ഗ	
S	
Z	
و ≥	

Form 990/

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2020

Department of the Treasury

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

Open to Public

Inter	nai Revenu	ie Service	► Go to www.irs.gov/Form990 for instructions and the latest	intormation.	701	Inspec	tion
A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20							
B	Check if a	pplicable	C Name of organization THE GRIDIRON CLUB AND FOUNDATION		D Empl	loyer identification	number
	Address o	hange	Doing business as			36-4643320	
$\overline{\Box}$	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telep	hone number	
_	Initial retu	•	529 14TH ST NW	976		202-783-4050	)
_		n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
$\Box$	Amended		WASHINGTON, DC 20045		G Gross	s receipts \$	532,899
H				LL(a) to thus a arr		or subordinates? \(\sigma\)	
LJ	Applicatio	n penaing	F Name and address of principal officer:	í -		_	
-	T		CRAIG GILBERT, 1575 EYE STREET NW STE 350 WASHINGTON DC 2000	<del></del>		tes included? U	
	Tax-exem		☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 <b>(</b> )	<del>-</del>		ist. See instructions	3
_			ON.CLUB@GMAIL.COM	H(c) Group ex			
			Corporation ☐ Trust ☑ Association ☐ Other ► ☐ L Year of format	ion 2008	M State	of legal domicile:	DC
Р	art I	Summa		<del> </del>			
			cribe the organization's mission or most significant activities: CONTRI				
Se	<u>.</u>	JOURNALIS	STIC COMMUNITY BY ASSISTING JOURNALIST EDUCATION, MAKING C	IARITABLE CO	ONTRIB	UTIONS TO QU	ALIFIED
ag.	} .	JOURNALI:	SM-RELATED ENTITIES & PROMOTING FRIENDLY RELATIONS & THE EX	CHNAGE OF I	DEAS A	MONG MEMBE	RS.
Governance	2 (	Check this	box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.	
ő	3 1	Number of	voting members of the governing body (Part VI, line 1a)		3		9
ಶ	4 1	Number of	independent voting members of the governing body (Part VI, line 1b)		4		9
ies			per of individuals employed in calendar year 2020 (Part V, line 2a)		5		0
Activities &	•		per of volunteers (estimate if necessary)		6		47
	l .		ated business revenue from Part VIII, column (C), line 12		7a		0
•	1		ted business taxable income from Form 990-T, Part I, line 11		7b	L	0
	<u> </u>	vet antolat	ted business taxable mounte north offin 550 1,7 art 1, mo 11	Prior Year		Current Y	
Revenue	8 (	^antributio	and grants (Part VIII, line 1h)		04,580	- Carrone 1	259,511
			ons and grants (Part VIII, line 1h)	<u>'</u>			4,110
		_	ervice revenue (Part VIII, line 2g)	6,445			
	1		tincome (Part VIII, column (A), lines 3, 4, and 7d)	45,586	<del> </del>	16,277	
-	t .		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(7,106)		20,753
			ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,505		300,651
	I		I similar amounts paid (Part IX, column (A), lines 1–3)		55,000		60,000
	14 E	Benefits pa	aid to or for members (Part IX, column (A), line 4)		0		0,
ģ	15 8	Salaries, oth	her compensation, employee benefits (Part IX, column (A), lines 5-10)		. 0		0
Expenses	16a F	Profession	al fundraising fees (Part IX, column (A), line 11e)	0		0	
8	b 7	Total fundr	aising expenses (Part IX, column (D), line 25) ▶ 0				
Ð			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		79,612		71,724
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	33,216		131,724
		•	ess expenses. Subtract line 18 from line 12		16,289	·	168,927
- S		10101140 10		Beginning of Curre		End of Ye	<u>-</u>
Net Assets or Fund Balances	20 7	Total accet	s (Part X, line 16)	<del></del>	11,388		917,983
Sala	21 7		ties (Part X, line 26)	<del>_</del>	,11,300		717,703
E et	22		or fund balances. Subtract line 21 from line 20		11,388	<u> </u>	917,983
200	rt II		re Block		11,300		717,703
_							
Un	der penalti a. correct⁄	es of perjury, and complete	I declare that I have examined this return, including accompanying schedules and stater b. Declaration of preparer (other than officer) is based on all information of which preparer	nents, and to the has anv knowled	best of nae.	ny knowledge and	Deliet, it is
	, , , ,	<u> </u>			-		
o:.			and RECEIVED		<u>///</u> _S	7302	
Sig		Signatu	ire of officer	Date	/	,	•
He	re	Davi		181			
		Type or	r print name and title				
Pa	id	Print/Type		<b>神</b> 定	Check [		
	eparer	<u> </u>	I. OGDEN: UT	_	self-emp	ployed	
	•	C.u.==1= ====	ne 🕨	Firm's	EIN ►		
US	e Only	Firm's add		Phone	no.		
Ma	the IRS		his return with the preparer shown above? See instructions			· 🗌 Yes	No
				o. 11282Y			90 (2020)

men	aan	<b>%2020)</b>

			y mio mi ano i aicin		
1	Briefly describe the organization's mis ESTABLISHMENT OF A FORUM FOR WAI IDEAS AMONG ITS MEMBERS AND EDU	ASHINCTON JOURNALIST			
2	Did the organization undertake any signer Form 990 or 990-EZ?				
3	If "Yes," describe these new services of Did the organization cease conduct services?  If "Yes," describe these changes on S	ing, or make significant			
4	Describe the organization's program sexpenses. Section 501(c)(3) and 501(d) the total expenses, and revenue, if any	service accomplishments	quired to report the	e largest program services amount of grants and allo	s, as measured by cations to others,
4a	AWARDING OF EDUCATIONAL SCHOLA		ORGANIZATIONS TH	AT HELP AND PROTECT JO	
4b	(Code:) (Expenses \$	3,078 including gran	ts of \$	) (Revenue \$	4,110 )
	HOSTING A NUMBER OF MEMBERSHIP AND RECOGNITION.				
4c	(Code:) (Expenses \$	1,820 including grant	ts of \$	) (Revenue \$	)
4d	Other program services (Describe on S (Expenses \$ including	grants of \$	) (Revenue \$	١	
4e	Total program service expenses ▶	64,898	/ (		

ABDIGO

	90 (2020)			Page 3
Part	IV Checklist of Required Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	-	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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 Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	v	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<i>y</i>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	•	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		_ <del></del> i	
20a	If "Yes," complete Schedule G, Part III	19 20a		V
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	

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, Ilne 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		V
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		V
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		v
d	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		v
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		,
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		ر
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		~
C	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		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
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		v
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		V
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		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	V	
Part				<b></b>
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	 M	<u> </u>
4	Enter the number reported in Day 2 of Form 1000 Fator 0. If not applicable	I	Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü	reportable gaming (gambling) winnings to prize winners?	1c	~	

Form **990** (2020)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ſ.		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
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,			<u> </u>
•••	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		<del>                                     </del>
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	V	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	~	
7	Organizations that may receive deductible contributions under section 170(c).			<b>.</b>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3,00	434 - <sub>44</sub> 1	<u></u>
	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7</b> f		~
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		L
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.			
а	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		~
10	Section 501(c)(7) organizations. Enter:			ļ
а	Initiation fees and capital contributions included on Part VIII, line 12		,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them.)			<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	- 1	,	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u>-</u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
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		~
	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		~
	If "Yes," complete Form 4720, Schedule O.		•	

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	See ir	struc	
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
0001	on At devening Dody and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	,	100	<del></del>
IG	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar	ľ		
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . [1b]	4		
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	<del></del>	
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		<b>&gt;</b>
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · ·		
U	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			
a	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	iue C	ode.)	
		لــــا	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		I
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		<del></del>
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
		14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ــــــــــــــــــــــــــــــــــــــ	
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	٠, ر٠٠	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	6.,	-	1
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3-2-2	te .	
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	[ (Sec	tion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	ost p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re SUSAN L HAHN-976 NATIONAL PRESS BUILDING, WASHINGTON, DC 20045 (202) 783-4050	cords	<b>&gt;</b>	

Form	990	(2020)

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII . . . .

## 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	on c	ompe	ensa	ated any current	officer, director,	or trustee.
	(C)									
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 R GILBERT	2.0									
PRESIDENT		1		~	L			0	0	0
(2) DAVID LAUTER	3.0					j	ĺ	1		
TREASURER		~		~	L	<u> </u>	L	0	0	0
(3) TOM DEFRANK	2.0									
VICE PRESIDENT	<u> </u>	"		~			L	0	0	0
(4) THOMAS BURR	12.0				1	1	1	1		
SECRETARY		~		~			L	0	0	0
(5) GEORGE E. CONDON JR.	0.5			ļ				]		
HISTORIAN.	ļ	~		~	_	<u> </u>	L_	0	0	0
(6) JERRY F. SEIB	2.0						1		!	
EXECUTIVE COMMITTEE MEMBER	<u> </u>	~	L.,		_		<u> </u>	0	0	0
(7) BRET BAIER	2.0				1					
EXECUTIVE COMMITTEE MEMBER	ļ	~		<u> </u>	igspace		<u> </u>	0	0	0
(8) KAREN TUMULTY	2.0									
EXECUTIVE COMMITTEE MEMBER	ļ	~			_	<u> </u>	<u> </u>	0	0	0
(9) STEVE HOLLAND	2.0									
EXECUTIVE COMMITTEE MEMBER		~	L.,	_	_			0	0	0
(10)	<b> </b>									
		ļ	<u> </u>			ļ				
(11)	<del> </del>									
(12)										
(13)										
(14)										

hours per week (list any hours for	(continued)
Name and title  Average hours per week (list any hours for related organizations below dotted line)  (15)  (16)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  (17)  (18)  (18)  (18)  (18)  (19)  (10)  Average hours per week (list any hours for related organizations below dotted line)  (19)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (118)  (10)  (10)  (10)  (118)  (10)  (10)  (118)  (10)  (10)  (10)  (118)  (10)  (10)  (118)  (10)  (118)  (10)  (10)  (118)  (10)  (118)  (10)  (118)  (10)  (118)  (118)  (12)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (18)  (18)  (18)  (18)  (18)  (18)  (18)  (18)  (19)  (10)  (118)  (10)  (10)  (118)  (10)  (10)  (118)  (10)  (118)  (10)  (118)  (118)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (18)  (18)  (18)  (19)  (19)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (10)  (118)  (118)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (18)  (19)  (10)  (10)  (10)  (10)  (11)  (11)  (11)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (17)  (18)  (18)  (18)  (19)  (19)  (10)	
flicer and a director/trustee) organizations helow dotted line)  (15)  (16)  hours per week (list any hours for related organizations below dotted line)  (17)  (18)	(F)
(15)  (16)  per week (list any hours for related organizations below dotted line)  (17)  (18)	mated amount of other
(15)  (16)  (18)	ompensation
(15)  (16)  (18)	from the panization and
(15) (16) (17) (18)	ed organizations
(15) (16) (17) (18)	
(15) (16) (17) (18)	
(16) (17) (18)	
(17)	
(17)	
(18)	
(18)	
(10)	
(20)	
(21)	
(22)	
(23)	
	<del></del>
(24)	
(05)	<del></del>
(25)	
1b Subtotal	<del></del>
c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	· <del></del>
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of	·
reportable compensation from the organization ▶ 0	
	Yes No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated	
employee on line 1a? If "Yes," complete Schedule J for such individual	· ·
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	_
individual	·   •
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	
for services rendered to the organization? If "Yes," complete Schedule J for such person	
1 Complete this table for your five highest compensated independent contractors that received more than	\$100,000, of
compensation from the organization. Report compensation for the calendar year ending with or within the organization	
	C)
	ensation
NONE	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	•

Part VIII	Statement of Re	venue
	Otatomont or no	

		Check if Schedule O contains a response	onse or note to an	y line in this Pa	ırt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
र र	1a	Federated campaigns 1a		· · · · · · · · · · · · · · · · · · ·			
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 11	52,600				
عَ ق	С	Fundraising events 10				1	
T ¥	d	Related organizations 10	1				
2 :E	е	Government grants (contributions) 1					
Sic	f	All other contributions, gifts, grants,					
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		and similar amounts not included above 1	206,911				}
문동	g	Noncash contributions included in	1.				
5 5			) \$	250 744			
<del></del>	h	Total. Add lines 1a-1f	Business Code	259,511			
a ·	0-	MONTH VILINGUES & EVEC MICS		1,425	1,425		<u></u>
<u> </u>	2a	MONTHLY LUNCHES & EXEC MTGS ORANIZATION DINNER	90004	858	858		
Ser	b	PRODUER MEETING	900004	1,622	1,622		<del></del>
Program Service Revenue	ď	PRODUCE INC	- 70004	1,022	1,022		<del></del>
gra Re	u		·	<del></del>		····	<del></del>
Š	f	All other program service revenue	•				
-	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen		<del> </del>			
		other similar amounts)	~ 1	16,277			16,277
	4	Income from investment of tax-exempt in	oond proceeds >				
	5	Royalties	🕨				
		(i) Real	(ii) Personal				[
	6a	Gross rents 6a					
	b	Less: rental expenses 6b	<u> </u>				
	C	Rental income or (loss) 6c	J				
	d	Net rental income or (loss)					<u> </u>
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	26				
4		other than inventory 7a					l
evenue	D	Less: cost or other basis and sales expenses . 7b 91,24	12				
- λ	С	Gain or (loss) 7c 21,48					
<b>~</b>	d	Net gain or (loss)	<del></del>			· · · · · · · · · · · · · · · · · · ·	21,424
Other	8a	Gross income from fundraising	1	······································		<del></del>	
ð		events (not including \$ 0	1 1				ĺ
		of contributions reported on line	1				
		1c). See Part IV, line 18 88	139,600				
	b	Less: direct expenses 8t	139,080			· · · · · · · · · · · · · · · · · · ·	
	C	Net income or (loss) from fundraising ev	rents ▶	520			520
	9a	Gross income from gaming	1				
		activities. See Part IV, line 19 . 9a	<del></del>		<u> </u>		<b> </b>
		Less: direct expenses 9t					
		Net income or (loss) from gaming activity	ties ▶			·	i
	10a	Gross sales of inventory, less					
		returns and allowances 10					
		Less: cost of goods sold <u>10</u> Net income or (loss) from sales of inven		(1,251)			(1,251)
	С	THE INCOME OF 11055/ HOME SAIRS OF INVENT	Business Code	(1,231)		<del></del>	(1,231)
Miscellaneous Revenue	11a	INITIATION FEES	900004	205	205		
scellaneo Revenue	b		70004	203	203		
ella Ve	C						
3C	d	All other revenue					
Σ	-	Total. Add lines 11a-11d	•	205	ر جامدا ن	<b>₹</b> ₩¢	T
	12	Total revenue. See instructions		300,651	263,621		37,030

	90 (2020)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response		in this Part IX .		<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	60,000	60,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				بالمراجعة والمراجعة والمراجعة والمراجعة المراجعة المراجعة المراجعة المراجعة والمراجعة المراجعة المراجعة المراجعة
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)				
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	
b	Legal				
C	Accounting				
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9276		9276	
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	1,179		1,179	
14	Information technology	470		470	
15	Royalties				
16	Occupancy	17,765		17,765	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,078	3,078		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				······································
23	Insurance	1,132		1,132	

1,820

18

201

131,724

1,820

64,898

24

b

C d

e

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.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

**PRESENTATION ITEMS** 

BANK CHARGES

TAXES WITHHELD

All other expenses

0

18

201

66,826

Part X	Ra	lance	Shee

Check if Schedule O contains a response or note to any line in this Part X	Р	art X	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Pa	rt X		
2 Savings and temporary cash investments 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employeo, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and described in section 4958(c)(3)(8) 10 Less: accumulated depreciation 10 Less: accumulated dispression 11 Investments – program-related. See Part IV, line 11 11 Investments – program-related. See Part IV, line 11 12 Less: accumulated of line parties 11 Treatments – program-related for any of these persons 12 Tax-exempt bond liabilities 12 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 12 Secured mortgages and notes payable to unrelated third parties 13 Total flabilities Acid lines 17		_				
3   Pledges and grants receivable, net   3   4		1	Cash-non-interest-bearing	73,053	1	65,160
A Accounts receivable, net  Loans and other receivables from any current or former officer, director, trustee, key employed, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)  Notes and loans receivable, net  Notes and loans receivable, net  Prepaid expenses and deferred charges  Prepaid expenses and described in section 4958(c)(3)(B)  Investments—publicly traded securities  Investments—other securities. See Part IV, line 11  Intagible assets  Intagible assets		2	Savings and temporary cash investments	284,346	2	343,550
A Accounts receivable, net		3	Pledges and grants receivable, net		3	
trustee, key employoo, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons    6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8)    7 Notes and loans receivable, net    8 Inventories for sale or use    9 Prepaid expenses and deferred charges    10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D    11 Investments—publicly traded securities    12 Investments—publicly traded securities    13 Investments—program-related. See Part IV, line 11    14 Intangible assets    15 Other assets. See Part IV, line 11    16 Total assets. Add lines 1 through 15 (must equal line 33)    17 Accounts payable and accrued expenses    17 Berrats payable		4	Accounts receivable, net		4	
under section 4958(f)(1), and persons described in section 4958(c)(3)(B)		5	trustee, key employee, creator or founder, substantial contributor, or 35%			
8 Inventones for sale or use		6		west to an '		- ta 15 g
10a	S	7			7	
10a	set	8	·		8	
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D.  1 b Less: accumulated depreciation . 10b . 10c  11 Investments—publicly traded securities . 11 . 150,104 12 . 224,848  12 Investments—other securities. See Part IV, line 11 . 150,104 12 . 284,425  13 Investments—program-related. See Part IV, line 11 . 13  14 Intangible assets . 14  15 Other assets. See Part IV, line 11 . 15  16 Total assets. Add lines 1 through 15 (must equal line 33) . 811,388 16 . 917,983  17 Accounts payable and accrued expenses . 17  18 Grants payable and accrued expenses . 17  18 Grants payable 18  19 Deferred revenue . 19  20 Tax-exempt bond liabilities . 20  21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21  22 Loans and other payables to any current or former officen, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22  23 Secured mortgages and notes payable to unrelated third parties . 23  24 Unsecured notes and loans payable to unrelated third parties . 23  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . 25  26 Total liabilities, Add lines 17 through 25 . 0 26 . 0  Organizations that follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33. 27  27 Net assets with donor restrictions . 28  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33. 29  29 Capital stock or trust principal, or current funds . 0 29 . 0  30 Paid-in or capital surplus, or land, building, or equipment fund . 0 30 . 0  31 Retained earmings, endowment, accumulated income, or other funds . 811,388 31 . 917,983  33 Total liabilities and net assets/fund balances . 811,388 33 . 917,983  33 Total liabilities and net assets/fund balances . 811,388 33 . 917,983	As	9	•		9	
b Less: accumulated depreciation   10b   110c   111   10vestments — publicly traded securities   111   224,848   122   111   1130,104   122   284,425   133   1112   1130,104   122   284,425   133   1112   1130,104   122   284,425   133   1112   1130,104   122   284,425   133   1112   1130,104   122   284,425   133   1124   1141   114		10a	Land, buildings, and equipment: cost or other			
11   Investments—publicly traded securities   11   224,848   12   Investments—other securities. See Part IV, line 11   150,104   12   284,425   13   Investments—program-related. See Part IV, line 11   13   14   Intangible assets   14   Intangible assets   14   Intangible assets   14   Intangible assets   15   Other assets. See Part IV, line 11   15   Intangible assets   16   Other assets. Add lines 1 through 15 (must equal line 33)   811,388   16   917,983   17   Accounts payable and accrued expenses   17   Intangible assets   18   Intangible and accrued expenses   17   Intangible assets   18   Intangible and accrued expenses   17   Intangible assets   18   Intangible and accrued expenses   18   Intangible assets   19   Intangible assets   19   Intangible assets   19   Intangible assets   19   Intangible assets   18   Intangible assets   19   Intangible assets   17   Intangible assets   18   Intangible assets   17   Intangible assets   18   Intangible assets   19   Intangible assets   17   Intangible assets   18   Intangible assets   19   Intangible as		ь			10c	7
12   Investments – other securities. See Part IV, line 11   150,104   12   284,425     13   Investments – program-related. See Part IV, line 11   13     14   Intangible assets   14     15   Other assets. See Part IV, line 11   15     16   Total assets. Add lines 1 through 15 (must equal line 33)   811,388   16   917,983     17   Accounts payable and accrued expenses   17     18   Grants payable   18   19     19   Deferred revenue   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to any current or former officiar, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     23   Secured mortgages and notes payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   25     26   Total liabilities. Add lines 17 through 25   0   26   0     0   Organizations that follow FASB ASC 958, check here ▶ □		11			11	224,848
13   Investments — program-related. See Part IV, line 11   14   114   114   114   114   114   114   115   115   115   115   115   116		12	· · · · · · · · · · · · · · · · · · ·	150,104	12	284,425
14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   15   16   Total assets. See Part IV, line 11   15   17   18   17   17   18   18   18   18		13	Investments—program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11   16 Total assets. Add lines 1 through 15 (must equal line 33)   811,388 16   917,983   17   Accounts payable and accrued expenses   17   18   Grants payable   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons   22   23   24   Unsecured notes and loans payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   25   25   25   26   26   27   28   27   28   27   28   27   28   27   28   27   28   27   28   27   28   27   28   27   28   29   29   20   29   20   29   20   29   20   20		14	, <del>-</del>		14	
16		15			15	
18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons   22   23   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   Complete Part X of Schedule D   26   Other liabilities. Add lines 17 through 25   0   26   0   0   0		16		811,388	16	917,983
19 Deferred revenue		17	Accounts payable and accrued expenses		17	
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19	
Loans and other payables to any current or former officient, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons.  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Net assets without donor restrictions 29 Net assets with donor restrictions 20 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  27 Capital stock or trust principal, or current funds 28 Capital stock or trust principal, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 Unsecured notes and loans payable to unrelated third parties 23  24 Unsecured notes and loans payable to unrelated third parties 23  24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25  26 Other liabilities (including federal income tax, payables to related third parties 25  26 Other liabilities including federal income tax, payables to related third parties 25  26 Other liabilities and notes payable to unrelated third parties 26  27  28  28  29  20  20  20  20  20  20  20  20  31  31  32  33  31  31  31  31  31  31		20	Tax-exempt bond liabilities			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
24 Unsecured notes and loans payable to unrelated third parties	bilities	22	trustee, key employee, creator or tounder, substantial contributor, or 35%	*		
24 Unsecured notes and loans payable to unrelated third parties	Ë	23	•			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			· · · · · · · · · · · · · · · · · · ·	***************************************	24	
Of Schedule D   25			Other liabilities (including federal income tax, payables to related third			
Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions		26	of Schedule D	0		0
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions	<b>/</b> 0	20	<del></del>			<del> </del>
Total habilities and not assistant balances	nces		and complete lines 27, 28, 32, and 33.			
Total habilities and not assistant balances	ia i					
Total habilities and not assistant balances	d E	28			28	
Total habilities and not assistant balances	r Fun		• · · · · · · · · · · · · · · · · · · ·			
Total habilities and not assistant balances	ō	29		0		0
Total habilities and not assistant balances	et	30	Paid-in or capital surplus, or land, building, or equipment fund			
Total habilities and not assistant balances	ASS	31	Retained earnings, endowment, accumulated income, or other funds	811,388		<del></del>
Total habilities and not assistant balances	e 7	32				
	Ž	33	Total liabilities and net assets/fund balances	811,388	33	917,983

Farm 99	90 (2020)			Pa	ige <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30	0,651
2	Total expenses (must equal Part IX, column (A), line 25)	2		19	4,056
3	Revenue less expenses. Subtract line 2 from line 1	3		16	8,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		81	1,388
5	Net unrealized gains (losses) on investments	5		(62	2,332)
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	<u>_</u> 0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		91	7,983
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other			163	1,40
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain in		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled or			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لبد
ь	Were the organization's financial statements audited by an independent accountant?	• •	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight of		~	
·	the audit, review, or compilation of its financial statements and selection of an independent accountain		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain on		, " .	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			

3a

3b

Form **990** (2020)

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

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer Identification number

THE	GRIDIRON CLUB AND FOUNDATION	<i>i</i>				36-46	43320	
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The 6 1 2 3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization hospital's name, city, and state	e:					· ·	
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)	-				al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public	
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organior university or a non-land-grauniversity:	nt college of agr	culture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un ifter June 30, 19	nctions, subject to ce related business taxa 75. See <b>section 509(</b> a	rtain exco ble incom a)(2). (Co	eptions; a ne (less so mplete Pa	and (2) no more than ection 511 tax) from art III.)	33 <sup>1</sup> /3% of its	
11	☐ An organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).		
12	☐ An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in <b>sect</b> scribes the type of sup	i <b>on 509(</b> a oporting o	i)(1) or se organizatio	ection 509(a)(2). Secon and complete line	e <b>section 509(a)(3).</b> es 12e, 12f, and 12g.	
а	Type I. A supporting organ the supported organization supporting organization. You	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	control or management of organization(s). You must	the supporting o complete Part I	rganization vested in V, Sections A and C	the same •	persons	that control or mana	age the supported	
C	Type III functionally integ its supported organization(						ally integrated with,	
đ	Type III non-functionally integrated that is not functionally integrequirement (see instructionally integrated in the contraction of the contra	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
e	functionally integrated, or	Type III non-func	tionally integrated sup	on from ti pporting (	ne IRS the organizat	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported of	organizations .						
9	Provide the following information	n about the supp	orted organization(s).	·		,	<del></del>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No		<u> </u>	
(A)								
B)								
(C)							<u> </u>	
D)			<u> </u>					
E)							<u> </u>	
r-t-l		I		1	ì			

Part							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						alify under
Conti	Part III. If the organization fails to	quality und	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(a) 2016	(h) 2017	(a) 2018	(-1) 2010	(-) 2020	1 10/7-1-1
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	membership fees received. (Do not include any "unusual grants.")				;		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					ļ	
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						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4				ļ		
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the						
Sacti	organization, check this box and stop her on C. Computation of Public Suppor	<u> </u>			<u> </u>	· · · · ·	
14	Public support percentage for 2020 (line 6			11 column (f)	<del></del>	14	%
15	Public support percentage from 2019 Sch		-			15	<del></del>
16a	331/3% support test—2020. If the organi box and stop here. The organization qual	zation did not	check the box		nd line 14 is 33		
b	331/3% support test—2019. If the organization					is 33¹/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ment organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	ind stop here.	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	acts-and-circu	mstances test,	check this bo	x and <b>stop he</b>	re. Explain
18	Private foundation. If the organization of instructions		a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	

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

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

Secti	on A. Public Support			,	inpictor are i	·· <b>·</b> /	<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	91,185	186,490	121,736	104,580	259,511	763,502
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	251,555	269,813	263,637	267,005	139,600	1,191,610
3	Gross receipts from activities that are not an unrelated trade or business under section 513	800	1,125	1,350	1,350	675	5,300
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	343,540	457,428	386,723	372,935	399,786	1,960,412
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
8 8	Add lines 7a and 7b						1,960,412
Secti	on B. Total Support		•				
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	343,540	457,428	386,723	372,935	399,786	1,960,412
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	21,471	17,564	16,340	19,948	16,277	91,600
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	21,471	17,564	16,340	19,948	16,277	91,600
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	29,288	27,256	150,362	25,638	21,484	254,028
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,200	21,230	130,302	23,030	21,404	234,020
13	Total support. (Add lines 9, 10c, 11, and 12.)	394,299	502,248	553,425	418,521	437,547	2,306,040
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			_	ar as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8					15	85.01 %
16	Public support percentage from 2019 Sch			<u> </u>	<del></del>	16	81.38 %
	on D. Computation of Investment Inc					<del></del>	····
17	Investment income percentage for 2020 (						3.97 %
18	Investment income percentage from 2019	Schedule A, P	art III, line 17			18	4.43 %
19a	331/3% support tests—2020. If the organi						
L	17 is not more than 331/3%, check this box a						
b	331/23% support tests—2019. If the organiz line 18 is not more than 331/23%, check this b						
20	<b>Private foundation.</b> If the organization di						
	Triance rearreadon, it the organization of	e not oncor a r					

#### Part IV **Supporting Organizations**

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	<u>e Par</u>	t V.)	
Secti	on A. All Supporting Organizations	<del></del>	<del></del>	<del></del>
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
•		1		<del> </del>
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 <b>Part VI</b> 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	-		-
- Ou	lines 3b and 3c below.	3a		
<b>h</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja	<del> </del>	<del>  -  </del>
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the		1	
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			1
_	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		<del>  .</del>	
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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	<u> </u>		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	'		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u></u>		
	purposes.	4c	<u> </u>	ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			li
	answer lines 5b and 5c 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).			ļ
_		<u>5a</u>	ļ	ļ
D	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 5c	<del> </del>	<del></del>
С 6	<b>Substitutions only.</b> 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	30	<b> </b>	<del> </del>
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	<del></del>	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		<del> </del>	
•	(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	<u> </u>		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	L	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		:	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer line 10b below.	10a		<b></b> ,
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		l

Part	IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b	L	ļ
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	ļ. · ·	,,40	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		•	١.
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	· <i>,</i>	,	٠.
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	6	10.4	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ <u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	Ì	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u></u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		.2	
	or management of the supporting organization was vested in the same persons that controlled or managed	· 🔻		
	the supported organization(s).	1		L
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		,	
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			. ,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	* *		<u> </u>
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have		- 12 M	
	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>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ.		
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		ئـــــــــــــــــــــــــــــــــــــ
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			. 1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	-		·
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		<u>  </u>	<u> </u>
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No," provide details in Part VI.	3a		
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		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	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			
Sect	ion 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		<u> </u>
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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional (see instructions).	ally i	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed)	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VA	5	······································
6	Other distributions (describe in Part VI). See instructions.		····	6	· · · · · · · · · · · · · · · · · · ·
7	Total annual distributions. Add lines 1 through 6.			7	<del></del>
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.	· ·	•	8	
9	Distributable amount for 2020 from Section C, line 6			9	<del></del>
10	Line 8 amount divided by line 9 amount			10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.				-
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
	From 2017				
<u>_</u>	From 2018		<del></del>		
е	From 2019		· · · · · · · · · · · · · · · · · · ·		
	Total of lines 3a through 3e		· · · · · · · · · · · · · · · · · · ·		
g	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)		······································	$\neg$	
<u>;</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		<del></del>		
<del></del>	Distributions for 2020 from		······		
•	Section D, line 7:				
а	Applied to underdistributions of prior years		<del></del>		
b	Applied to 2020 distributable amount		<del></del>		
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if		<del></del>		
•	any. Subtract lines 3g and 4a from line 2. For result			ŀ	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h		· · · · · · · · · · · · · · · · · · ·		
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j			_	<del> </del>
•	and 4c.				ŀ
8	Breakdown of line 7:				
а	Excess from 2016	,			
b	Excess from 2017				
	Excess from 2018			$\neg$	
d	Excess from 2019		<del></del>	$\neg$	
	Excess from 2020				

Page	8

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

# SCHEDULE D

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 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 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area 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) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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: 

	• .			
Schedule	эD	(Form	990)	2020

Page 2

Par	III Organizations Maintaining Co	llections of Ar	t, Histo	rical Treasures	, or Ot	her Similar A	issets (d	continu	ıed)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and other		•		-	significa	nt use	of its
а	☐ Public exhibition			Loan or exchange					
þ	Scholarly research		e 🗌	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	's collections and	d explain	how they further	the org	anization's exe	empt pur	pose in	Part
5	During the year, did the organization sol assets to be sold to raise funds rather tha	n to be maintaine						ſes 🗆	] No
Part	Complete if the organization an 990, Part X, line 21.		n Form	990, Part IV, lin	e 9, or	reported an a	mount o	n Forr	m
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?							res □	 ] No
b	If "Yes," explain the arrangement in Part )	(III and complete	the follo	wing table:		<u>T</u>	Amount	-	
C	Beginning balance				1c				
d	Additions during the year				1d	1		***************************************	
0	Distributions during the year				1e			-	
f	Ending balance				1f		· · · · · · · · · · · · · · · · · · ·	· · · · · -	
2a	Did the organization include an amount or				ustodial	account liabili	ty? 🔲 1	es [	No
b	If "Yes," explain the arrangement in Part >	•	•				•		_
	V Endowment Funds.				<u> </u>				
	Complete if the organization an	swered "Yes" o	n Form	990, Part IV, line	e 10.				
		a) Current year	(b) Pnor y			(d) Three years ba	ck (e) Fo	ur years t	back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e									
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of the o	current year end b	palance (	line 1g, column (a	)) held a	as:			
а	Board designated or quasi-endowment ▶								
b	Permanent endowment ▶	%							
С	Term endowment ▶ %								
-	The percentages on lines 2a, 2b, and 2c s	should equal 1009	%.						
3a	Are there endowment funds not in the po			ion that are held	and adi	ministered for	the		
	organization by:		•					Yes	No
	(i) Unrelated organizations						. 3a(i	+	
	****						. 3a(ii		
b	If "Yes" on line 3a(ii), are the related organ			on Schedule R?			. 3b		
4	Describe in Part XIII the intended uses of		-				<u> </u>	• •	
Part						<del></del>			
	Complete if the organization and		n Form	990. Part IV. line	e 11a. S	See Form 990	). Part X	. line 1	0.
	Description of property	(a) Cost or other (investment)	basis (b	Cost or other basis (other)	(c) A	Accumulated preciation		ook value	
	Land	<del> </del>				- ' ', ',			
b	Buildings	<del></del>			<u> </u>	<del></del>			——
C	Leasehold improvements		<del></del>			<del></del>			
d	Equipment			<del></del>	<del></del>	<del></del>			
о Ө	<u></u>	<del></del>				<del></del>			—
	Add lines 1a through 1e. (Column (d) must	equal Form 000	Part Y	olumn (R) line 10	)c )	•			
	rida inico la unough le locidini (d) must	cquai i Ullii 330,	· arch, t	Courting (D), III O TC	,.,				

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation d-of-year market value
(1) Financia				
(2) Closely h	neld equity interests			
(3) Other IN	VESTMENT IN MUTUAL FUNDS	<del></del>	COST	
	TMENT IN PUBLICLY TRADED STOCKS	224,848		
	TMENT IN FIXED INCOME SECURITIES	120,200	<del></del>	·
	TMENT IN EXCHANGE-TRADED FUNDS	<del></del>	COST	
	NSURED BANK DEPOSITS	71,149	COST	
(E)			·	
(F)		ļ	<del></del>	
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	509,273		
Part VIII	Investments—Program Related.	507,273	<u> </u>	· · · · · · · · · · · · · · · · · · ·
I dit Vill	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) Me	thod of valuation.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	···			<del></del>
(9)		<u> </u>		······································
	mn (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	<u> </u>	·
Part IX	Other Assets.	000 Dard IV II-	- 11 d C F	000 David V. Kros 45
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e i id. See Form	
(4)	(a) Description			(b) Book value
(1)			<del></del>	
(3)	<del></del>			<del> </del>
(4)		···		<del></del>
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				<del></del>
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Forlune 25.	m 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	<del></del>	<del> </del>	(b) Book value
(1) Federal in				(5) 20011 12:00
(2)			<del></del>	
(3)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>
(4)	*		<del></del>	
(5)				
(6)		, <u>, , , , , , , , , , , , , , , , , , </u>		
(7)				
(8)				
(9)				
Total. (Colui				
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnot			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	footnote has been	provided in Part XIII .

art	XI Reconciliation of Revenue per Audited Financial Stater			Return.	
	Complete if the organization answered "Yes" on Form 990			<del>-,</del>	····
1	Total revenue, gains, and other support per audited financial statement	s		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a		]	
b	Donated services and use of facilities	2b		1 1	
¢	Recoveries of prior year grants	2c		<b>」</b> │	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>	
b	Other (Describe in Part XIII.)	4b			
С				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
art	XII Reconciliation of Expenses per Audited Financial State			er Return	1.
	Complete if the organization answered "Yes" on Form 990	, Part IV, lin	e 12a.	<del>,</del>	
1	• •			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 1	
а	Donated services and use of facilities	2a		1 1	
b	Prior year adjustments	2b			
C	Other losses	2c		]	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	···
3	Subtract line 2e from line 1			3	<del></del>
ŧ	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.) .   .	· · · · ·	5	· · · · · · · · · · · · · · · · · · ·
	Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
					, <b></b>

	chedulè D (Form 990) 2020 Page 5				
Part XIII	Supplemental Information (continued)				
	·				
	•				
		·			
	•				
	•				
****					
•					
·					
*	,				

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

Supplemental Information Regarding Fundralsing or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Na

Name	of the organization		<u> </u>			Employer identif	ication number
THE	GRIDIRON CLUB AND FOUNDATION					1	-4643320
Par	Fundraising Activities. Form 990-EZ filers are	. Complete if the not required to	he organiza complete	ation ansv this part.	vered "Yes" on f	Form 990, Part IV	, line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	a ☐ Mail solicitations e ☐ Solicitation of non-government grants						
b	Internet and email solicitation	ons	f [	] Solicitat	ion of government	grants	
C	Phone solicitations		9 [	] Special 1	fundraising events	<b>;</b>	
d In-person solicitations							
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including office	cers, directors, trus	itees,
	or key employees listed in Form	n 990, Part VII) o	r entity in co	onnection v	with professional f	undraising services	? Yes No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreem	ents under which t	he fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		1	Yes	No		<del></del>	
1							
2							
3						·	
4			<del>                                     </del>				
5							
6			<del>                                     </del>				
7							
8							
9							
10							
Total				•			
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensed to s	olicit contributions	s or has been notif	ied it is exempt from

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.

		gross receipts greater the	πι ψο,υυυ.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL DINNER	WINTER DINNER		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	136,650	2,950		139,600
Œ	2	Less: Contributions	0	0		0
	3	Gross income (line 1 minus line 2)	136,650	2,950		139,600
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs	64,000	0		64,000
Direct Expenses	7	Food and beverages	11,084	0		11,084
Direc	8	Entertainment	36,923	550		37,473
	9	Other direct expenses .	26,482	41		26,523
	10	Direct expense summary. Ad				139,080
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (a)		520
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2		ered Yes on Form s	990, Part IV, line 19,	or reported more than
		410,000 0111 01111 000 111		(b) Pull tabs/instant		(d) Total gaming (add
J.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>a.</u>	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	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 the organization licensed to co				
		"No," explain:				
10		ere any of the organization's g	aming licenses revoked	, suspended, or termina	ated during the tax year	
	- 11	"Yes," explain:				

cņeau	ile G (Form 990 or 990-EZ) 2020		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
<b>-</b>			

SCHEDULE (Form 990)

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.

► Attach to Form 990.

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

General Information on Grants and Assistance

THE GRIDIRON CLUB AND FOUNDATION

Part I

Department of the Treasury Internal Revenue Service Name of the organization

20	Public
<b>N</b>	Open t

OMB No 1545-0047

nspection Employer identification number

36-4643320

STUDENT JOURNALISM LE Schedule I (Form 990) 2020 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, STUDENT SCHOLARSHIPS EQUITY & INCLUSION TRAI STUDENT SCHOLARSHIPS STUDNET SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS SCHOOL EDU MATERIALS **GRANTS RE: FREE PRESS** STUDENT SCHOLARSHIPS **%** □ (h) Purpose of grant or assistance 2 0 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) . Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5,000 10,000 5,000 5,000 5,000 8,000 5,000 5,000 000'6 3,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? 501(C)(3) 52-6055635 23-9935413 94-2427279 52-2197313 53-0196549 27-4011343 05-3020407 52-1184647 03-0179424 53-0196584 B EIN (6) NEWS LEADERS ASSOCIATION 209 REYNOLDS, UNIV OF MO, COLUI FND, 4603 CALVERT RD, COLLEGE F (4) AMERICAN UNIVERSITY COMM (5) THE NEWS LITERACY PROJEC (7) HOWARD UNIV JOHNSON SCH (8) SIGMA DELTA CHI FND OF WAP PO BOX 19555, WASHINGTON DC (9) STUDENT PRESS LAW CENTER **1608 RHODE ISLAND AVE NW WASH** (10) THE MAYNARD INSTITUTE FOR JOURNALISM ED, 1400 65TH ST, EMI COMMUNICATIONS, 525 BRYANT ST 158 HARMON DR, NORTHFIELD, VT (2) UNIV OF MD COLLEGE PARK **GEORGE WASHINGTON UNIV** 1 (a) Name and address of organization **2121 I ST, WASHINGTON, DC 20052** 4400 MASSACHUSETTS AVE NW 5335 WISCONSIN AVE NW WASH NORWICH UNIVERSITY or government Part II <u>න</u>් 0

Schedule I (Form 990) 2020

Part III

Schedule I (Form 990) 2020 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of reciplents (a) Type of grant or assistance Part IV Ŋ 9 က 4

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

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Name of the organization	Employer identification number
THE GRIDIRON CLUB AND FOUNDATION	36-4643320
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS VARIOUS MEMBERSHIP LEVELS INCLUDING ACTIVE, ASSOCIATE AND LIMITE	D. ACTIVE MEMBERS ARE
LIMITED TO 65 IN NUMBER. LIMITED MEMBERS DO NOT HAVE TO BE INVOLVED IN THE NEWS JOURNAL	I ISM FIELD BUT THEY MUST
LIMITED TO GO IN MONIBERY, ENGINEERS DO NOT THAT TO DE INVOLVED IN THE INC.	
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 ACTIV	E 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 IS BROWNED IN ELECTRONIC FORMAT TO SELECTED EVECUTIVE COMMITTEE OFFICERS (	CECRETARY A TREACURERY
THE FORM IS PROVIDED IN ELECTRONIC FORMAT TO SELECTED EXECUTIVE COMMITTEE OFFICERS, (	SECRETARY & TREASURER)
TO REVIEW BEFORE SIGNING AND FILING.	
FORMAN BARTIN OFFICEN OF LINE 40	
FORM 990, PART VI, SECTION C, LINE 19:	
APPLICABLE INFORMATION CAN BE OBTAINED BY REQUESTING FROM THE ORGANIZATION.	