compensation, empl	oyee benefits (Pa		0		0			
Expenses	16a	Profession	al fundraising fees (Part	IX, column (A),		0		0			
ğ	b	Total funds	raising expenses (Part I)	sing expenses (Part IX, column (D), line 25) ▶ 0							
ũ	17		enses (Part IX, column (78,216		79,612			
	1		nses. Add lines 13-17 (i	•			. [1	39,612	1	133,216
		-	ess expenses. Subtract	· ·			. Г	1	60,893		16,289
ances								leginning of Curr	ent Year	End of Year	
a grant	20	Total asset	ts (Part X, line 16) .			<i></i>	. [7	99,099	8	311,388
Ass.	21		ties (Part X, line 26) .				. [
Net Asse Fund Bala	22		or fund balances. Subt	ract line 21 fron	n line	20	. Г	7	95,099	8	311,388
	art II	Signatu	re Block								
Ur	nder penal	ties of perjury	, I declare that I have examine	d this return, includi	ng acc	ompanying schedules an	d stater	ments, and to the	best of	my knowledge and be	elief, ıt ıs
tru	ie, correct	, and complet	e Declaration of preparer oth	er than officer) is ba	sed on	all information of which p	oreparer	has any knowled	ge.	in a	
		1/2	10 A. 1 1/1/10	/					71	15/20	
Sig	gn	Signati	ure of officer					Date	77	12	
He	ere	Cha	rles F. Rowla.	d Treasi	، دس						
		Type o	r print name and title	-, -, -, -, -, -, -, -, -, -, -, -, -, -							
_		Print/Type	preparer's name	Preparer's s	ignatu	re	Da	te	Check	∏ # PTIN	
Pa		_				DE0E0 /=-		1	self-em		
	epare		ne ►		1_	KECEIVEL	<u> </u>	Firm's	EIN ▶		
US	se Only	Firm's add			17		30				
Ma	y the IR		this return with the prep	arer shown abo	V8:91	see lostructions 20	<u>. 👸</u>	· · · ·		· □Yes [] No
			ion Act Notice, see the s		ш		Carch	11282Y		Form 99	
	**				"	OCDENI LI	—=				- ,,
					1	OGDEN. UT					

Page 2
🗹
CHANGE OF GENERAL.
Yes ☑ No
Yes ☑ No
measured by ons to others,
) ALISTS AND
······································
6,445) DUCATION
1,350)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	ESTABLISHMENT OF A FORUM FOR WASHINGTON JOURNALISTS TO PROMOTE FRIENDLY RELATIONS AND THE EXCHANGE OF IDEAS AMONG ITS MEMBERS AND TO EDUCATE THE PUBLIC ABOUT THE FIELD OF WASHINGTON JOURNALISM IN GENERAL.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
v	services?
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 \$ 55,000 including grants of \$ 55,000) (Revenue \$)
	(Code:) (Expenses \$ 55,000 including grants of \$ 55,000) (Revenue \$) AWARDING OF EDUCATIONAL SCHOLARSHIPS AND ASSISTING ORGANIZATIONS THAT HELP AND PROTECT JOURNALISTS AND
	THEIR ACTIVITIES.
4b	(Code:) (Expenses \$ 13,803 including grants of \$) (Revenue \$ 6,445) HOSTING OF A NUMBER OF MEMBERSHIP EVENTS DURING THE YEAR TO PROMOTE JOURNALISTIC EXCHANGES, EDUCATION AND RECOGNITION
4c	(Code:) (Expenses \$ 735 including grants of \$) (Revenue \$ 1,350)
	······································
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 69.538

ABHGOF

orm 9	990 (2019)	1101		<i>i</i>	Page 3
Part	t 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 foundat 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 candidates for public office? If "Yes," complete Schedule C, Part I		to		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>				,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives mem assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Sche	bership due dule C, Part	s, /// 5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for have the right to provide advice on the distribution or investment of amounts in such funds o "Yes," complete Schedule D, Part I				•
7	Did the organization receive or hold a conservation easement, including easements to preserve the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part		e, 7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar as complete Schedule D, Part III		8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liabil custodian for amounts not listed in Part X; or provide credit counseling, debt management, ci debt negotiation services? If "Yes," complete Schedule D, Part IV	edit repair,			,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted or in 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 Schedu VII, VIII, IX, or X as applicable.	le D, Parts V	/I,		ا ۔
а	Did the organization report an amount for land, buildings, and equipment in Part X, line complete Schedule D, Part VI	10? If "Yes	," 11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		re 11b	~	
С	Did the organization report an amount for investments—program related in Part X, line 13, that of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		V
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of i reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		ts 11d		,
e	, , , , , , , , , , , , , , , , , , , ,				~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Scheduler organization or the tax year include a footnote the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Scheduler organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the organization or the tax year include a footnote the tax year include a footno				,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Schedule D, Parts XI and XII	es," comple:	te 12a		~
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and	e tax year? XII is option	If al 12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		~
14a	3		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from fundraising, business, investment, and program service activities outside the United States, foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	or aggregat			,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other as for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	sistance to			v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grassistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	rants or other	er 16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	ng services o	n 17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and co Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		n 18	١	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part V If "Yes," complete Schedule G, Part III	III, line 9a?	19		٧
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		~
b	3		20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic odomestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		or 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		~
С	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		~
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		•
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		~
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		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
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				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
a	February and in Day 0 of February 0 is not any Post 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
<u>.</u>	reportable gaming (gambling) winnings to prize winners?	1c		

Form 99	0 (2019)		1	Page \$
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a 、	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ	ļ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			١.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	-
b	If "Yes," enter the name of the foreign country	_	.,;	, , .
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	<u> </u>	~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	 	
6a	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?	<u>6b</u>	~	ļ
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	<u> </u> -		
	and services provided to the payor?	7a	V	├
b	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			
θ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	~
10	Section 501(c)(7) organizations. Enter:	1	ŀ	
a	Initiation fees and capital contributions included on Part VIII, line 12			i
11	Section 501(c)(12) organizations. Enter:			٠ ٠
''a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	}	,	
U	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		7
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
4.6	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	L	~
	If "Yes," complete Form 4720, Schedule O.			1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.									
	Check if Schedule O contains a response or note to any line in this Part VI									
Secti	on A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	1								
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain on Schedule O.									
b	Enter the number of voting members included on 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, trustees, or key employees to a management company or other person?.	3	-	,						
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		~						
6	Did the organization have members or stockholders?	6	~							
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	-							
	stockholders, or persons other than the governing body?	7b		~						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			•						
а	The governing body?	8a	~							
b	Each committee with authority to act on behalf of the governing body?	8b		~						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		~						
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C								
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	_	*						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		*•						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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.	10b 11a								
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b								
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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.	10b 11a		V						
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a		V						
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b		V						
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b		v v						
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13		<i>y</i>						
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14		<i>y</i>						
b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V V V						
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V V V						
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V V V						
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b		\(\sigma \)						
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b		\(\times \)						
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	ttion 5	\(\times \)						
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		v v v						

	-
Daga	- 4
raue	

Part VII	Compensation of Officers,	Directors,	Trustees, K	ey 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no			anız	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
	(C)									
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CRAIG GILBERT	2.0									
VICE PRESIDENT		~		~	L	<u> </u>		O	0	0
(2) CHRISTOPHER ROWLAND	3 00									
TREASURER		•		~		<u> </u>		0	0	О
(3) CARL P. LEUBSDORF	12.00								_	
ASSISTANT SECRETARY	<u> </u>	~	<u> </u>	_	L	↓	_	0	0	0
(4) JERRY F. SEIB	2.00			۰			•			
PRESIDENT	1	~		~	H	 	-	0	0	0
(5) GEORGE E. CONDON JR. HISTORIAN	0.50	,		~				0	0	О
(6) STEVE HOLLAND	2 00									
EXECUTIVE COMMITTEE MEMBER		'						0	0	0
(7) SHAWNA THOMAS	2 00									
EXECUTIVE COMMITTEE MEMBER		~		L,	L			O	0	0
(8) DAVID LIGHTMAN	2 00									
IMMEDIATE PAST PRESIDENT		~		~	L	<u> </u>	<u> </u>	0	0	0
(9) BRET BAIER	2.00]			ĺ	ł				
EXECUTIVE COMMITTEE MEMBER		~				<u></u>		0	0	0
(10) THOMAS BURR	2.00			}						
SECRETARY		~		~			<u></u>	0	, О	0
(11)										
(12)										
(13)					-					
(14)					-		\vdash			

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	<u>d F</u>	lighest Compe	nsated	Emplo	yees (c	ontinued)
		(C) Position											
	. (A)	(B)			neck	more	than o		(D)	(E)		l	(F)
	Name and title	Average hours					is both or/trust		Reportable compensation	Report compen			ed amount other
		per week (list any		Т	~				from the organization	from re organiza			ensation m the
		hours for	Individual to	ğ	Officer	en en	Highest co employee	Former	(W-2/1099-MISC)	(W-2/1099		organi	zation and
		related organizations	or La	nstitutional		Key employee	è con	`				related o	rganizations
		below dotted line)	Individual trustee or director	trustee	1	99) pen						
		dotted line)	•	ê		{	compensated ee					1	
(15)			 	\vdash		-	-	-					
							<u> </u>	L					
(16)			{										
(17)			 	\vdash	-	├	 	-	-				
77.7		 	1										
(18)													
			ļ			<u> </u>							
(19)		 -	1										
(20)			 	-	-	-	<u> </u>	-				-	
			1	L	L			_					
(21)		ļ										j	
(22)		 	-		\vdash	<u> </u>		<u> </u>					
1221		†	1										
(23)													
			ļ		ļ			L		·			
(24)		ļ	-										
(25)					-			\vdash					
			1	<u> </u>		<u></u>		L,					
1b	Subtotal		٠.		•			>					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•		▶ ▶					
<u>u</u>	Total number of individuals (including but								ho received more	e than \$1	00,000	of	
	reportable compensation from the organ							_	0		· · · · · · · · · · · · · · · · · · ·		
													Yes No
3	Did the organization list any former employee on line 1a? If "Yes," complete							mpl	loyee, or highes	t compe	ensated	3	
4	For any individual listed on line 1a, is the							n a	nd other compe	nsation fr	om the		- -
-	organization and related organizations												
	ındividual			•	•		•					4	
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc	dividual	5	
Secti	on B. Independent Contractors	111 163, 0	, Ompi	-10	00,	,cut	110 0 1	0, 3	sucri person .		• •	1.9.1	
1	Complete this table for your five high	nest comp	ensate	ed	inde	eper	ndent	CO	entractors that r	eceived	more t	than \$1	00,000 of
	compensation from the organization. Rep	ort compen	satio	n for	r the	ca	lenda	r ye	ar ending with or	within th	e organ	ization's	tax year.
	(A) Name and business add	roce							(B) Description of serv	uces		(C) Compensa	ation
RENA	ISSANCE WASHINGTON DC, 999 NINTH ST	·	NGTO	N. D	C 20	0001		FO	OD & BEVERAGE		·		193,751
		,											
								<u> </u> _					
2	Total number of independent contractor	re (includir	na hi	ıt n	ot i	imi+	ed to	16	ose listed above	el who			+
٤.	received more than \$100,000 of compens							, 41	1	C) WIIU			ļ

عليبي	- 7111.	Check if Schedule O contains a res	spons	se or note to an	v line in this Pa	rt VIII		
	•		<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
& &	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	54,625				
	С	Fundraising events	1c	37,680				
fts, r Al	d	Related organizations	1d	-				
<u>a</u>	е	Government grants (contributions)	1e		,		,	
tions, er Sim	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,275	•	• ' • •	-	
tribut Othe	9	Noncash contributions included in						
ž ž		<u>-</u>	1g (>	104,580			ر م دع •
	_ h	Total. Add lines 1a-1f		Business Code	104,580			
Program Service Revenue	0-	MONTH VILINCHES & EVEC MICS	-	900004	2,700	2 700	** **	
	2a	MONTHLY LUNCHES & EXEC MTGS	}	900004	1,655	2,700 1,655		
gram Ser Revenue	b	ORGANIZATION DINNER PRODUCER DINNER	}-	900004	2,090	2,090	-	
E è	C	PRODUCER DINNER	· }-	900004	2,090	2,090		
Fe S	d		}					
5	e	All other program convey revenue	-					
۵.	1 7	All other program service revenue.	_	•	4 445			
	g	Total. Add lines 2a–2f			6,445			
	3	Investment income (including divid	· · · · · · · · · · · · · · · · · · ·	19,948	1		19,948	
	4	other similar amounts)			17,740			17,740
	4 5	Royalties		·				
	3	(i) Real	$\dot{}$	(ii) Personal				
	80	Gross rents 6a		(ii) T Cloonal				
	6a	· · · · · · · · · · · · · · · · · · ·						
	b	Less: rental expenses 6b Rental income or (loss) 6c						
	0	Alet rental in serve as (loss)		•				L
	d		· ·	(ii) Other	····			
	7a	Gross amount from	~	(ii) Othor				
		sales of assets other than inventory 7a	,967					
ω.	_	Less, cost or other basis			-			
Revenue	D		,329					
Ve	С		6,638	· · · · · · - · - · - · · · · · · · · ·				
æ	d	Net rais or (lass)		•	25,638			25,638
ě	_	Gross income from fundraising	- i i		20,000		···	20,000
O E	8a	events (not including \$ 37,680						
_		of contributions reported on line						
		1c). See Part IV, line 18	8a	267,005				
	ь	Less: direct expenses	8b	275,461		ĺ		
	C	Net income or (loss) from fundraising			(8,456			(8,456)
	9a	Gross income from gaming		1.0	(0,100		_	(0)100)
		activities. See Part IV, line 19	9a					
		Less: direct expenses L	9b					
		Net income or (loss) from gaming act	tivities	s.,. >				
	10a	Gross sales of inventory, less	40-			,		
	_	··	10a					
	l .	<u> </u>	10b	v b				
		Net income or (loss) from sales of inv	entor					
Miscellaneous Revenue	44=	CALE OF DECOCAUTION DING	-	Business Code	4 250	4 252		
nec Nue	11a	SALE OF RECOGNITION PINS	}	900099	1,350	1,350	· · · · · · · · · · · · · · · · · · ·	
la Ven	b		}					
scellaned Revenue	C	All other recent	-					
Ξ̈́	d	All other revenue	٠ ٢	•	1,350	······		
	<u>е</u> 12	Total savanue See instructions			1,350	7,795	0	27 120
	12	Total revenue. See instructions .			147,505	1,145	Uj	37,130

					_
Part IX	Statement	of Function	al Expenses		

Section	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	in this Part IX .	<u>.</u>	
	t include amounts reported on lines 6b, 7b, , 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 .	55,000	55,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		<u> </u>		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	31,200		31,200	
þ	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,914		8,914	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion				
13	Office expenses	3,692		3,692	
14	Information technology				
15	Royalties				
16	Occupancy	16,995		16,995	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	11,759	11,759		
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization .	4.500		4.500	
23	Insurance	1,599		1,599	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)]			
а	PRESENTATION ITEMS	735	735		
b	PRINTING	2,648	2,044	604	
c	COMPUTER SOFTWARE UPDATES	470		470	
ď	MISCELLANOUS	204		204	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	133,216	69,538	63,678	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		į		
	fundraising solicitation. Check here ▶ ☐ if		1		
_	following SOP 98-2 (ASC 958-720)				

Par		art V							
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	· ·	(B) End of year					
	1 Cash—non-interest-bearing	41,818	1	73,053					
1	2 Savings and temporary cash investments	279,352		284,346					
1	B Pledges and grants receivable, net	277,002	3	201,010					
- 1			4	·-					
- 1	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
(Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	5 (u - , 'n -	5 - t - 6	is the state of th					
" .	7 Notes and loans receivable, net		7						
ا <u>ت</u> ة	B Inventories for sale or use		8						
š į	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	9						
7 '	Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		3						
ŀ	b Less: accumulated depreciation 10b		10c						
1.	<u> </u>		11						
1:		376,058		150,104					
1:	·	370,030	13	130,104					
14			14						
1			15						
1		795,099		811,388					
		773,077	17	011,360					
1	· ·		18						
19	• • • • • • • • • • • • • • • • • • • •		19						
20			20						
2	·		21						
l l	· · · · · · · · · · · · · · · · · · ·								
Liabilities	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	7	22	", 'a' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
<u>ع ت</u>			23						
2			24						
2			25						
2		0	26	0					
$\overline{}$	Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.								
E 2			27						
B 2			28						
Net Assets or Fund Balances に の の の の の の の	Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.	•							
Ö 29	· · · · · · · · · · · · · · · · · · ·	0	29						
ets 3	·	0		0					
SSS 3		795,099		811,388					
¥ 3				, 0,1,000					
	· · · · · · · · · · · · · · · · · · ·	795,099		811,388					

					.90 . —
Par	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)				9,505
2	Total expenses (must equal Part IX, column (A), line 25)			13	3,216
3	Revenue less expenses. Subtract line 2 from line 1				6,289
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			79	5,099
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	_		81	1,388
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>.</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," explain	in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 7	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or ···		··· .	
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	- _			
b	Were the organization's financial statements audited by an independent accountant?	. 3	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	١a厂			- 1
	separate basis, consolidated basis, or both:	1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain				1
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	the -			
	Single Audit Act and OMB Circular A-133?		3a		İ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t				
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		зь		
			Form	990	(2019)
					(20.0)

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.

OMB No. 1545-0047 2019

Name of the organization

Employer identification number

Open to Public Inspection

		IRON CLUB AND FOUNDATION					<u> </u>	43320	
Pa	_	Reason for Public Cha						ns.	
The		ization is not a private founda							
1		church, convention of churc						1-1	A'
2		school described in section						1)	1
3		hospital or a cooperative hos							1
4		medical research organization	-	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). En	ter the
_		ospital's name, city, and state							
5	s	in organization operated for ection 170(b)(1)(A)(iv). (Com	plete Part II.)					ai unit	described in
6		federal, state, or local gover							
7		n organization that normally			port from	a gover	nmental unit or fron	n the g	eneral public
_		escribed in section 170(b)(1)			_				
8		community trust described in							
9	o u	in agricultural research organ ir university or a non-land-gra niversity:	nt college of agr	iculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the co	llege or
10	_ re	in organization that normally in eceipts from activities related upport from gross investment cquired by the organization a	to its exempt full income and uni	nctions—subject to co related business taxal	ertain exc ole incon	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 331/3	% of its
11		in organization organized and				-			
12		in organization organized and	•	•	-		• • • •	rry out	the purposes
		f one or more publicly suppo							
	C	check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organizatı	on and complete line	s 12e,	12f, and 12g.
a		Type I. A supporting organ	ization operated	, supervised, or contr	olled by	its suppo	rted organization(s),	typical	ly by giving
		the supported organization					he directors or trust	ees of	the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B				
b] Type II. A supporting orga							
		control or management of	• • •	•		persons	that control or man	age the	supported
		organization(s). You must	•	=					
c	L	Type III functionally integ its supported organization(ally inte	egrated with,
d		Type III non-functionally i							
		that is not functionally integ						d an at	ttentiveness
	_	requirement (see instructio	•	-					
е	L	J Check this box if the organ functionally integrated, or 1						∍ II, Typ	e III
f	Ent	ter the number of supported o	organizations .						
g	Pro	ovide the following information	about the supp	orted organization(s).					
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No			
					162	No			
(A)									
(B)			•		•				
(C)									-
(D)								_	
(E)									 _
Tota	<u> </u>			-	, ~ -	,			

Schedu	le A (Form 990 or 990-EZ) 2019						Page 2
Part	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if th	ne organizatio	n failed to qu	
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		r	·	T	·	
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	•					
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
	on B. Total Support						· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(g) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			/		<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop her					<u> </u>	> 🗌
	on C. Computation of Public Suppor					T T	
14	Public support percentage for 2019 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2018 Sch 331/3% support test - 2019. If the organi					15	%
IVa	box and stop here. The organization qual						> [
b	331/3% support test—2018. If the organization this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	6a, and line 15	is 331/3% or n	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumst	ances" test, cl	heck this box	and stop here	. Explain in
b	10% facts-and-circumstances test – 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	ne "facts-and-d	circumstances	" test, check	this box and	stop here.
18/	Private foundation. If the organization die						
/ ,	instructions	· · · ·	<u> </u>	· · · · ·			
					Scl	hedule A (Form 99	0 or 990-EZ) 2019

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.)

	If the organization fails to qualify	under the tes	sts listed DelC	ow, piease co	mpiete Part	11.)	
	on A. Public Support						
	idar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	70,758	91,185	186,490	121,736	104,580	574,749
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			i			
	furnished in any activity that is related to the	1					
_	organization's tax-exempt purpose	248,490	251,555	269,813	263,637	267,005	1,300,500
3	Gross receipts from activities that are not an	l.				[
_	unrelated trade or business under section 513	1,800	800	1,125	1,350	1,350	6,425
4	Tax revenues levied for the	i					
	organization's benefit and either paid to						
_	or expended on its behalf					<u> </u>	
5	The value of services or facilities			1			
	furnished by a governmental unit to the organization without charge						
•		221 049	343,540	457,428	386,723	372,935	1,881,674
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	321,048	343,540	437,426	360,723	372,935	1,861,074
10	received from disqualified persons .	İ					0
_	` <u> </u>						
Ь	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000	i		1		1	
	or 1% of the amount on line 13 for the year					İ	0
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from			,			<u>~</u>
•	line 6.)			إند إدرس يديد		سه پير	1,828,002
Secti	on B. Total Support		* *				***************************************
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	321,048	343,540	457,428	386,723	372,935	1,881,674
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					ŀ	
	royalties, and income from similar sources.	24,208	21,471	17,564	<u>16,340</u>	19,948	99,531
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					I	
	acquired after June 30, 1975						
C	Add lines 10a and 10b	24,208	21,471	17,564	16,340	19,948	99,531
11	Net income from unrelated business				i		
	activities not included in line 10b, whether						
	or not the business is regularly carried on	32,381	29,288	27,256	150,362	25,638	264,925
12	Other income. Do not include gain or	ſ		ĺ			
	loss from the sale of capital assets	1	Ì	ł		ŀ	
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	227.427	204 200	500.040	FF3 40F	440 504	0.047.120
4.4	and 12.)	377,637	394,299	502,248	553,425	418,521	2,246,130
14	organization, check this box and stop her	•			•		````
Socti	on C. Computation of Public Suppor			· · · · ·	<u> </u>	· · · · ·	· · • 📗
15	Public support percentage for 2019 (line 8			3 column (fl)		15	81.38 %
16	Public support percentage from 2018 Sch		-			16	81.42 %
	on D. Computation of Investment Inc				<u>· · · · · · · · · · · · · · · · · · · </u>	1.10.1	01.42 /0
17	Investment income percentage for 2019 (li			v line 13 colur	nn (fl)	17	4.43 %
18	Investment income percentage from 2018		• • •	-		18	4.67 %
19a	331/3% support tests—2019. If the organization						
	17'is not more than 331/3%, check this box a						
b	331/3% support tests—2018. If the organization	•	-	-		•	_
~	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	•	_	•	•	• •	_

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.)

Saati	on A. All Supporting Organizations	art v	·/	
Secu	on A. All Supporting Organizations		Vac	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		
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	7 1h	<u>, </u>
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.	4a	_	. "
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	. 5, 45	k=-1
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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c	•	,
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		·
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		
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 .	9a		
þ	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.	9b		.77
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bonofit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
	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.	10a		·
h	Did the organization have any excess business holdings in the tay year? (Use Schedule C. Form 4720 to	I ""]		1 7

determine whether the organization had excess business holdings.)

10b

_	_
rage	J

Part	W Supporting Organizations (continued)			
rart	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
	on a. Type reappointing enganizations		Yes	No
	Did the discount Associate as a second such in of one or many control of association becomes the control of		105	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			١. ا
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			ļJ
<u> </u>		2		L
<u>secti</u>	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	+ # 91		٠ +
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			!
	or management of the supporting organization was vested in the same persons that controlled or managed			1_1
	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		103	 10
	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	74 1	4 - 3	11.5
	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 trustoes either (i) appointed or elected by the supported	, ,, ,	uwe e	712 r. cg. cr
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	·		li
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		-
	supported organizations played in this regard.	3		
<u> </u>		3		<u> </u>
	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	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
Ċ	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
_	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,			
	how the organization was responsive to those supported organizations, and how the organization determined			,)
	that these activities constituted substantially all of its activities.			لـــا
	ŕ	2a		 -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	` "	No. 1	1,000
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			<u>1</u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	· · · · · · · · · · · · · · · · · · ·	Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	J	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current 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 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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supporti	ing organization (see
instructions)			-

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)			
Secti	on D-Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe					
	organizations, in excess of income from activity					
3						
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.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		<u></u>			
Y I HYCOSS I DISTRIBUTIONS I		(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required-explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
<u>b</u>	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
<u> į</u>	Carryover from 2014 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		····			
4	Distributions for 2019 from					
	Section D, line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2019 distributable amount					
<u>_</u>	Remainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · ·	···		
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h	·				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	_				
7						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015					
b	Excess from 2016		 			
C	Excess from 2017		·			
d	Excess from 2018					
e	Excess from 2019		····			
		1				

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization THE GRIDIRON CLUB AND FOUNDATION 36-4643320 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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 FASB ASC 958 relating to these items:

_			
2	a	А	4

Part	III Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):						_	significan	t use of its
a`	Public exhibition		d		or exchang				
b	Scholarly research		e	☐ Other	r				
С	Preservation for future generations								
4	Provide a description of the organization of the organization.		·		•			, , ,	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	donation	ns of art, part of th	historical tr e organizati	reasure: on's co	s, or other simi	lar . 🔲 Y e	s 🗌 No
Part									
	Complete if the organization 990, Part X, line 21.	answered "Yes'	on Fo	m 990, l	Part IV, line	e 9, or	reported an a	mount or	n Form
	Is the organization an agent, trustee included on Form 990, Part X?							not . □ Y €	s 🗌 No
Ь	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	able:				
						<u> </u>		Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
0	Distributions during the year					1e			
f	Ending balance					1f		A [] W	
2a	Did the organization include an amount in P								
	If "Yes," explain the arrangement in P Endowment Funds.	art Alli. Check here	e ii trie e	xpiariatio	n nas been	provide	d on Part Alli .	• • • •	
Гаг	Complete if the organization	answered "Ves"	' on Fo	m aan 1	Part IV line	- 10			
	Complete ii tile organization	(a) Current year		or year	(c) Two year		(d) Three years bar	ck (a) Four	years back
1a	Beginning of year balance	(a) Ourient year	(5) 1 1	- you.	(6) 1.00 year	5 Baok	(d) Illies years ba	(0)100.	yours baok
b	Contributions				 			- 	
c	Net investment earnings, gains, and			1 .	 				
·	losses								
d	Grants or scholarships				 		·····	_	
e	Other expenditures for facilities and				 			_	
Ŭ	programs					- 1			
f	Administrative expenses							 	
g	End of year balance								
2	Provide the estimated percentage of t	he current vear en	d baland	e (line 1	, column (a)) held a	as:		
а	Board designated or quasi-endowmen			,		••			
b	Permanent endowment ▶	%	- -						
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the organization by:	e possession of th	e organ	zation th	at are held	and ad	ministered for t	he	Yes No
	(i) Unrelated organizations							3a(i)	
	-							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses	•	-					<u> </u>	
Part									
	Complete if the organization		on For	m 990, I	Part IV, line	11a. S	See Form 990	, Part X,	line 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost of	or other basis other)	(c) A	Accumulated preciation	(d) Boo	
	Land								
b	Buildings			1					
c	Leasehold improvements		-						
d	Equipment	. —					 		
9	Other								
Total.	Add lines 1a through 1e. (Column (d) n		00, Part	X, columr	n (B), line 10	c.)			

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial				
(2) Closely h	eld equity interests			
(3) Other IN	/ESTMENTS IN MUTUAL FUNDS	29,791	COST	···
	TMENTS IN PUBLICLY TRADED STOCKS	303,885		
	TMENTS IN FIXED INCOME SECURITIES	120,313	COST	
(C)				
(D)				
(E)				····
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	452 000		
Part VIII	Investments—Program Related.	453,989		
r art viii	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation.
(1)			<u> </u>	
(2)				······························
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)			<u> </u>	
(3)				,
(4)				
(5)				····
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)		·····		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		-	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form		e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes		·	
(2)				
(3)				
(4)				
(5)		 ··· ·		
(6)				
(8)				
(9)	mp (h) must squal Form 000. Dort V and (D) line 05.)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	to to the organization		nto that recents 45 -
	runcertain tax positions. In Part XIII, provide the text of the foothers is liability for uncertain tax positions under FASB ASC 740. Check			
- Seintanoll	s nating for anothern tax positions under 1 AOD AOO 170. Officer	LOAL OF LIFE		STOREGISTER CANDIS

Part			Return.	
	Complete if the organization answered "Yes" on Form 990,		T T	
1 .	Total revenue, gains, and other support per audited financial statements	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1	
а	Net unrealized gains (losses) on investments		-	
b	Donated services and use of facilities	2b	,	
С	Recoveries of prior year grants	2c	4 1	
d	Other (Describe in Part XIII.)	2d	-	
е	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:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)		-	
-	Add lines 4a and 4b		4c	
5		monte With Exponence	1 - 1	^
Part	Complete if the organization answered "Yes" on Form 990,		ei neturi	1.
		, Fait IV, mile 12a.	1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		 	
2	Donated services and use of facilities	2a		
a	Prior year adjustments	2b	┥	
b	Other losses	2c	-	
c d	Other (Describe in Part XIII.)	2d	-	
	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:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	44	1	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ine 18.)	5	
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2	b, Part V,	ine 4; Part X, line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	rt to provide any additional i	nformatior) ,
				
			••	
 -				

Schedule D (For	n 990) 2019 Page 5
Part XIII	Supplemental Information (continued)
	_
	. • . • . • . • . · . · . · . · . · . ·

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising 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.

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** THE GRIDIRON CLUB AND FOUNDATION 36-4643320 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а ☐ Solicitation of government grants Internet and email solicitations b g

Special fundraising events ☐ Phone solicitations C **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity (or retained by) custody or control of or entity (fundraiser) from activity contributions? organization col (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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.		

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		3				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	}	<u> </u>	ANNUAL DINNER	WINTER DINNER	NONE	(add col. (a) through col (c))
_			(event type)	(event type)	(total number)	cor (cj)
Revenue						
š	1	Gross receipts	277,510	27,175		304,685
æ	2	Less: Contributions	37,680			37,680
	3	Gross income (line 1 minus				
	l	line 2)	239,830	27,175		267,005
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs	7,533	5,055		12,588
Direct Expenses	7	Food and beverages	157,611	20,863		178,474
Direc	8	Entertainment	65,434,	6,016		71,450
	9	Other direct expenses .	10,988	1,961		12,949
	10	Direct expense summary. Ad	ld lines 4 through 0 in o	olumn (d)		275,461
	11	Net income summary. Subtra				(8,456)
Pa	rt III					
		\$15,000 on Form 990-E2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	300, 1 dit 10, 1110 10,	or reported more than
— •			41.5	(b) Pull tabs/instant	4300	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ě						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
			☐ Yes %	☐ Yes %	☐ Yes %	-
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
9		nter the state(s) in which the or		ming activities:		🗌 Yes 🗍 No
		the organization licensed to co				
	b It	"No," explain:				
10	۱۸	Vere any of the organization's g	aming licenses revoked	suspended or termina	ated during the tay year	7 TVac TNA
		"Yes," explain:				
		.,				

11	ule G (Form 990 or 990-EZ) 2019 Does the organization conduct gaming activities with nonmembers?	☐ Yes	Page 3			
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_	_			
40	formed to administer charitable gaming?	☐ Yes	∐ No			
13	Indicate the percentage of gaming activity conducted in: The organization's facility		0/			
a b	The organization's facility		<u>%</u> %			
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 ▶ \$					
C	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			
	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 > \$					
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.					
·						

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

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

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

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

2019	Open to Public
------	----------------

OMB No. 1545-0047

Employer identification number

° □ √ 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance THE GRIDIRON CLUB AND FOUNDATION Part

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es tor monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz	ations and Dom	nestic Governm Il can be duplica	ents. Complete if ted if additional s	the organization answ pace is needed.	ganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORWICH UNIVERSITY	03-0179424	501(C)(3)	000 5				STUDENT SCHOL ARSHIPS
(2) UNIV OF MD COLLEGE PARK FND, 4603 CALVERT RD, COLLEGE F	52-2197313	501(C)(3)	10,000				STUDENT SCHOLARSHIPS
(3) GEORGE WASHINGTON UNIV 2121 I ST, WASHINGTON, DC 20052	53-0196584	501(C)(3)	5,000				STUDENT SCHOLARSHIPS
(4) AMERICAN UNIVERSITY COMM 4400 MASSACHUSETTS AVE NW	53-0196549	501(C)(3)	5,000				STUDENT SCHOLARSHIPS
(5) THE NEWS LITERACY PROJEC 5335 WISCONSIN AVE NW, WASHING	27-4011343	501(C)(3)	5,000				NEWS LITERACY EDUCATION
(6) AMERICAN SOCIETY OF NEWS EDITORS FND, 209 REYNOLDS, COLI	23-9935413	501(C)(3)	13,000				LEGAL DEFENSE INVESTIG
(7) HOWARD UNIV HUGHES SCH C JOURN, 525 BRYANT ST NW WASHIN		501(C)(3)	5,000				STUDENT SCHOLARSHIPS
(8) SIGMA DELTA CHI FND OF WA- PO BOX 19555, WASHINGTON DC	52-6055635	501(C)(3)	5,000				STUDENT SCHOLARSHIPS
(9) STUDENT PRESS LAW CENTER 1608 PHODE ISLAND AVE NW WASH	52-1184647	501(C)(3)	2,000				1ST AMENDMENT ADVOCA
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	tions listed in the l	ine 1 table .			6
L							,

Schedule I (Form 990) (2019)

Cat. No 50055P

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

Schedule I (F	Schedule I (Form 990) (2019)	
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be dublicated if additional space is needed.	

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
 က						
4						
ဟ						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.

PART I, LINE 2. BASED ON SELECTION CRITERIA USED BY THE CLUB AND FOUNDATION'S PHILANTHROPIC COMMITTEE, THE AWARDS ARE DETERMINED, DISTRIBUTED, RECORDED, AND ACCOUNTED FOR IN THE FINANCIAL SYSTEM.

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer Identification number

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, ASSOCIATES AND LIMITED. ACTIVE MEMBERS ARE LIMITED TO 65 IN NUMBER. LIMITED MEMBERS DO NOT HAVE TO BE INVOLVED IN THE NEWS JOURNALISM FIELD BUT THEY MUST BE ELECTED BY A VOTE OF THE ACTIVE MEMBERS AND CANNOT EXCEED A TOTAL OF 15 IN NUMBER AT ANY TIME. LIMITED MEMBERS ARE ALSO NON-VOTING MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: OFFICERS AND THE EXECUTIVE COMMITTEE ARE VOTED TO A ONE-YEAR TERM EACH YEAR BY ACTIVE MEMBERS OF THE CLUB. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PROVIDED IN ELECTRONIC FORMAT TO SELECTED EXECUTIVE COMMITTEE OFFICERS (SECRETARY & TREASURER) TO REVIEW BEFORE SIGNING AND FILING FORM 990, PART VI, SECTION C, LINE 19: APPLICABLE INFORMATION CAN BE OBTAINED BY REQUESTING FROM THE ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
THE GRIDIRON CLUB AND FOUNDATION	36-4643320
•	
`	
	*