

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
THE COUNTRY CLUB OF VIRGINIA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
6031 ST ANDREWS LANE

City or town, state or province, country, and ZIP or foreign postal code  
RICHMOND, VA 23226

**D** Employer identification number  
54-0181850

**E** Telephone number  
(804) 288-2891

**G** Gross receipts \$ 39,703,923

**F** Name and address of principal officer  
ANGELA H STEWART  
6031 ST ANDREWS LANE  
RICHMOND, VA 23226

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ WWW THECCV ORG

**L** Year of formation 1908 **M** State of legal domicile VA

**K** Form of organization  Corporation  Trust  Association  Other ▶

### Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
TO PROVIDE FOR ITS MEMBERS QUALITY PRODUCTS, PROGRAMS, ACTIVITIES, FACILITIES AND SERVICES

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	15
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	914
<b>6</b> Total number of volunteers (estimate if necessary)	87
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	1,482,254
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	153,376

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	27,852,547	28,677,262
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	273,409	284,625
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,751,911	4,778,003
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,877,867	33,739,890
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,852,792	18,332,728
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,153,703	11,295,270
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	29,006,495	29,627,998
<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,871,372	4,111,892

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	71,209,214	78,726,317
<b>21</b> Total liabilities (Part X, line 26)	6,943,503	10,237,277
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	64,265,711	68,489,040

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2018-08-14  
ANGELA H STEWART CHIEF FINANCIAL OFFICER  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date  
FRANK LUCAS FRANK LUCAS  
Check  if self-employed PTIN P00995244  
Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325  
Firm's address ▶ 919 EAST MAIN STREET SUITE 1800 Phone no (804) 282-2121  
RICHMOND, VA 23219

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

THE COUNTRY CLUB OF VIRGINIA IS A TRADITIONAL, PRIVATE MEMBERSHIP, FAMILY-ORIENTED SOCIAL CLUB, DEDICATED TO PROVIDING ITS MEMBERS EXCELLENT PROGRAMS, FACILITIES, AND SERVICES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> 🗑️ . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️ . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .	<b>8</b>	No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️ . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️ . . . . .	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️ . . . . .	<b>11a</b>	Yes
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️ . . . . .	<b>11b</b>	Yes
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️ . . . . .	<b>11c</b>	No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️ . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	<b>11e</b>	Yes
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	<b>11f</b>	Yes
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .	<b>12a</b>	Yes
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️ . . . . .	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b>	No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b>	No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>	No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> 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 . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	2,255,352	0	235,510

**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 ▶ 15

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

**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's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KJELLSTROM & LEE CONSTRUCTION 1607 OWNBY LANE RICHMOND, VA 23220	CONSTRUCTION	934,442
BOWIE GRIDLEY ARCHITECTS PLLC 1010 WISCONSIN AVENUE NW SUITE 400 WASHINGTON, DC 20007	ARCHITECTURE DESIGN	319,026
SWIM METRO MANAGEMENT INC 310 TURNER ROAD SUITE C RICHMOND, VA 23225	LIFEGAURDS AND MANAGERS	181,009
BEATY & BROWN 5611 GROVE AVENUE RICHMOND, VA 23226	INTERIOR DESIGN	178,132

**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 ▶ 4



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MEMBERSHIP/INITIATION	713910	22,598,544	22,598,544		
	<b>b</b> LESSONS & OTHER FEES	713910	4,196,068	4,196,068		
	<b>c</b> EQUIP & CART RENTAL	713910	825,574	825,574		
	<b>d</b> GREEN FEES	713910	461,087	461,087		
	<b>e</b> MASSAGE, SHOESHINE	713910	330,492	330,492		
	<b>f</b> All other program service revenue		265,497	265,497		
<b>g Total.</b> Add lines 2a-2f . . . . .		28,677,262				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		178,743		178,743	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	3,295,510			
		(ii) Other		113,966		
		<b>b</b> Less cost or other basis and sales expenses	3,215,157		88,437	
		<b>c</b> Gain or (loss)	80,353		25,529	
	<b>d</b> Net gain or (loss) . . . . .		105,882		80,353	25,529
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	7,090,409				
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	2,660,439			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		4,429,970	3,206,812	1,223,158	
Miscellaneous Revenue	Business Code					
<b>11a</b> MEMBERSHIP INTEREST	713910	264,238	264,238			
<b>b</b> MEMBER LATE CHARGE	713910	82,940	82,940			
<b>c</b> OTHER MEMBER INCOME	713910	855	855			
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		348,033				
<b>12 Total revenue.</b> See Instructions . . . . .		33,739,890	32,232,107	1,482,254	25,529	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,712,898			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	12,922,631			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	794,742			
<b>9</b> Other employee benefits.	1,807,544			
<b>10</b> Payroll taxes.	1,094,913			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	37,167			
<b>c</b> Accounting.	80,380			
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	14,076			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	89,477			
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.				
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,359,151			
<b>17</b> Travel.				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	45,198			
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	3,854,319			
<b>23</b> Insurance.	486,286			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> INCOME TAXES	19,080			
<b>b</b> SUPPLIES	1,525,741			
<b>c</b> OUTSIDE SERVICES	1,062,920			
<b>d</b> TOURNAMENT/SPEC EVENTS	793,211			
<b>e</b> All other expenses	1,928,264			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	29,627,998			
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	13,159,185	<b>2</b>	11,852,421
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,617,709	<b>4</b>	2,052,321
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	45,231	<b>5</b>	17,711
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	6,195,399	<b>7</b>	6,469,755
	<b>8</b> Inventories for sale or use . . . . .	529,653	<b>8</b>	545,354
	<b>9</b> Prepaid expenses and deferred charges . . . . .	301,533	<b>9</b>	309,712
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 102,282,724		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 53,086,374	41,434,005	<b>10c</b> 49,196,350
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	7,926,499	<b>12</b>	8,282,693
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	71,209,214	<b>16</b>	78,726,317	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,999,511	<b>17</b>	6,266,783
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	469,564	<b>19</b>	489,235
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	3,474,428	<b>25</b>	3,481,259
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,943,503	<b>26</b>	10,237,277
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	64,265,711	<b>27</b>	68,489,040
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	64,265,711	<b>33</b>	68,489,040
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	71,209,214	<b>34</b>	78,726,317

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	33,739,890
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	29,627,998
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	4,111,892
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	64,265,711
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	111,437
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	68,489,040

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-0181850

**Name:** THE COUNTRY CLUB OF VIRGINIA INC

Form 990 (2016)

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### Form 990, Part III, Line 4a:

PROVIDING SOCIAL INTERACTION AT THE CLUB THROUGH FOOD & BEVERAGE OFFERINGS INCLUDING 110,499 MEALS SERVED IN THE CLUB'S 3 RESTAURANTS, \$512,628 IN THE CLUB'S 5 SNACK BARS, AND \$3,099,154 IN BANQUET SALES

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**Form 990, Part III, Line 4b:**

PROVIDING GOLFING INTERACTION AT THE CLUB INCLUDING 56,990 ROUNDS BEING PLAYED ON THE CLUB'S 3 GOLF COURSES AND 69,847 VISITS TO THE CLUB'S 3 DRIVING RANGES

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**Form 990, Part III, Line 4c:**

PROVIDING SPORTING INTERACTION AT THE CLUB INCLUDING OVER 145,980 VISITS TO THE FITNESS FACILITIES AND OVER 74,144 VISITS TO THE AQUATICS FACILITIES

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
S PIERCE WALMSLEY V ..... PRESIDENT	2 00 .....	X		X				0	0	0
DAVID A LYONS ..... VICE PRESIDENT	2 00 .....	X		X				0	0	0
WYATT S BEAZLEY IV ..... SECRETARY	2 00 .....	X		X				0	0	0
THOMAS B VALENTINE ..... TREASURER	2 00 .....	X		X				0	0	0
AMANDA L SURGNER ..... DIRECTOR	2 00 .....	X						0	0	0
WILLIAM E HARDY ..... DIRECTOR	2 00 .....	X						0	0	0
SUSAN W JONES ..... DIRECTOR	2 00 .....	X						0	0	0
NANCY C JORDAN ..... DIRECTOR	2 00 .....	X						0	0	0
ROBERT G REYNOLDS ..... DIRECTOR	2 00 .....	X						0	0	0
T JUSTIN MOORE III ..... DIRECTOR	2 00 .....	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT B WRENN JR ..... DIRECTOR	2 00 .....	X						0	0	0
RAY M PAUL JR ..... DIRECTOR	2 00 .....	X						0	0	0
J SHELTON HORSLEY IV ..... DIRECTOR	2 00 .....	X						0	0	0
DAVID G SHUFORD ..... DIRECTOR	2 00 .....	X						0	0	0
D EUGENE WEBB JR ..... DIRECTOR	2 00 .....	X						0	0	0
ANGELA H STEWART ..... CFO/ASSISTANT TREASURER	40 00 .....			X				256,416	0	27,952
PHILIP R KIESTER ..... CEO	40 00 .....			X				462,141	0	31,501
D KEITH ARMSTRONG ..... EXECUTIVE CHEF	40 00 .....				X			200,631	0	26,520
CHRISTIAN DOMINICK SAIN ..... DIRECTOR OF GOLF & GROUNDS	40 00 .....				X			275,970	0	16,664
WARREN WEST ..... DIRECTOR OF GOLF	40 00 .....				X			209,673	0	19,235

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT OAKES JR ..... HEAD TENNIS PROFESSIONAL	40 00 .....				X			160,131	0	26,063
ANNE STRYHN ..... ASSISTANT GENERAL MANAGER	40 00 .....					X		144,391	0	7,836
THOMAS JANNEY ..... PAST DIRECTOR OF CLUBHOUSE OPER	40 00 .....					X		127,504	0	26,230
MICHAEL IAIN MELSON ..... WELLNESS MANAGER	40 00 .....					X		140,251	0	26,898
CHARLOTTE WRIGHT ..... DIRECTOR OF ATHLETICS	40 00 .....					X		137,425	0	14,212
CHRISTOPHER J SIGNORE ..... FOOD & BEVERAGE DIRECTOR	40 00 .....					X		140,819	0	12,399

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE COUNTRY CLUB OF VIRGINIA INC

**Employer identification number**  
54-0181850

**Part I 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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** 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

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** 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 Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		3,106,281		3,106,281
<b>b</b> Buildings		66,630,242	34,743,001	31,887,241
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		20,310,274	15,290,782	5,019,492
<b>e</b> Other . . . . .		12,235,927	3,052,591	9,183,336
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				49,196,350

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) CLUB INVESTMENTS	8,282,693	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	8,282,693	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	3,481,259
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,481,259

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	36,472,161
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	111,437	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	2,646,363	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 2,757,800
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 33,714,361
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	25,529	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 25,529
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .			<b>5</b> 33,739,890

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	32,248,832
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	2,634,910	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 2,634,910
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 29,613,922
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	14,076	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 14,076
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .			<b>5</b> 29,627,998

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-0181850

**Name:** THE COUNTRY CLUB OF VIRGINIA INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CLUB HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THE CLUB HAD TAKEN NO UNCE RTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS GENERALLY, THE CL UB IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL OR VIRGINIA TAX AUT HORITIES FOR TAX YEARS ENDING BEFORE SEPTEMBER 30, 2014



## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COGS REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS 2,660,439 MANAGEMENT FEES NETTED IN INTEREST INCOME -14,076

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN ON SALE OF ASSETS NETTED WITH EXPENSES ON BOOKS 25,529

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COGS REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS 2,660,439 GAIN ON SALE OF ASSETS NETTED WITH EXPENSES ON BOOKS -25,529

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	MANAGEMENT FEES NETTED IN INTEREST INCOME 14,076

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.

**2015**  
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▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization THE COUNTRY CLUB OF VIRGINIA INC	Employer identification number 54-0181850
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>									
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>									
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>									
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>									
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>									
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	ANGELA H STEWART, PHILIP R KIESTER, WARREN WEST, CHARLOTTE WRIGHT & CHRISTIAN SAIN





**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE COUNTRY CLUB OF VIRGINIA INC

Employer identification number

54-0181850

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) BOARD MEMBERS	MEMBERS OF THE CLUB AND MEMBERS OF THE BOARD OF DIRECTORS	RECEIVABLES IN THE NORMAL COURSE OF TRADE OR BUSINESS		X	17,711	17,711		No	Yes			No
Total						▶ \$	17,711					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

OMB No 1545-0047

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

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE COUNTRY CLUB OF VIRGINIA INC

**Employer identification number**

54-0181850

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 6</p>	<p>SECTION 1 THE MEMBERSHIP OF THE CLUB SHALL BE MADE UP OF STOCKHOLDER MEMBERS AND CONTRIBUTING MEMBERS STOCKHOLDER MEMBERS SHALL BE PERSONS WHO HAVE BEEN DULY ELECTED TO MEMBERSHIP IN THE CLUB BY THE BOARD OF DIRECTORS, WHOSE MEMBERSHIP HAS NOT BEEN TERMINATED AND WHO OWN IN THEIR OWN RIGHT ONE OR MORE SHARES OF THE CORPORATE STOCK OF THE CLUB CONTRIBUTING MEMBERS SHALL BE PERSONS WHO HAVE BEEN DULY ELECTED TO MEMBERSHIP IN THE CLUB BY THE BOARD OF DIRECTORS, WHOSE MEMBERSHIP HAS NOT BEEN TERMINATED, AND WHO DO NOT OWN ANY OF THE CORPORATE STOCK OF THE CLUB ADULT MEMBERS OF THE CLUB ARE THOSE MEMBERS WHO ARE TWENTY-ONE (21) YEARS OF AGE OR OLDER STOCKHOLDER MEMBERS SHALL CONTROL THE DIRECTION AND MANAGEMENT OF THE CLUB AND SHALL HAVE THE SOLE RIGHT TO VOTE AT MEETINGS OF THE CLUB CONTRIBUTING MEMBERS SHALL NOT HAVE ANY VOTING RIGHTS EXCEPT AS TO THE DIRECTION AND MANAGEMENT OF THE CLUB AND THE RIGHT TO VOTE, THE PRIVILEGES OF STOCKHOLDER MEMBERS AND CONTRIBUTING MEMBERS SHALL BE SIMILAR IN ALL RESPECTS SECTION 2 STOCKHOLDER MEMBERS AND CONTRIBUTING MEMBERS SHALL BE DIVIDED INTO THE FOLLOWING CLASSIFICATION ACTIVE, SENIOR ACTIVE, HONORARY, ASSOCIATE "A", ASSOCIATE "B", ASSOCIATE "C", JUNIOR ASSOCIATE, ASSOCIATE (21-29), NON-RESIDENT ACTIVE, NON-RESIDENT ASSOCIATE, CLERICAL ACTIVE, CLERICAL ASSOCIATE AND JUNIOR MEMBERS SECTION 3 ACTIVE MEMBERS SHALL BE MEN WHO ARE AT LEAST THIRTY (30) BUT UNDER SEVENTY (70) YEARS OF AGE, OR WHO ARE AT LEAST TWENTY-ONE (21) BUT UNDER THIRTY (30) YEARS OF AGE AND HAVE QUALIFIED AS ACTIVE MEMBERS, EXCEPT WHERE ANY SUCH MEN ARE QUALIFIED FOR SOME OTHER MEMBERSHIP CLASSIFICATION THE NUMBER OF ACTIVE MEMBERS SHALL BE LIMITED TO FIFTEEN HUNDRED (1500), PROVIDED, HOWEVER, THAT SUCH LIMITATION MAY BE EXCEEDED WHERE ASSOCIATE (21-29) MEMBERS, BY REASON OF AGE, OR NON-RESIDENT ACTIVE MEMBERS BY REASON OF CHANGE OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS, ARE TRANSFERRED TO ACTIVE MEMBERSHIP, BUT NO PERSON SHALL BE ELECTED TO ACTIVE MEMBERSHIP WHEN THERE ARE FIFTEEN HUNDRED (1500) OR MORE ACTIVE MEMBERS SECTION 4 SPOUSE ACTIVE MEMBERS SHALL BE MEN WHO (I) ARE AT LEAST TWENTY-ONE (21) YEARS OF AGE, (II) PRIOR TO THEIR MARRIAGES, WERE NOT ALREADY MEMBERS OF THE CLUB, (III) MARRY AN EXISTING FEMALE MEMBER, AND (IV) ARE NOT QUALIFIED FOR SOME OTHER CLASSIFICATION THE HUSBAND OF ANY WOMAN (I) WHO WAS NOT AN ASSOCIATE "B" MEMBER AS OF NOVEMBER 27, 2007, AND (II) WHO PRIOR TO HER MARRIAGE WAS AN ASSOCIATE "A", ASSOCIATE "C", OR ASSOCIATE (21-29) MEMBER, OR (III) SUBSEQUENT TO HER MARRIAGE TRANSFERS TO RESIDENT MEMBERSHIP FROM NON-RESIDENT MEMBERSHIP SHALL BECOME A SPOUSE ACTIVE MEMBER IF HE IS NOT ALREADY A MEMBER OF THE CLUB SECTION 5 SENIOR ACTIVE MEMBERS SHALL BE MEN SEVENTY (70) YEARS OF AGE OR OVER, EXCEPT WHERE QUALIFIED FOR SOME OTHER CLASSIFICATION SECTION 6 HONORARY MEMBERS SHALL BE THE WIDOWS OR WIDOWERS OF FORMER CLUB PRESIDENTS WHO UPON THEIR DEATH WERE STILL MEMBERS OF THE CLUB, AND THOSE MEMBERS OF T</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 6</p>	<p>HE CLUB, FORMER MEMBERS OF THE CLUB OR RETIRED MEMBERS OF THE CLUB'S EXECUTIVE STAFF WHO, BY REASON OF THEIR CIRCUMSTANCES OR EXTRAORDINARY SERVICE TO THE CLUB, THE COUNTRY, OR THE IR COMMUNITY, ARE CONSIDERED BY THE BOARD OF DIRECTORS TO BE DESERVING OF UNUSUAL RECOGNIT ION HONORARY MEMBERS SHALL HAVE NO OBLIGATION FOR THE PAYMENT OF DUES OR INITIATION FEES SECTION 7 ASSOCIATE "A" MEMBERS SHALL BE THE SPOUSES, WIDOWS OR WIDOWERS OF ACTIVE, SENI OR ACTIVE, SPOUSE ACTIVE, ASSOCIATE C, JUNIOR ASSOCIATE AND ASSOCIATE (21-29) MEMBERS THE SPOUSE OF ANY PERSON ELECTED TO ACTIVE, SENIOR ACTIVE, OR ASSOCIATE C MEMBERSHIP AFTER JU LY 1, 1959, OR TRANSFERRED TO ACTIVE MEMBERSHIP OR ASSOCIATE (21-25) MEMBERSHIP AFTER MAY 1, 1963, OR TRANSFERRED TO ACTIVE MEMBERSHIP OR ASSOCIATE (21-29) MEMBERSHIP AFTER JUNE 24 , 1997, SHALL, UPON SUCH ELECTION OR TRANSFER, BECOME AN ASSOCIATE "A" MEMBER IF HE OR SHE IS NOT ALREADY A MEMBER OF THE CLUB SECTION 8 ASSOCIATE "B" MEMBERS SHALL BE MARRIED WO MEN NOT QUALIFIED FOR SOME OTHER CLASSIFICATION, AND WHOSE HUSBANDS, AS OF NOVEMBER 27, 20 07, WERE NOT MEMBERS OF THE CLUB AND HAVE NOT THEREAFTER BECOME MEMBERS OF THE CLUB SECTI ON 9 ASSOCIATE "C" MEMBERS SHALL BE WOMEN, OR WIDOWS, THIRTY (30) YEARS OF AGE OR OVER, O R WHO ARE AT LEAST TWENTY-ONE (21) BUT UNDER THIRTY (30) YEARS OF AGE AND HAVE QUALIFIED A S ASSOCIATE "C" MEMBERS, EXCEPT WHERE ANY SUCH WOMEN OR WIDOWS ARE QUALIFIED FOR SOME OTHE R CLASSIFICATION SECTION 10 JUNIOR ASSOCIATE MEMBERS SHALL BE BOYS AND GIRLS WHO ARE AT LEAST SIXTEEN (16) YEARS OF AGE, BUT LESS THAN TWENTY-ONE (21) YEARS OF AGE, REGARDLESS OF PLACE OF RESIDENCE, WHOSE FATHER, MOTHER, OR GUARDIAN IS AN ACTIVE, SENIOR ACTIVE, CLERIC AL ACTIVE, NON-RESIDENT ACTIVE, NON-RESIDENT ASSOCIATE, ASSOCIATE (21-29), ASSOCIATE "A", ASSOCIATE "B", ASSOCIATE "C", CLERICAL ASSOCIATE, OR HONORARY MEMBER SECTION 11 ASSOCIAT E (21-29) MEMBERS SHALL BE MEN AND WOMEN AT LEAST TWENTY-ONE (21) YEARS OF AGE BUT LESS TH AN THIRTY (30) YEARS OF AGE WHO PREVIOUSLY WERE JUNIOR ASSOCIATE MEMBERS UNTIL THEY REACHE D TWENTY-ONE (21) YEARS OF AGE, PROVIDED, HOWEVER, THAT AN ASSOCIATE (21-29) MEMBER MAY, U PON REQUEST TO THE CLUB AND UPON PAYMENT OF ALL APPLICABLE INITIATION FEES, BECOME AN ACTI VE MEMBER (IF A MAN) OR AN ASSOCIATE "C" MEMBER (IF A WOMAN) BY TRANSFER PRIOR TO ATTAININ G THIRTY (30) YEARS OF AGE NO ONE MAY BE ELECTED AS AN ASSOCIATE (21-29) MEMBER SECTION 12 NON-RESIDENT ACTIVE MEMBERS SHALL BE ALL MEN WHO ARE THIRTY (30) YEARS OF AGE OR OVER, OR WHO ARE AT LEAST TWENTY-ONE (21) AND HAVE QUALIFIED AS ACTIVE MEMBERS, AND WHO DO NOT HAVE ANY PLACE OF ABODE OR PRINCIPAL PLACE OF BUSINESS IN, OR IF ON FULL TIME MILITARY DUT Y ARE NOT STATIONED IN, THE CITIES OF RICHMOND, PETERSBURG, HOPEWELL, COLONIAL HEIGHTS, FR EDERICKSBURG, OR WILLIAMSBURG, OR THE COUNTIES OF AMELIA, CAROLINE, CHARLES CITY, CHESTERF IELD, CUMBERLAND, DINWIDDIE, FLUVANNA, GOOCHLAND, HANOVER, HENRICO, JAMES CITY, KING AND Q UEEN, KING WILLIAM, LOUISA, NE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>W KENT, NOTTOWAY, POWHATAN, PRINCE GEORGE, SPOTSYLVANIA, OR SURRY ("LOCAL RESIDENCE AREA") , PROVIDED, HOWEVER, THAT THOSE PERSONS WHO WERE NON-RESIDENT ACTIVE MEMBERS ON NOVEMBER 28, 1989, MAY CONTINUE AS NON-RESIDENT ACTIVE MEMBERS FOR SO LONG AS THEY DO NOT HAVE A USU AL PLACE OF ABODE OR PRINCIPAL PLACE OF BUSINESS IN THE CITIES OF RICHMOND, PETERSBURG, HO PEWELL OR COLONIAL HEIGHTS OR THE COUNTIES OF HENRICO, HANOVER, GOOCHLAND, NEW KENT, CHARL ES CITY, CHESTERFIELD, POWHATAN, AMELIA, LOUISA, KING WILLIAM, PRINCE GEORGE, OR DINWIDDIE ("FORMER LOCAL RESIDENCE AREA") SECTION 13 NON-RESIDENT ASSOCIATE MEMBERS SHALL BE WOMEN WHO ARE THIRTY (30) YEARS OF AGE OR OVER, OR WHO ARE AT LEAST TWENTY-ONE (21) BUT UNDER THIRTY (30) YEARS OF AGE AND HAVE QUALIFIED AS ASSOCIATE "B OR ASSOCIATE "C" MEMBERS, AND WHO DO NOT HAVE ANY PLACE OF ABODE OR PRINCIPAL PLACE OF BUSINESS IN, OR IF ON FULL TIME MILITARY DUTY ARE NOT STATIONED IN, THE LOCAL RESIDENCE AREA, PROVIDED, HOWEVER, THAT THOSE PERSONS WHO WERE NON-RESIDENT ASSOCIATE MEMBERS ON NOVEMBER 28, 1989, MAY CONTINUE AS NON -RESIDENT ASSOCIATE MEMBERS FOR SO LONG AS THEY DO NOT HAVE A USUAL PLACE OF ABODE OR PRIN CIPAL PLACE OF BUSINESS IN THE FORMER LOCAL RESIDENCE AREA SECTION 14 CLERICAL ACTIVE ME MBERS SHALL BE REGULARLY ORDAINED MINISTERS SECTION 15 CLERICAL ASSOCIATE MEMBERS SHALL BE SPOUSES, WIDOWS, OR WIDOWERS OF CLERICAL ACTIVE MEMBERS SECTION 16 JUNIOR MEMBERS SHA LL BE BOYS AND GIRLS WHO ARE AT LEAST EIGHT (8) YEARS OF AGE BUT LESS THAN SIXTEEN (16) YE ARS OF AGE, REGARDLESS OF RESIDENCE, WHOSE FATHER, MOTHER, OR GUARDIAN IS AN ACTI VE, SENIOR ACTIVE, CLERICAL ACTIVE, NON-RESIDENT ACTIVE, NON-RESIDENT ASSOCIATE, ASSOCIATE (21-29), ASSOCIATE "A", ASSOCIATE "B", ASSOCIATE "C", CLERICAL ASSOCIATE, OR HONORARY MEM BER SECTION 17 ONLY THOSE HOLDING THE CORPORATE STOCK OF THE CLUB SHALL HAVE AN INTEREST IN THE FUNDS, PROPERTY AND ASSETS OF THE CLUB, AND, EXCEPT AS PERMITTED BY THE CONSTITUTI ON, BYLAWS, OR RULES OF THE CLUB, ONLY THOSE WHO ARE MEMBERS SHALL BE ENTITLED TO USE THE CLUB FACILITIES OR TO COME TO THE CLUB GROUNDS SECTION 18 THE BOARD OF DIRECTORS OF THE CLUB MAY, BY A TWO-THIRDS VOTE OF THE ENTIRE BOARD, PRESCRIBE LIMITS OF MEMBERSHIP FOR THE VARIOUS CLASSES OF MEMBERS, PROVIDED SUCH LIMITS DO NOT EXCEED THOSE PRESCRIBED IN SECTIO N 3 OF THIS ARTICLE SECTION 19 ONLY ADULT MEMBERS OF THE CLUB, OTHER THAN NON-RESIDENT M EMBERS, SHALL BE ELIGIBLE TO HOLD OFFICE OR HAVE THE RIGHT TO PROPOSE OR SECOND A CANDIDAT E FOR MEMBERSHIP IN THE CLUB</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	STOCKHOLDER MEMBERS SHALL CONTROL THE DIRECTION AND MANAGEMENT OF THE CLUB AND SHALL HAVE THE SOLE RIGHT TO VOTE AT MEETINGS OF THE CLUB

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	STOCKHOLDER MEMBERS SHALL CONTROL THE DIRECTION AND MANAGEMENT OF THE CLUB AND SHALL HAVE THE SOLE RIGHT TO VOTE AT MEETINGS OF THE CLUB



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING WITH THE IRS, FORM 990 IS EMAILED TO MEMBERS OF THE BOARD FOR THEIR REVIEW

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND DIRECTORS COMPLETE QUESTIONNAIRES ANNUALLY THAT ARE SPECIFICALLY DESIGNED TO IDENTIFY ISSUES RELATED TO INDEPENDENCE, FAMILY, AND BUSINESS RELATIONSHIPS, OR CONFLICTS OF INTEREST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	REVIEW OF THE GENERAL MANAGER'S PERFORMANCE IS OVERSEEN BY THE CLUB'S PRESIDENT EACH BOARD MEMBER PROVIDED INPUT TO THE PRESIDENT THE PRESIDENT RECOMMENDS COMPENSATION ADJUSTMENTS FOR THE GENERAL MANAGER TO THE CLUB'S EXECUTIVE COMMITTEE FOR THEIR APPROVAL REVIEW OF THE GENERAL MANAGER'S DIRECT REPORTS IS OVERSEEN BY THE GENERAL MANAGER THE GENERAL MANAGER RECOMMENDS COMPENSATION ADJUSTMENTS TO THE EXECUTIVE COMMITTEE FOR THEIR APPROVAL

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CLUB DOES NOT MAKE AVAIABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS, ITS CONFLICT OF INTEREST POLICY, OR ITS FINANCIAL STATEMENTS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR