

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019**

- 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 \$ 42,511,360

**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

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

**L** Year of formation 1908

**M** State of legal domicile VA

## 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 2018 (Part V, line 2a)	1,019
<b>6</b> Total number of volunteers (estimate if necessary)	91
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	2,118,640
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	251,668

	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)	30,212,966	25,887,411
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	670,441	339,437
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,482,104	12,890,693
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,365,511	39,117,541
<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)	19,089,296	21,759,084
<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)	11,388,327	12,214,732
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,477,623	33,973,816
<b>19</b> Revenue less expenses Subtract line 18 from line 12	4,887,888	5,143,725
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	82,099,669	86,629,169
<b>21</b> Total liabilities (Part X, line 26)	8,620,625	7,883,258
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	73,479,044	78,745,911

## 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: 2020-08-14

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

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  
RICHMOND, VA 23219 Phone no (804) 282-2121

**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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	1,019			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>	5,481,044			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>	2,315,267			
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> 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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records. ANGELA H STEWART 6031 ST ANDREWS LANE RICHMOND, VA 23226 (804) 288-2891

**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>	2,471,947	0	269,262

**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	1,086,147
BEATY & BROWN 5611 GROVE AVENUE RICHMOND, VA 23226	INTERIOR DESIGN	225,312
SWIM METRO MANAGEMENT INC 310 TURNER ROAD SUITE C RICHMOND, VA 23225	LIFEGAUARDS AND MANAGERS	216,015
BOWIE GRIDLEY ARCHITECTS PLLC 1010 WISCONSIN AVENUE NW SUITE 400 WASHINGTON, DC 20007	ARCHITECTURAL DESIGN	178,528

**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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 6 columns: Description, Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, Revenue excluded from tax. Rows include 2a MEMBERSHIP DUES, 2b GREEN AND CART FEES, 2c ATHLETICS, 2d GOLF TOURNAMENT, 2e MEMBER INTEREST, and 2f All other program service revenue.

Table for Other Revenue with 5 columns: Description, (i) Real, (ii) Personal, (i) Securities, (ii) Other, Total revenue, Related or exempt function revenue, Unrelated business revenue, Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Gross rents, 7a-7d Gross amount from sales of assets, 8a-8c Gross income from fundraising events, 9a-9c Gross income from gaming activities, 10a-10c Gross sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<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.	1,949,480			
<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.	12,801,883			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.	7,007,721			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.				
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,284,037			
<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.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	4,849,122			
<b>23</b> Insurance.				
<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	16,027			
<b>b</b> FOOD & BEVERAGE	1,541,252			
<b>c</b> GOLF COURSE MAINTENANCE	1,136,288			
<b>d</b> GENERAL & ADMIN	889,357			
<b>e</b> All other expenses	2,498,649			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	33,973,816			
<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 . . . . .	4,876,448	<b>2</b>	7,159,991
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,915,604	<b>4</b>	1,926,852
	<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 . . . . .	23,184	<b>5</b>	42,615
	<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 . . . . .	6,577,872	<b>7</b>	6,841,605
	<b>8</b> Inventories for sale or use . . . . .	576,787	<b>8</b>	608,480
	<b>9</b> Prepaid expenses and deferred charges . . . . .	439,619	<b>9</b>	426,056
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	121,296,811		
	<b>b</b> Less accumulated depreciation	60,405,522		
		59,294,541	<b>10c</b>	60,891,289
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	8,395,614	<b>12</b>	8,732,281
	<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) . . . . .	82,099,669	<b>16</b>	86,629,169	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,616,565	<b>17</b>	3,726,217
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	509,414	<b>19</b>	483,156
	<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	3,494,646	<b>25</b>	3,673,885
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	8,620,625	<b>26</b>	7,883,258
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	73,479,044	<b>27</b>	78,745,911
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</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</b> Total net assets or fund balances . . . . .	73,479,044	<b>33</b>	78,745,911	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	82,099,669	<b>34</b>	86,629,169	

**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>	39,117,541
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,973,816
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	5,143,725
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	73,479,044
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	123,142
<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>	78,745,911

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-0181850

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

Form 990 (2018)

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

PROVIDING SOCIAL INTERACTION AT THE CLUB THROUGH FOOD & BEVERAGE OFFERINGS INCLUDING 154,283 MEALS SERVED IN THE CLUB'S 4 RESTAURANTS, \$455,573 IN THE CLUB'S 4 SNACK BARS, AND \$3,360,273 IN BANQUET SALES

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

PROVIDING GOLFING INTERACTION AT THE CLUB INCLUDING 54,339 ROUNDS BEING PLAYED ON THE CLUB'S 3 GOLF COURSES AND 71,161 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 228,716 VISITS TO THE FITNESS FACILITIES AND OVER 71,237 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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID A LYONS ..... PRESIDENT	2 00 .....	X		X				0	0	0
WYATT S BEAZLEY IV ..... VICE PRESIDENT	2 00 .....	X		X				0	0	0
RAY M PAUL JR ..... SECRETARY	2 00 .....	X		X				0	0	0
WILLIAM E HARDY ..... TREASURER	2 00 .....	X		X				0	0	0
AMANDA L SURGNER ..... DIRECTOR	2 00 .....	X						0	0	0
DEBORAH A DUNLAP ..... DIRECTOR	2 00 .....	X						0	0	0
SUSAN W JONES ..... DIRECTOR	2 00 .....	X						0	0	0
A HUGH EWING III ..... DIRECTOR	2 00 .....	X						0	0	0
ASHBY R HACKNEY ..... 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			
DEAN H KING ..... DIRECTOR	2 00 .....	X						0	0	0
DOUGLAS D WESTMORELAND ..... DIRECTOR	2 00 .....	X						0	0	0
G SCOTT HETZER ..... DIRECTOR	2 00 .....	X						0	0	0
G MANOLI LOUPASSI ..... DIRECTOR	2 00 .....	X						0	0	0
THOMAS M PARRISH ..... DIRECTOR	2 00 .....	X						0	0	0
ANGELA H STEWART ..... CFO/ASSISTANT TREASURER	40 00 .....			X				235,996	0	35,042
PHILIP R KIESTER ..... CEO/ASSISTANT SECRETARY	40 00 .....			X				512,327	0	37,389
CHRISTIAN DOMINICK SAIN ..... DIRECTOR OF GOLF & GROUNDS	40 00 .....				X			294,035	0	20,257
ANNE STRYHN ..... ASSISTANT GENERAL MANAGER	40 00 .....				X			163,608	0	12,794
WARREN WEST ..... DIRECTOR OF GOLF	40 00 .....				X			226,367	0	24,372

**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 ..... DIRECTOR OF RACQUET SPORTS	40 00 .....				X			177,221	0	31,388
JONATHAN YORK ..... EXECUTIVE CHEF	40 00 .....				X			163,829	0	14,856
GARY NOWAK ..... DIRECTOR OF OPERATIONS	40 00 .....					X		143,666	0	16,192
MICHAEL IAIN MELSON ..... WELLNESS MANAGER	40 00 .....					X		131,096	0	31,406
CARLA B WALDRON ..... INFORMATION TECHNOLOGY DIR	40 00 .....					X		128,677	0	25,001
RYAN BENDER ..... FOOD & BEVERAGE DIRECTOR	40 00 .....					X		147,352	0	5,111
CHARLOTTE A WRIGHT ..... DIRECTOR OF ATHLETICS	40 00 .....					X		147,773	0	15,454

**SCHEDULE D**  
(Form 990)  
  
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](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**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		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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 . . . . .		89,727,380	40,394,040	49,333,340
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		24,690,485	16,787,579	7,902,906
<b>e</b> Other . . . . .		3,772,665	3,223,903	548,762
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				60,891,289

**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	8,732,281	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	8,732,281	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	3,673,885
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,673,885

**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>	42,468,702
<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>	123,142	
<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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	123,142
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	42,345,560
<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>	-3,228,019	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	-3,228,019
<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>	39,117,541

**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>	37,201,835
<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>	3,228,019	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	3,228,019
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	33,973,816
<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>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<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>	33,973,816

**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, 2016



# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -3,241,032 MANAGEMENT FEES NETTED IN INTEREST INCOME 13,013

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 3,241,032 MANAGEMENT FEES NETTED IN INTEREST INCOME -13,013

**Schedule J**  
**(Form 990)**

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

**2018**

**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 Questions Regarding Compensation**

	Yes	No
<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		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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>	
<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		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4c</b>	No
<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 nonfixed 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



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-0181850  
**Name:** THE COUNTRY CLUB OF VIRGINIA INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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				
ANGELA H STEWART CFO/ASSISTANT TREASURER	(i)	188,293	22,500	25,203	8,897	26,145	271,038	0
	(ii)	0	0	0	0	0	0	0
PHILIP R KESTER CEO/ASSISTANT SECRETARY	(i)	450,782	35,000	26,545	11,000	26,389	549,716	0
	(ii)	0	0	0	0	0	0	0
CHRISTIAN DOMINICK SAIN DIRECTOR OF GOLF & GROUNDS	(i)	251,525	22,500	20,010	11,000	9,257	314,292	0
	(ii)	0	0	0	0	0	0	0
ANNE STRYHN ASSISTANT GENERAL MANAGER	(i)	132,650	30,000	958	6,726	6,068	176,402	0
	(ii)	0	0	0	0	0	0	0
WARREN WEST DIRECTOR OF GOLF	(i)	189,529	20,000	16,838	8,590	15,782	250,739	0
	(ii)	0	0	0	0	0	0	0
ROBERT OAKES JR DIRECTOR OF RACQUET SPORTS	(i)	159,316	17,500	405	7,450	23,938	208,609	0
	(ii)	0	0	0	0	0	0	0
JONATHAN YORK EXECUTIVE CHEF	(i)	135,953	27,000	876	0	14,856	178,685	0
	(ii)	0	0	0	0	0	0	0
GARY NOWAK DIRECTOR OF OPERATIONS	(i)	124,298	18,333	1,035	5,557	10,635	159,858	0
	(ii)	0	0	0	0	0	0	0
MICHAEL IAIN MELSON WELLNESS MANAGER	(i)	119,950	10,500	646	5,667	25,739	162,502	0
	(ii)	0	0	0	0	0	0	0
CARLA B WALDRON INFORMATION TECHNOLOGY DIR	(i)	118,627	7,500	2,550	5,335	19,666	153,678	0
	(ii)	0	0	0	0	0	0	0
RYAN BENDER FOOD & BEVERAGE DIRECTOR	(i)	126,253	20,750	349	0	5,111	152,463	0
	(ii)	0	0	0	0	0	0	0
CHARLOTTE A WRIGHT DIRECTOR OF ATHLETICS	(i)	115,350	20,000	12,423	5,497	9,957	163,227	0
	(ii)	0	0	0	0	0	0	0

**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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**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	24,723	24,723		No	Yes			No
(2) RYAN BENDER	KEY EMPLOYEE	SIGNING BONUS FORGIVEN OVER 5-YEAR PERIOD		X	22,840	17,892		No		No	Yes	
<b>Total</b>						▶ \$	42,615					

**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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury

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**

<b>Return Reference</b>	<b>Explanation</b>
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")</p> <p>SECTION 13 NON-RESIDENT ASSOCIATE MEMBERS SHALL BE WOME N 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 M ILITARY 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</p> <p>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 PLACE 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

Return Reference	Explanation
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**

<b>Return Reference</b>	<b>Explanation</b>
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